

Case Report

A Case of Spontaneous Halt during Ejaculation in a Juvenile Genius Mathematician with Asperger Syndrome and Bilateral Keratoconus

Hisataka Fujimoto*, Junichi Kiryu

Department of Ophthalmology, Kawasaki Medical School, 577 Matsushima, Kurashiki, 701-0192 Okayama, Japan

***Corresponding author:** Hisataka Fujimoto, Department of Ophthalmology, Kawasaki Medical School, 577 Matsushima, Kurashiki, 701-0192 Okayama, Japan.

Received: 04 June 2022; **Accepted:** 12 June 2022; **Published:** 16 June 2022

Citation: Hisataka Fujimoto, Junichi Kiryu. A Case of Spontaneous Halt during Ejaculation in a Juvenile Genius Mathematician with Asperger Syndrome and Bilateral Keratoconus. Journal of Ophthalmology and Research 5 (2022): 92-96.

Abstract

Purpose: We report a case of spontaneous halt during ejaculation in a juvenile genius mathematician with Asperger syndrome and bilateral keratoconus. Twenty years later, the patient is currently a professor of mathematics.

Observations: As a virgin in high school and university, the patient could stop his ejaculation spontaneously during orgasm while watching pornography. He was diagnosed with middle-stage Asperger's syndrome. He also had a history of pneumothorax at 22 years of age. He was referred to the ophthalmology clinic for bilateral blurred vision and was diagnosed with mild bilateral keratoconus. A bilateral set of hard contact lenses was prescribed, which resulted in normal corrected visual acuity. He is currently a prominent educational specialist and

professor of mathematics in the field of algebraic geometry at a Japanese university.

Conclusion and Importance: In this case, the spontaneous halt during ejaculation might have been accompanied by then bilateral keratoconus, which might have corresponded to collagen instability considering his history of pneumothorax.

Keywords: spontaneous halt, ejaculation, mathematician, Asperger syndrome, keratoconus

1. Intruduction

Anejaculation, defined as the complete absence of antegrade or retrograde ejaculation, is caused by a failure of semen emission from the seminal vesicles, prostate, and ejaculatory ducts into the urethra [1]. Anejaculation is usually associated with a normal

orgasmic sensation and is always associated with central or peripheral nervous system dysfunction or drug use [2]. Drug treatment or interventions for anejaculation caused by lymphadenectomy and neuropathy, or psychosexual therapy for anorgasmia, are not effective. In these cases, and in men who have a spinal cord injury, penile vibratory stimulations (PVSs) are considered the first-line therapy. In anejaculation, PVS evokes the ejaculation reflex [2], which requires an intact lumbosacral spinal cord segment. If semen quality is poor or ejaculation is retrograde, couples may seek in vitro fertilization program if children are desired. In cases in which PVSs fail, electro-ejaculation can be the therapy of choice [3]. When electro-ejaculation fails or cannot be performed, other methods such as sperm-retrieval techniques may be utilized [4]. Anejaculation following retroperitoneal surgery for testicular cancer or total mesorectal excision can be prevented by performing unilateral lymphadenectomy and/or autonomic nerve preservation [5].

2. Case Description

This case involved a man who is currently 45 years of age. His previous medical history included pneumothorax at 22 years of age. Regarding his current medical history, the patient visited a local ophthalmology clinic with a chief complaint of bilateral blurred vision. The slit-lamp examination during his first visit to our hospital revealed typical bilateral corneal thinning and keratoectasia (Figure 1A, B). Anterior segment optical coherence tomography (AS-OCT) CASIA 2 (Tomey Corporation, Nagoya, Japan) examination revealed mild-stage bilateral keratoconus (Figure 1C, D). Bilaterally, one set of hard contact lenses (HCLs) was prescribed. The visual acuities in his right and left eyes were 0.4 ($0.9 \times -1.50 \text{ D} = \text{cyl} -5.00 \text{ D Ax } 100^\circ$) and 0.1 ($0.8 \times -1.50 \text{ D} = \text{cyl} -6.00 \text{ D Ax } 80^\circ$), respectively. The intraocular pressures (IOPs) measured using a non-contact tonometer (NT-4000; NIDEK Co., Ltd, Japan). were 10 mmHg, respectively.

