Japanese Journal of Gastroenterology and Hepatology[R]

ISSN 2435-1210 | Volume 11

Research Article Open Access

Sex Induced Prolapsed Intervertebral Disc

Parveen Malhotra*, Rahul Siwach and Ankit Chahal

Department of Medical Gastroenterology, PGIMS, Rohtak, Haryana, India

***Corresponding author:**

Parveen Malhotra,
Department of Medical Gastroenterology,
PGIMS, Rohtak, Haryana, India

Received: 01 July 2026
Accepted: 16 July 2026
Published: 21 July 2026
J Short Name: JJGH

Keywords:

PIVD; Sex; MRI; Lumbosacral; Spine; Backache

Citation:

Parveen Malhotra, Sex Induced Prolapsed Intervertebral Disc. Japanese Jour of Gastro and Hepatology® 2026; V11(1): 1-3

1. Abstract

1.1. Introduction

Sex itself is unlikely to directly cause a new, first-time case of PIVD (Prolapsed Intervertebral Disc, or a herniated disc). However, vigorous sexual activity or extreme positions can trigger a flare-up or severe injury if your discs are already degenerated or weakened. Sex is a physical activity that requires the core and hip muscles to support the body, which can place stress on the lumbar spine (lower back). If you already have spinal degeneration, arthritis, or a pre-existing disc bulge, repetitive thrusting or holding unsupported, extreme positions can cause disc irritation or worsen a current herniation. While highly uncommon, extreme or acrobatic positions during intercourse have been known to cause traumatic spinal injuries or fracture. If you are recovering from a disc issue or experiencing lower back pain, you can modify your sexual positions to protect your spine and avoid positions that require you to "flex" or lean forward, as this puts more intradiscal pressure on the spine. The Missionary Position can be spine-conserving if the bottom partner supports themselves on their back with a pillow under their lower back to maintain its natural curve. Lying on your side can be a gentle option, but ensure your lower back isn't excessively rounded. Conversely, having an existing PIVD (especially in the lower L5-S1 region) is highly likely to cause or hinder your sex life. The severe radiating nerve pain, physical limitations, and associated fear of worsening the injury often lead to sexual dysfunction or reduced libido.

1.2. Case Report

We present a fifty-one-year male, a known case of hypertension for last twenty years, presented with back pain in lumbar area, radiating to right lower limb for last three weeks. This pain led to difficulty in walking with lurch on right side. The patient never gave any history of trauma or heavy weight lifting. On recalling, he said that he for last few months was performing sex with his wife in new position. He used to lie below with her wife above and tried to stroke her from below. It required lot of efforts and pressure on his back. There was no bladder or bowel involvement of bladder and bowel, any kind of sensory or motor loss in upper or lower limbs or fever. All biochemical labs including complete hemogram, liver & renal function test, complete thyroid & lipid profile, blood sugar, viral screen, urine complete examination, ECG, Chest X-ray were normal. The x-ray lumbosacral spine shows disc prolapse at and same was confirmed on MRI lumbosacral spine. Patient was started on analgesics, anti-inflammatory, methyl cobalamin and pregabalin. Patient was advised for not lifting any heavy weight and avoid performing sex in position which precipitated the disc prolapse. He showed improvement within four weeks and after one year of follow-up is totally asymptomatic.

1.3. Conclusion

Spinal injuries in form of vertebral fractures and disc prolapse have been uncommonly reported due to strenuous or abnormal sexual activity. It is commonly seen in males and lumbar vertebra are commonly involved which have serious potential of causing bladder or bowel involvement, along with motor or sensory loss in involved area. Hence, timely suspicion, detection, treatment and ramifications are important to decrease overall morbidity and mortality associated with it.

