EDITORIAL

Rare but real: clinical insights and take-home messages from the special issue on rare male sexual disorders

This special issue of IJIR: Your Sexual Medicine Journal focuses on rare male sexual disorders — conditions that are underrecognized, often misunderstood, and rarely given the academic attention they deserve. These disorders, ranging from drug-induced sexual dysfunctions to neurovascular syndromes and sleep-related phenomena, are not just rare in prevalence but also rare in clinical awareness. This collection of studies offers new insights, reminds us of our clinical blind spots, and provides direction for future investigations. Below are the key take-home messages from each contribution.

IJIR: Your Sexual Medicine Journal (2025) 37:490–491; https://doi.org/10.1038/s41443-025-01091-w

PHARMACOLOGICALLY INDUCED SYNDROMES: A GROWING CONCERN

Post-finasteride syndrome (PFS)

A comprehensive review by Leliefeld et al. [1] explores the evolving landscape of PFS, underscoring the persistent sexual, physical, and psychological symptoms observed long after finasteride cessation. The evidence suggests a multifactorial etiology including androgen receptor polymorphisms and gut microbiota alterations [2]. The message in this issue for PFS is clear: clinicians prescribing 5-alpha reductase inhibitors must be fully transparent about these potential risks and approach emerging symptoms with legitimacy, not skepticism [1, 3–5].

Beyond the well-known sexual and mood-related effects, recent pharmacovigilance data suggest a potential association between finasteride and Peyronie's-like features, including penile curvature. A disproportionality analysis found significantly elevated Proportional Reporting Ratios (PRRs) for this outcome in both the Food and Drug Administration (FDA) Adverse Event Reporting System (FAERS) database and European Medicines Agency (EMA) databases [6]. While causality remains unproven, these findings highlight the need to consider structural complications as part of the PFS spectrum. Other drug-associated syndromes, such as post-SSRI and post-retinoid sexual dysfunction, are also emerging in the literature, although less well characterized. These conditions highlight the broader impact of pharmacologic agents on sexual function and deserve further clinical attention [7].

EJACULATORY DISORDERS: DYSFUNCTIONS IN TIMING AND AFTERMATH

Post-orgasmic illness syndrome (POIS)

POIS is an underrecognized but debilitating condition marked by flu-like symptoms following ejaculation [8]. While its pathophysiology remains unclear, proposed mechanisms include autonomic dysregulation, immune responses, and psychological factors [9, 10]. A global survey of sexual medicine experts highlighted widespread clinical uncertainty: over 65% of respondents believed available information was insufficient, and treatment practices varied significantly [8]. Psychotherapy, antihistamines, and SSRIs are commonly attempted, though reported success rates remain low. This lack of consensus and poor therapeutic outcomes underscore the urgent need for clinical guidelines and further research [9, 10].

Delayed ejaculation (DE)

The challenge with DE lies in its multifactorial etiology and poor standardization. The special issue includes an up-to-date exploration of DE and reinforces that what often seems like a benign complaint may mask underlying psychosexual, endocrine, or neurological dysfunctions [11]. One study reveals a significant increase in the prevalence and incidence of DE from 2013 to 2019, yet pharmacological treatment rates remain low despite growing clinical need [12]. Additionally, a recent analysis found that most publicly accessible YouTube content on DE is of low educational quality, highlighting a gap in reliable online patient information and the need for academic engagement in public education [13]. DE deserves the same structured work-up as premature ejaculation or erectile dysfunction.

SLEEP-LINKED DYSFUNCTIONS: DISORDERS THAT WAKE MEN UP

Sleep-related painful erections (SRPEs)

These REM-associated painful events disrupt sleep and mimic priapism without causing structural damage [14]. Findings in this issue suggest a pelvic floor etiology in some cases and potential autonomic dysregulation in others [14]. Baclofen and PDE5 inhibitors have shown promise, but awareness remains low. Urologists should ask about nocturnal symptoms more often [15].

VASCULAR DYSREGULATION AND SEXUAL EMERGENCIES

Although typically viewed as an acute urological emergency, priapism—particularly stuttering or recurrent forms—can evolve into a chronic and psychologically distressing disorder. Real-world data from a large cross-sectional analysis show that 4% of men receiving intracavernosal injections (ICI) develop priapism, most within three days, with risk factors including younger age, psychiatric comorbidities, and sickle cell disease [16]. In pediatric populations, up to 95% of cases are ischemic, often related to Sickle Cell Disease (SCD), and delayed treatment may result in irreversible erectile damage [17]. Despite its frequency and recurrence (up to 35% over five years),

Received: 17 April 2025 Revised: 5 May 2025 Accepted: 9 May 2025
Published online: 17 May 2025

long-term management remains underutilized, and penile prosthesis implantation is rare. These findings underscore the importance of age-appropriate classification, risk stratification, and timely intervention to prevent corporal fibrosis and preserve erectile function. Priapism is not just an acute episode—it can be a gateway to lifelong sexual health challenges.