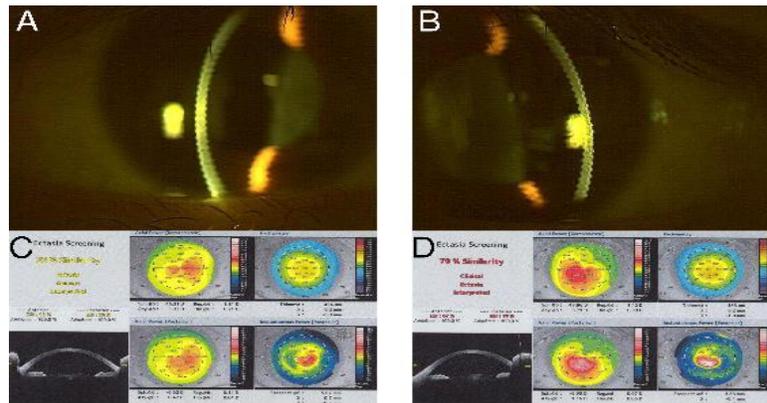


Figure 1: During the first hospital visit, slit-lamp examination revealed typical bilateral corneal thinning and keratoectasia (A: right eye, B: left eye). Anterior segment optical coherence tomography (AS-OCT) CASIA 2 (Tomey Corporation, Nagoya, Japan) examination revealed mild-stage bilateral keratoconus (C: right eye, D: left eye).

Following treatment, the patient’s visual acuity reached normal levels, similar to corrected visual acuity using HCLs. The bilateral visual acuity

measured using HCLs was 1.2. He is currently a prominent educational specialist and professor of mathematics in the field of algebraic geometry at a

Japanese university. The patient also had an eccentric history of spontaneous halting during ejaculation as a juvenile to the present. He is a genius mathematician and was diagnosed with Asperger syndrome during high school.

3. Discussion

Autism spectrum disorder (ASD) is categorized based on impairments in social interaction and communication, as well as repetitive and stereotyped interests and behaviors [6]. Up to 1.7% of the population is affected by ASD [7, 8]. Most individuals with ASD exhibit average intellectual functioning and are increasingly diagnosed as adults [9]. As in other neurodevelopmental disorders, male preponderance has been reported in ASD, with an estimated male to female ratio of around 4:1 [10, 11]. However, these reported sex differences are controversial and the differences may be largely attributable to gender-biased differences in a male and female symptom-based diagnosis of ASD. Individuals with ASD have difficulties in interpreting non-verbal cues, such as decoding and interpreting eye contact expressions, and have limited capabilities in the theory of mind skills [6]. In the present case, the patient's bilateral keratoconus and blurred vision prevented his eye contact and personal communications or conversations, in addition to his personality attributed to his ASD. Throughout development, social interactions become more complex, romantic and sexual relationships become increasingly important, and the learned social skills often cannot keep up with the social demands needed for the initiation and maintenance of romantic peer relationships [12]. The patient's eccentric episodes of spontaneous halt during ejaculation from adolescence to the present might be hieroglyphic iconic aspects in the sexual or autistic action pattern and personality.

Thus, many stereotypes have arisen concerning sexuality-related issues in individuals with ASD, including that ASD individuals are only sparsely interested in sexual and romantic relationships or are mainly asexual [14, 15]. Contrary to these stereotypes, however, a growing body of recent research has shown that most individuals with ASD report a general interest in solitary and dyadic sexual behaviors and show the full range of sexual behaviors, similar to their clinically and pathologically normal counterparts [16-19]. Deficits in intuitively understanding social and nonverbal communication cues, difficulties in perspective-taking, inflexibility, dominant dysregulation, repetitive and stereotyped actions, and peculiarities in sensitive perception leading to underreactions to sensory sensation could hamper the development of sexual relationships and may be associated with impaired sexual functioning and the development of sexual disorders [20-22]. The present case had a history of pneumothorax at 22 years of age as well as bilateral keratoconus. Both diseases are related to the vulnerability and fragility of collagen cross-links. Extracellular matrix components such as collagen or related glycans are related to neural systems and developments [23-25].

4. Conclusion

Spontaneous halt of ejaculation in the present case might have been accompanied by bilateral keratoconus, possibly due to collagen instability considering his history of pneumothorax. The findings suggested the need to examine a large cohort of patients with keratoconus, especially those with concurrent ASD and ejaculation abnormalities, to examine the prognosis and pathogenesis of mild to severe pathogeneses related to systemic collagen synthesis.

Conflict of Interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Author Contributions

The Author Contributions section is mandatory for all articles, including articles by sole authors. If an appropriate statement is not provided on submission, a standard one will be inserted during the production process. The Author Contributions statement must describe the contributions of individual authors referred to by their initials and, in doing so, all authors agree to be accountable for the content of the work. Please see [here](#) for full authorship criteria.

Funding

This study was supported in part by Research Project Grant 03B-002 from Kawasaki Medical School (to H.F.).

Acknowledgments

We thank Asakura T. and Saitoh B. for their discussions, advice, and criticism, which greatly benefited this project.

Data Availability Statement

The data supporting the findings of this study are available from the corresponding author, HF, upon reasonable request.

