

## Notes and comments

# VAGINAL AREA OF HYPEREROTISM (H AREA) IN THE CONTEXT OF THE BIOEXCITABILITY OF VULVAR ERECTILE TISSUE

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The vaginal area of Hipererotism or "H" area (Fig.1 a, b, c) consists of erectile tissue with increased bioexcitability, compared to the rest of the vagina. The H area is an isolated area, of separate erectile importance, as it has been assumed to be known so far (or as it will be demonstrated) is part of the group of erectile vulvar formations as a whole unit determining the necessary hyperexcitability in order to perform a proper sexual intercourse.

The vaginal and urethral orifices are surrounded by vestibular bulbs (bulbus vestibuli vaginae)( Fig.2), erectile organs located on

the sides of the vaginal introit, on the small labias basis. Vestibular bulbs unite anteriorly, on the median line, above the urethra, constituting the venous plexus Kobelt, which connects with the cavernous bodies of the clitoris, through the communicating venous plexus. The upper extremity of the vestibular bulbs is related to the urethral meatus, inducing hyperemia of this area during the erection. The cavernous bodies of the clitoris, as well as the vestibular bulbs, have cavernous tissue in their structure, with arterial-venous anastomosis, which fill with blood during the

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Fig.1a



Fig.1b



Fig.1c

**Fig.1abc** Different aspects of the H area- images from Treaty of Clinical Sexology

erection, through the dilated helicine arteries, that are tensioned due to albuginea.

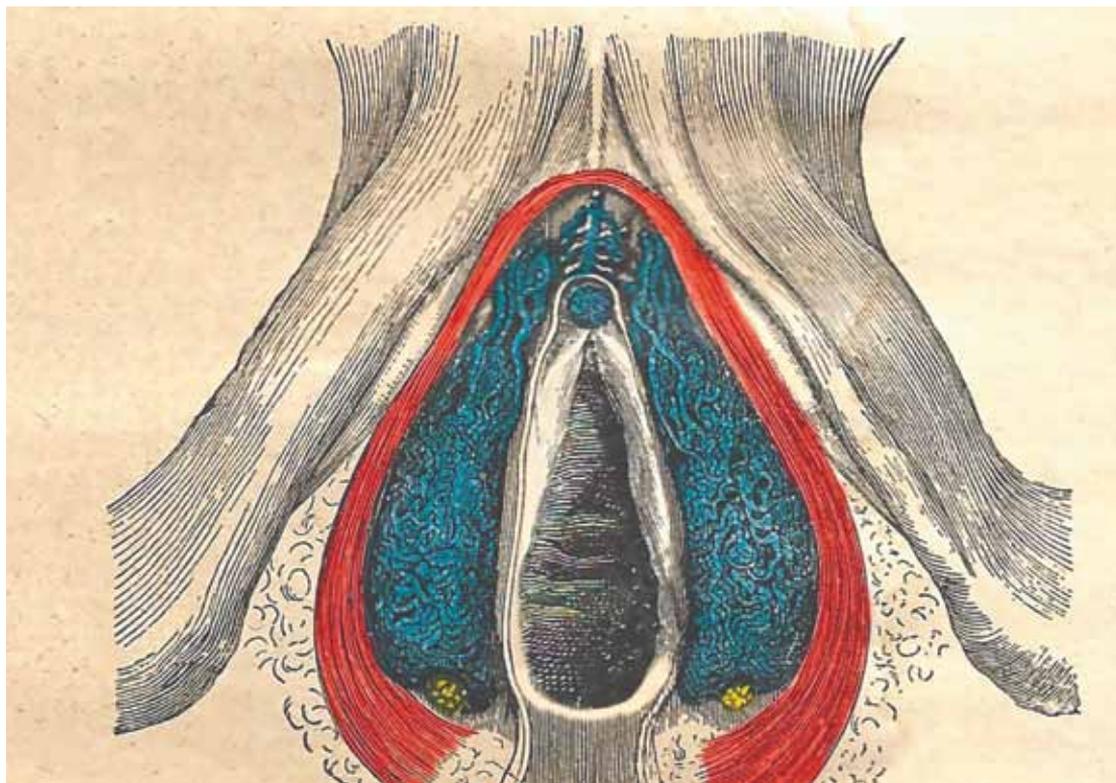
Vascularization of this area erectile tissue also interests urethral burelet, consisting of erectile tissue located in the urethro-vaginal space (suburethral), directly interested in H area, which is not a separate erectile structure.

