Postorgasmic illness syndrome: Semen allergy in men

Síndrome postorgásmico: alergia al semen en hombres

Dear Editor:

Natural reproduction is an interaction process between gametes, female (oocyte) and male (spermatozoon), that occurs after spermatozoon travel along reproductive sexual tract during which it suffers several physiological and biochemical changes called capacitation. After capacitation, the spermatozoa are capable of undergoing acrosome reaction upon stimulation by the pellucid zone.

In humans during sexual reproduction, semen, which is made up by sperm and seminal plasma, is ejaculated into the vagina so that sperm can begin their journey to the oocyte. However, the encounter is difficult in those women who show early seminal plasma hypersensitivity. This phenomenon has been described as semen allergy and, although it was considered as uncommon, its description has risen,

and even our group has reported the case of a 21-year-old woman.

Something similar happens in males: a hyper-reactive immune response of the mucosal epithelium that lines the urinary tract to semen named postorgasmic illness syndrome. In 2002, Waldinger and Schweitzer described for first time cases, the symptoms coincided with the moment of ejaculation and included: fatigue, fever, nasal drip, irritability and concentration difficulties.

In 2011, a study were carried out in 45 males being suspected of having this syndrome, 88% of them had a positive skin-prick test with their own semen; besides, 5 diagnosis criteria were established by the authors: (a) unspecific symptomatology consisting of flu-like symptoms, extreme fatigue or exhaustion, weakness, fever, increased perspiration, irritability, memory or concentration problems, incoherent speech and nasal congestion; (b) nearly always it occurs within seconds or short time period post-masturbation, coitus, or spontaneous ejaculation; (c) symptoms appear always or almost when ejaculation; (d) they last about 2–7 days and (e) they resolve spontaneously.

Later, the same research group conducted hyposensitization tests in 2 men. The treatment delayed the onset of symptoms. In consequence, desensitization protocol was established. However, a limitation that needs to be mentioned is that in this study there are no control group data available for skin-prick testing with autologous semen. Because premature ejaculation was reported in 56% of studied subjects and desensitization therapy improves considerably both problems, a relationship between post orgasmic illness syndrome and premature ejaculation has been suggested by researchers recently.

In conclusion, although it is necessary to define better this syndrome, the studies allow classifying it as an immunologic disorder. Because syndrome impairs the quality of life in the patients, researchers and medical personnel should be informed about it and prepared to act. Further studies must be done in order to clarify physiopathology of this immunological disorder, to find the triggering molecule and to establish the possible relationship with premature ejaculation.

References


J. Puerta Suárez, W. Cardona Maya*

Grupo Reproducción, Estrategia de Sostenibilidad 2012-2013, Facultad de Medicina, Universidad de Antioquia, Medellín, Colombia

*Corresponding author.
E-mail address: wdmayaw@medicina.udea.edu.co (W. Cardona Maya).

A. García-Segui†, J.A. Galán-Llopis

Servicio de Urología, Hospital del Vinalopó, Elche, Alicante Spain

†Corresponding author.
E-mail address: agarciasegui@gmail.com (A. García-Segui).

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