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Post-Orgasmic Illness Syndrome: Where Are We?

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In recent years, there has been increased interest in male sexual dysfunction driven in part by the increased awareness among clinicians and the general population. The launch of the first oral compound developed for the treatment of premature ejaculation in 2006 signaled a change in the perceptions of clinicians and the industry, giving hope to many men who previously suffered in silence.[1] However, there is still much to learn in terms of elucidating definitions, epidemiology, pathophysiology, and management of other ejaculatory dysfunctions. Because many of these conditions are rare, little to no evidence exists on their diagnosis and management. One such condition is post-orgasmic illness syndrome (POIS), with fewer than 50 cases reported in the medical literature during the past 10 years.

Waldinger and Schweitzer[2] were the first to describe POIS in a report of two men in 2002. These patients described flu-like symptoms (eg, feverishness, nasal congestion, itching eyes, fatigue, painful heavy muscles, concentration difficulties, and irritation) shortly after ejaculation (approximately 30–60 minutes), which continued for 2 to 7 days. These symptoms were severe enough that these men voluntarily abstained from sexual activities.

In 2011, Waldinger et al[3] reported the clinical characteristics of 45 Dutch patients with POIS and were able to define five diagnostic criteria for this ejaculatory dysfunction. Furthermore, they confirmed that POIS resulted in severe psychosocial problems and relationship issues often leading to depressive feelings, suicidal thoughts, and even divorce among the affected men.[3]

Different theories have been postulated on the pathophysiology of POIS, including a disordered cytokine or neuroendocrine response[4] or possibly a lack of progesterone.[5] However, the most pervading explanation is attributed to Waldinger and Schweitzer[2] who hypothesized an immune-modulated mechanism as the underlying etiology.

To further elucidate the possible mechanisms of POIS and develop an effective treatment, Waldinger et al[6] tested their hypothesis claiming that POIS is caused by a systemic immunologic response to semen. After performing a skin prick test in 33 patients with POIS using extremely diluted samples of their own semen (1:40,000), Waldinger et al[6] recorded that 88% had positive reactions. Considering the successful outcomes of hyposensitization therapy in clinical allergic diseases, Waldinger et al[6] investigated the efficacy of hyposensitization treatment with autologous semen in two patients with POIS and reported amelioration of their symptoms. They emphasized the time-consuming and expensive requirements of hyposensitization treatment and noted that it is not an easy procedure to be performed in daily clinical practice, especially in the absence of recognition of POIS by the medical regulation bodies and lack of reimbursement for its treatment. More recently, Jiang et al[7] performed a skin prick test in a patient with POIS and three healthy controls and observed skin reactions to autologous semen injections in all subjects. However, Jiang et al did not detect an increase in serum concentrations of semen-specific immunoglobulin E antibodies in the affected patient or the healthy men. In addition to the hyposensitization treatment, several alternative therapies have been suggested to be effective in ameliorating POIS symptoms (eg, antihistamines, niacin, olive leaf, wobenzym N, and saw palmetto).[8]

Clearly POIS has a significant effect on sufferers and their partners in terms of symptoms and quality of life. Further investigation of this condition has been hampered by the lack of an evidence-based definition and its rarity. Reassuringly, the condition has been recognized by the National Institutes of Health; however, the recognition of POIS by other medical organizations and the development of an official definition could lower the barriers to financial support for its research. Furthermore, the efficacy and safety of hyposensitization therapy and other possible treatment alternatives could be researched in large multicenter clinical trials. Because this is only the beginning of an era of diagnosing and treating complex ejaculatory dysfunctions, the only certainty is that much progress will be made in the upcoming years with our continued efforts.

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