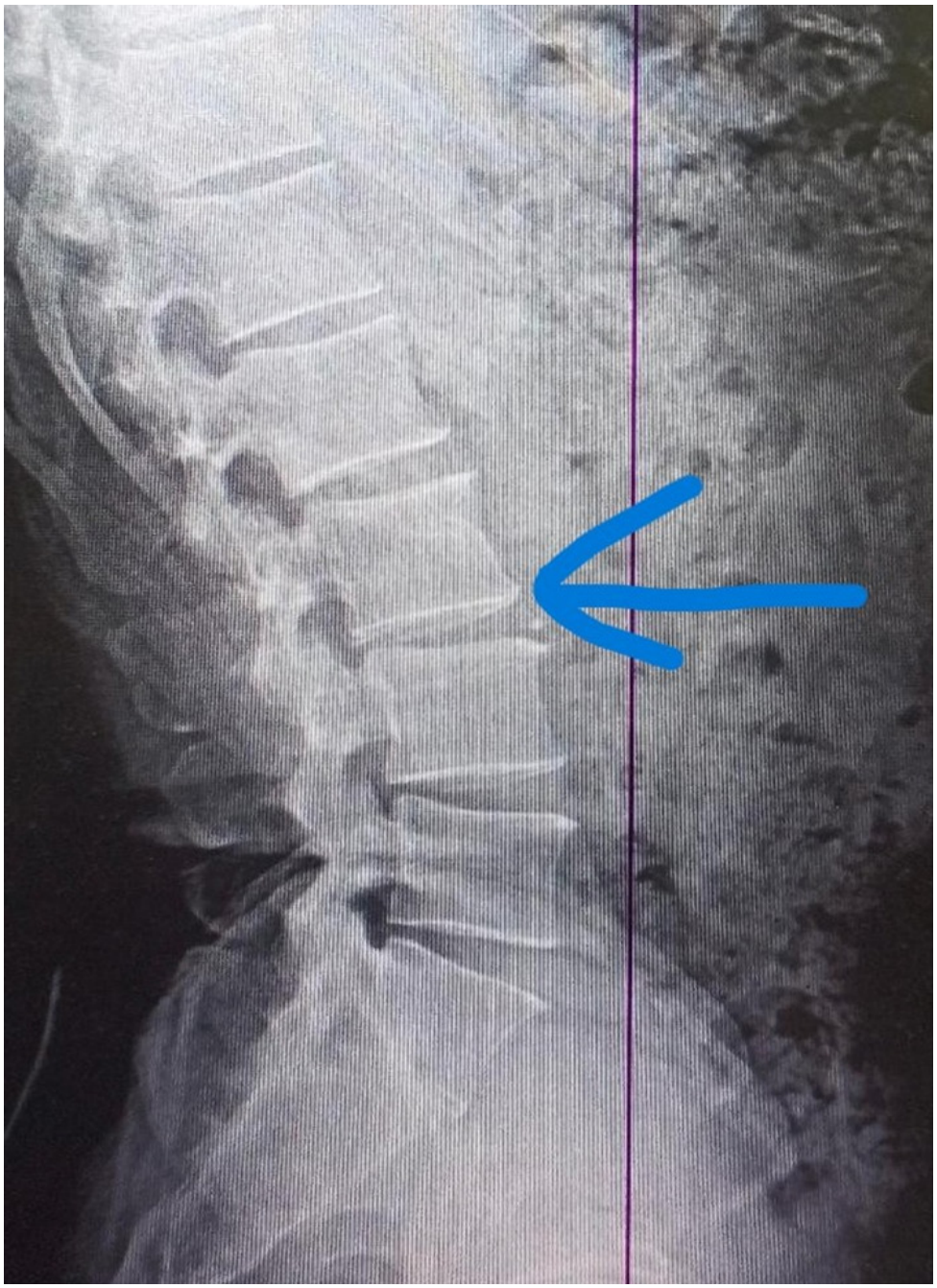
2. Introduction

Sexual activity may result in significant untoward effects, such as myocardial infarction and penile fractures [1,2]. Patients with low back pain may also suffer episodes of acutization during or after intercourse [3,4]. Literature regarding spinal cord injuries and sexual activity addresses mostly fertility and the capability of having sex as a complete or incomplete quadri- or paraplegic [5-7]. We have found no reports on spinal column or spinal cord injuries directly caused by sexual activity. The spinal movement involved with sex can cause any chronic back pain related to disk disease, arthritis, spinal stenosis, or herniated disks to have flare ups and irritation. People who have recently gone through back surgery and are re-