OTHERS OF UNCLEAR OR MIXED ORIGIN

Hard flaccid syndrome (HFS)

Among conditions with no clear structural abnormality but significant functional impact, Hard Flaccid Syndrome (HFS) has recently drawn considerable attention. First brought to the literature by our own group in 2019 [18], HFS is now recognized globally as a distinct syndrome characterized by a semi-rigid penis in the flaccid state, sensory changes, and pelvic pain [19–21]. Studies included in this issue validate the neuromuscular and vascular basis of the syndrome [22]. Treatment remains multidisciplinary: pelvic floor therapy, psychological support, and in select cases, pharmacologic agents such as PDE5 inhibitors [23, 24].

MNGIE syndrome and anejaculation

This mitochondrial disorder, typically presenting with gastrointestinal and neurological features, has now been linked to sexual dysfunction in male patients [25]. Although rare, its inclusion here illustrates how systemic diseases can manifest with subtle yet meaningful sexual consequences such as anejaculation, which are often overlooked.

CONCLUSION: A CALL TO RECOGNITION, RESEARCH, AND RESPECT

This special issue does not claim to have solved the mysteries of rare sexual disorders. Rather, it invites the reader to listen more carefully to patient experiences, to challenge dogmatic thinking, and to embrace diagnostic uncertainty when necessary. Many of these conditions will not be found in classical textbooks, yet they are very real in our clinics. As clinicians, we must avoid reductionist frameworks that label these disorders as either purely psychogenic or entirely organic. The truth, as always, lies in between — and the path forward lies in humility, curiosity, and collaboration. We hope this collection will serve as both a reference and a catalyst, empowering physicians to take these disorders seriously and inspiring researchers to fill the many knowledge gaps that remain.

Murat Gül[1,2]✉ and Suks Minhas[3]

[1]*Department of Urology, Selcuk University School of Medicine, Konya, Turkey.* [2]*Department of Andrology, Selcuk University School of Medicine, Konya, Turkey.* [3]*Department of Urology, Imperial Healthcare NHS Trust, Charing Cross Hospital, London, UK.*
✉*email: drmuratgul@hotmail.com*