It has to be mentioned that the erectile tissue covered in albuginea has an apart functionality from the tissue that has just a simple, local, hyperemia. In this context, the direct connection between the erectile tissue of the clitoris, vestibular bulbs, urethral tissue, urethro-vaginal tissue and vascular plexus of H area determines that the receptors of any

of these above mentioned structures stimulation to cause the rapid erection of all the cavernous vulvar structures, i.e. the state of vulvo-vaginal hyperexcitability, which also results in genital lubrication and preparation for penetration and copulation, respectively for sexual intercourse itself.

Parasympathic nervous impulses dilate the erectile tissue arteries due to acetylcholine, nitric oxide and VIP (vasoactive intestinal polypeptide) enhancing the importance of the erectile tissue by nervous terminations hyperemia.

The anastomosis between the cavernous bodies of the clitoris and the urethral cavernous structure are explained by the venous



**Fig.2** Vestibular bulbs - drawn in blue (adapted from Latarjet)

blood leakage, mainly and directly to the circumflex veins, which constitutes another evidence of the direct vascular connection between the clitoris and the H area, which women consider as the most important erogenous vulvo-vaginal areas.

Thus, from a morpho-physiological point of view, the erection appears as a complex vasculo-nervous mechanism, in which the distension of cavernous spaces results from the blood influx, as a response reaction to the local and central nervous receptors excitation, being perceived by the individual as an "erotic status".

The H area hypervascularization, connected with urethro-vaginal spongy tissue,

as well as common innervation with the other vulvo-vaginal erectile organs, explains, once again, why the touching maneuvers performed in H area also cause hyperemia to neighboring erectile organs, namely the vulvar erection.

Hypervascularization of H area appears as an additional factor for the utero-vaginal cavernous structure functionality, which acts on an already congested vaginal wall by Gussenbauer erectile tissue, during the local arousal and by brain command.

The normal congestion of the vascular plexus in the vaginal wall has less erotic effects than congestion of cavernous tissue, which, thanks to albuginea, confers a speci-

al morpho–functional constitution to the respective organs, contributing to the copulation, ejaculation and orgasm.

The direct link of the labies with the clitoris area also causes stimulation of the erection of the Vaginal Area of Hypererotism due to the existence of clitoris neural synapses – H Area.

Nearby nerve threads represent the link between the erogenous areas. There are interneuronal synapses between the clitoris and the H area, proven by the transmission of the exciting nervous impulse from the clitoris to the H area and back, that determine certain interzonal morpho-physiological particularities.

Of all the vulvar structures, consisting of erectile tissue and with increased bioexcitability, the woman considers that the area with the highest erotic sensitivity belongs to the clitoris, which also determines the strongest orgasm, i.e. an increased number of orgasms. In our statistics, on the same important position, or right on the secondary place, there is the vaginal area of hypererotism (H Area ), which is directly linked to the clitoris.

## REFERENCES

1. Bereck & Novak., *Ginecologie*, p. 98-1-1, 271- 273, 215, Ed.Medicală Callisto,2015, ISBN 978- 606-8043-15-9.
2. Guyton & Hall's, *Tratat de Fiziologie a omului*, Ediția a 11-a,p.1023, Ed.Medicală Callisto,2007,ISBN 978- 973- 87261-4-7.
3. Nițescu Vasile, *Treaty Of Clinical Sexology*, The Publishing House Of The Romanian Academy; „The Vaginal Area Of Hypererotism (The H Area)” P.51-58; ISBN 978-973-27-2574-0, 2018,
4. Nițescu Vasile, Is there a vaginal area of Hypererotism (H Area), or a G-spot?, *Journal of clinical Sexology*, p.12-21,Vol1, no.1. 2018, ISSN 2602-0173.
5. Testut L., Latarjet A., *Traité d'anatomie humaine*, Editia a -8a, 1931.