

Reply to: The Gräfenberg spot (G-spot) does not exist – a rebuttal of Dwyer PL: Skene’s gland revisited: function, dysfunction and the G spot

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Dear Editor,

I thought that using the G word in the title of my editorial “Skene’s gland: function, dysfunction and the G spot” might increase interest and invite controversy [1]. Therefore I thank Dr Puppo for his letter and his opinions [2]. Sexual function is of great interest to us all, both personally and professionally. However, there are many areas of sexual function and dysfunction that are not well understood and therefore open to debate. The anatomy of the clitoris, however, is not one of these areas and has been recently well described by O’Connell and DeLancey from cadaver and MRI studies. I quote: “The bulbs, body and crura formed an erectile tissue cluster, namely the clitoris. In turn, the clitoris partially surrounded the urethra and vagina, forming a consistently observed tissue complex” [3, 4].

Dr Puppo correctly states that the “G-spot is not a term used in human anatomy”. The existence of the G spot and the role of Skene’s glands in sexual function is another highly debated issue for which I do not profess to have answers, but I hope that discussing this issue may stimulate more research. Dr Puppo may argue that the G spot does not exist but the majority of women in the Western world do believe that there is a highly sensitive area which if stimulated can also lead to increased sexual excitement, lubrication and orgasm [5]. They presumably base their opinion on what they have read and on their own personal

experiences. In my editorial I did not argue for the existence of the G spot; perhaps it is situated not in the anterior vaginal wall or Skene’s gland, but higher in the central nervous system.

I think Dr. Puppo and I we would agree that more research is needed to clarify many areas of sexual function and dysfunction; and what possible beneficial or adverse effects our surgical treatments may have in this area.

References

1. Dwyer PL (2011) Skene’s gland revisited: function, dysfunction and the G spot. *Int Urogynecol J*. doi:10.1007/s00192-011-1558-1
2. Puppo V (2011) The Gräfenberg spot (G-spot) does not exist – a rebuttal of Dwyer PL: Skene’s gland revisited: function, dysfunction and the G spot. *Int Urogynecol J*. doi:10.1007/s00192-011-1579-9
3. O’Connell HE, Hutson JM, Anderson CR, Plenter RJ (1998) Anatomical relationship between urethra and clitoris. *J Urol* 159:1892
4. O’Connell HE, DeLancey JO (2005) Clitoral anatomy in nulliparous, healthy, premenopausal volunteers using unenhanced magnetic resonance imaging. *J Urol* 173(6):2060–2063
5. Davidson JK, Darling CA, Conway-Welch C (1990) Female ejaculation: perceived origins, the Grafenberg spot/area, and sexual responsiveness. *Arch Sex Behav* 19(1):29–47

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