REFERENCES

1. Leliefeld HHJ, Debruyne FMJ, Reisman Y. The post-finasteride syndrome: possible etiological mechanisms and symptoms. 2023. https://doi.org/10.1038/s41443-023-00759-5
2. Cilio S, Tsampoukas G, Morgado A, Ramos P, Minhas S. Post-finasteride syndrome - a true clinical entity? Int J Impot Res. 2025. https://doi.org/10.1038/s41443-025-01025-6
3. Asanad K, Sholklapper T, Samplaski MK, Cacciamani GE. Global online interest in finasteride sexual side effects. Int J Impot Res. 2024;36:408–13. https://doi.org/10.1038/s41443-022-00612-1
4. Perelman MA. Comment on "The post-finasteride syndrome: possible etiological mechanisms and symptoms". Int J Impot Res. 2024. https://doi.org/10.1038/s41443-024-00886-7
5. Irwig MS, Sanz J, Lin D, Tan N, Dommasch E. Beliefs and counseling practices among dermatologists regarding sexual and other adverse effects of finasteride. Int J Impot Res. 2023. https://doi.org/10.1038/s41443-023-00750-0
6. Schifano N, Capogrosso P, Boeri L, Fallara G, Chiappini S, Rewhorn M, et al. Are finasteride-related penile curvature/Peyronie's disease Adverse Event Reports worthy of further clinical investigation? Disproportionality analysis based on both the Food and Drug Administration (FDA) and the European Medicines Agency (EMA) pharmacovigilance databases. Int J Impot Res. 2023;35:465–71. https://doi.org/10.1038/s41443-022-00568-2
7. Gül M, Fode M, Urkmez A, Capogrosso P, Falcone M, Sarikaya S, et al. A clinical guide to rare male sexual disorders. Nat Rev Urol. 2024;21:35–49. https://doi.org/10.1038/s41585-023-00803-5
8. Duran MB, Rubin RS, Reisman Y, Serefoglu EC. Recognition and practice patterns of sexual medicine experts towards postorgasmic illness syndrome. Int J Impot Res. 2023. https://doi.org/10.1038/s41443-023-00753-x
9. Odusanya BO, Pearce I, Modgil V. Post orgasmic illness syndrome: a review. Int J Impot Res. 2024. https://doi.org/10.1038/s41443-024-00860-3
10. Reisman Y. Clinical experience with post-orgasmic illness syndrome (POIS) patients-characteristics and possible treatment modality. Int J Impot Res. 2021;33:556–62. https://doi.org/10.1038/s41443-020-0314-9
11. Nguyen V, Dolendo I, Uloko M, Hsieh TC, Patel D. Male delayed orgasm and anorgasmia: a practical guide for sexual medicine providers. Int J Impot Res. 2024;36:186–93. https://doi.org/10.1038/s41443-023-00692-7
12. Liao B, Able C, Banner S, An C, Nasrallah AA, Vu K et al. A population analysis of delayed ejaculation using a claims database: characteristics and national trends in prevalence, incidence, and pharmacotherapy. Int J Impot Res. 2024. https://doi.org/10.1038/s41443-024-00937-z
13. Toprak T, Yilmaz M, Ramazanoglu MA, Verit A, Schlager D, Miernik A. YouTube is inadequate as an information source on delayed ejaculation. Int J Impot Res. 2023;35:392–97. https://doi.org/10.1038/s41443-022-00559-3
14. Wong R, Bal DS, Chung D, Yafi F, Lumbiganon S, Patel P. Sleep-related painful erections: a survey-based analysis of patient-reported experiences with diagnosis and management. Int J Impot Res. 2024. https://doi.org/10.1038/s41443-023-00809-y
15. Alarayedh A, Gad M, Tomita K, Pook CJ, Rexford M, Igualada-Martinez P et al. Efficacy of multimodal treatment involving Baclofen, pelvic floor physiotherapy and polysomnography for sleep related painful erections (SRPE): a single centre observational cohort study. Int J Impot Res. 2024. https://doi.org/10.1038/s41443-024-01005-2
16. Leong JY, Prebay ZJ, Ebbott D, Li M, Chung PH. Evaluating the management trends for priapism and assessing the risk of priapism after in-office intracavernosal injections: a cross-sectional analysis. Int J Impot Res. 2024. https://doi.org/10.1038/s41443-024-00861-2
17. Mushtaq A, Jayasimha S, To WKL, Mushtaq I. Priapism in the paediatric and adolescent population. Int J Impot Res. 2024. https://doi.org/10.1038/s41443-024-00998-0
18. Gul M, Towe M, Yafi FA, Serefoglu EC. Hard flaccid syndrome: initial report of four cases. Int J Impot Res. 2020;32:176–79. https://doi.org/10.1038/s41443-019-0133-z
19. Gul M, Huynh LM, El-Khatib FM, Yafi FA, Serefoglu EC. A qualitative analysis of Internet forum discussions on hard flaccid syndrome. Int J Impot Res. 2020;32:503–09. https://doi.org/10.1038/s41443-019-0151-x
20. Yachia D. Comment on "A qualitative analysis of Internet forum discussions on hard flaccid syndrome". Int J Impot Res. 2020;32:551–53. https://doi.org/10.1038/s41443-019-0192-1
21. Pang KH, Feng J, Zhang Y. Hard-flaccid syndrome: a report of two cases. Int J Impot Res. 2025. https://doi.org/10.1038/s41443-025-01058-x
22. Niedenfuehr J, Stevens DM. Hard flaccid syndrome symptoms, comorbidities, and self-reported efficacy and satisfaction of treatments: a cross-sectional survey. Int J Impot Res. 2024. https://doi.org/10.1038/s41443-024-00853-2
23. Gryzinski G, Hammad MM, Alzweri L, Azad B, Barham D, Lumbiganon S et al. Hard-Flaccid syndrome: a survey of sexual medicine practitioners' knowledge and experience. Int J Impot Res. 2024. https://doi.org/10.1038/s41443-024-00917-3
24. Yazar RO, Hammad MAM, Barham DW, Azad B, Yafi FA. Successful treatment of hard flaccid syndrome with multimodal therapy: a case report study. Int J Impot Res. 2024. https://doi.org/10.1038/s41443-024-00955-x
25. Unal S. A rare cause of anejaculation: mitochondrial neurogastrointestinal encephalomyopathy (MNGIE) syndrome: case report. Int J Impot Res. 2023. https://doi.org/10.1038/s41443-023-00813-2

AUTHOR CONTRIBUTIONS

MG was responsible for the study's conception and design, data acquisition, and manuscript drafting. MG and SM was responsible for the critical revision of the manuscript.

COMPETING INTERESTS

The authors declare no competing interests.