References

1. Geboes K, Steeno O, De Moor P. Primary anejaculation: Diagnosis and therapy. *Fertil Steril* 26 (1975): 1018–20.

2. Brindley GS. Reflex ejaculation under vibratory stimulation in paraplegic men. *Paraplegia* 19 (1981): 299–302.
3. Schatte EC, Orejuela FJ, Lipshultz LI, Kim ED, Lamb DJ. Treatment of infertility due to anejaculation in the male with electroejaculation and intracytoplasmic sperm injection. *J Urol* 163 (2000): 1717–20.
4. Esteves SC, Miyaoka R, Orosz JE, Agarwal A. An update on sperm retrieval techniques for azoospermic males. *Clinics (Sao Paulo)* 68 (2013): 99–110.
5. Maurer CA, Z'Graggen K, Renzulli P, Schilling MK, Netzer P, Büchler MW. Total mesorectal excision preserves male genital function compared with conventional rectal cancer surgery. *Br J Surg* 88 (2001): 1501–5.
6. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. Washington, DC: American Psychiatric Publishing (2013).
7. Elsabbagh M, Divan G, Koh YJ, et al. Global prevalence of autism and other pervasive developmental disorders. *Autism Res* 5 (2012): 160–79.
8. Baio J, Wiggins L, Christensen DL, et al. Prevalence of autism spectrum disorder among children aged 8 years – Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2014. *MMWR Surveill Summ* 67 (2018): 1–23.
9. Fombonne E. Epidemiology of pervasive developmental disorders. *Pediatr Res* 65 (2009): 591–8.
10. Lai MC, Lombardo MV, Auyeung B, Chakrabarti B, Baron-Cohen S. Sex/gender

- differences and autism: Setting the scene for future research. *J Am Acad Child Adolesc Psychiatry* 54 (2015): 11–24.
11. Idring S, Rai D, Dal H, et al. Autism spectrum disorders in the Stockholm Youth Cohort: Design, prevalence and validity. *PLOS ONE* 7 (2012): e41280.
 12. Loomes R, Hull L, Mandy WPL. What is the male-to-female ratio in autism spectrum disorder? A systematic review and meta-analysis. *J Am Acad Child Adolesc Psychiatry* 56 (2017): 466–74.
 13. Seltzer MM, Krauss MW, Shattuck PT, Orsmond G, Swe A, Lord C. The symptoms of autism spectrum disorders in adolescence and adulthood. *J Autism Dev Disord* 33 (2003): 565–81.
 14. Koller R. Sexuality and adolescents with autism. *Sex Disabil* 18 (2000): 125–35.
 15. Konstantareas MM, Lunsky YJ. Sociosexual knowledge, experience, attitudes and interests of individuals with autistic disorder and developmental delay. *J Autism Dev Disord* 27 (1997): 397–413.
 16. Dewinter J, Vermeiren R, Vanwesenbeeck I, Van Nieuwenhuizen, C. Adolescent boys with autism spectrum disorder growing up: Follow-up of self-reported sexual experience. *Eur Child Adolesc Psychiatry* 25 (2016): 969–78.
 17. Byers ES, Nichols S, Voyer SD. Challenging stereotypes: Sexual functioning of single adults with high functioning autism spectrum disorder. *J Autism Dev Disord* 43 (2013): 2617–27.
 18. Strunz S, Schermuck C, Ballerstein S, Ahlers CJ, Dziobek I, Roepke S. Romantic relationships and relationship satisfaction among adults with Asperger syndrome and high-functioning autism. *J Clin Psychol* 73 (2017): 113–25.
 19. Turner D, Briken P, Schöttle D. Autism-spectrum disorders in adolescence and adulthood: Focus on sexuality. *Curr Opin Psychiatry* 30 (2017): 409–16.
 20. Stokes MA, Kaur A. High-functioning autism and sexuality: A parental perspective. *Autism* 9 (2005): 266–89.
 21. Howlin P, Mawhood L, Rutter M. Autism and developmental receptive language disorder-A follow-up comparison in early adult life. II: Social, behavioural and psychiatric outcomes. *J Child Psychol Psychiatry* 41 (2000): 561–78.
 22. Aston M. Asperger syndrome in the bedroom. *Sex Relatsh Ther* 27 (2012): 73–79.
 23. Fujimoto H, Ohgomori T, Abe K, Uchimura K, Kadomatsu K, Jinno S. Time-dependent localization of high- and low-sulfated keratan sulfates in the song nuclei of developing zebra finches. *Eur J Neurosc* 42 (2015): 2716–25.
 24. Hou X, Yoshioka N, Tsukano H, et al. Chondroitin sulfate is required for onset and offset of critical period plasticity in visual cortex. *Sci Rep* 7 (2017): 12646.
 25. Fagiolini M, Fritschy JM, Löw K, Möhler H, Rudolph U, Hensch TK. Specific GABAA circuits for visual cortical plasticity. *Science* 303 (2004): 1681–3.



This article is an open access article distributed under the terms and conditions of the [Creative Commons Attribution \(CC-BY\) license 4.0](https://creativecommons.org/licenses/by/4.0/)