covering can also suffer from chronic back pain and might want to avoid sex. Men tend to be affected more by lower back pain than women. It's estimated that up to 84% of men have sex less often because of low back pain. In addition to the spine being put under stress, the human body uses its core and hip muscles. Sex can be a very physical activity. Depending on where your pain is, flexion (bending forward or sitting) or extension (leaning backward) can make it worse for your muscles.

3. Case Report

We present a fifty-one-year male, a known case of hypertension for last twenty years, presented with back pain in lumbar area, radiating to right lower limb for last three weeks. This pain led to difficulty in walking with lurch on right side. The patient never gave any history of trauma or heavy weight lifting. On recalling, he said that he for last few months was performing sex with his wife in new position. He used to lie below with her wife above and tried to stroke her from below. It required lot of efforts and pressure on his back. There was no bladder or bowel involvement of bladder and bowel, any kind of sensory or motor loss in upper or lower limbs or fever. All biochemical labs including complete hemogram, liver & renal function test, complete thyroid & lipid profile, blood sugar, viral screen, urine complete examination, ECG, Chest X-ray were normal. The x-ray lumbosacral spine shows disc prolapse at L3-L4 level and same was confirmed on MRI lumbosacral spine. Patient was started on analgesics, anti-inflammatory, methyl cobalamin and pregabalin. Patient was advised for not lifting any heavy weight and avoid performing sex in position which precipitated the disc prolapse. He showed improvement within four weeks and after one year of follow-up is totally asymptomatic.



Picture 1: X-ray Lumbosacral spine showing intervertebral disc prolapse at L3-L4 Level (blue arrow).

4. Discussion

The lumbar spine, located in the lower back, consists of five vertebrae and intervertebral discs between them. Lumbar disc herniation (LDH) occurs when the outer layer of one of these discs sobbing, causing the soft, gel-like material inside to bulge or leak out. This may cause irritation or compression of the nearby nerve, leading to pain and other symptoms [8]. The most common symptoms of LDH include lower back pain (LBP), leg pain, and numbness or weakness in the affected area. This condition can significantly impact a person's physical function and daily life. The pain and discomfort associated with LDH can make it difficult to bend forward, twist, or move the back in certain ways. Individuals may also experience muscle spasms that further limit their range of motion. LDH can cause muscle weakness or atrophy due to the compression or irritation of nerves that control muscle function. This can lead to difficulty standing, walking, or performing simple tasks such as lifting objects [9-11]. For men, during sex, the lumbar muscles must work hard as a support to help the body vibrate continuously, this is the first factor that affects the lower back. When reaching the ejaculation stage, men will have muscle stiffness throughout the body, especially the lumbar muscles and pelvic floor tend to contract strongly. This is the second factor that makes men susceptible to aches and back pain after sex. The pain occurs mainly in the lower lumbar region with a dull or severe level. Many people have pain concentrated on the left, right and central spine, or pain in the sacrum. In our case also, there was definitive history of changed sex position by male partner which led to herniation of lumbar disc, causing back pain with radiation to right lower limb and gait abnormality. It completely recovered with medication and avoidance of that particular sexual position. Hence, the symptoms never re-occurred even after one year follow-up.

5. Conclusion

Spinal injuries in form of vertebral fractures and disc prolapse have been uncommonly reported due to strenuous or abnormal sexual activity. It is commonly seen in males and lumbar vertebra are commonly involved which have serious potential of causing bladder or bowel involvement, along with motor or sensory loss in involved area. Hence, timely suspicion, detection, treatment and ramifications are important to decrease overall morbidity and mortality associated with it.

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