

The Mythical G-Spot: Past, Present and Future

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Abstract

The so-called point Gräfenberg popularly known as "G-spot" corresponds to a vaginal area 1-2 cm wide, behind the pubis in intimate relationship with the anterior vaginal wall and around the urethra (complex clitoral) that when the woman is aroused becomes more sensitive than the rest of the vagina. Some women report that it is an erogenous area which, once stimulated, can lead to strong sexual arousal, intense orgasms and female ejaculation. Although the G-spot has been studied since the 40s, disagreement persists regarding the translation, localization and its existence as a distinct structure. Objective: Understand the operation and establish the anatomical points where the point G from embryology to adulthood. Methodology: A literature search in the electronic databases PubMed, Ovid, Elsevier, Interscience, EBSCO, Scopus, SciELO was performed. Results: descriptive articles and observational studies were reviewed which showed a significant number of patients. Conclusion: Sexual pleasure is a right we all have, and women must find a way to feel or experience orgasm as a possible experience of their sexuality, which necessitates effective stimulation

Index terms— G Spot; vaginal anatomy; clitoris; skene?s glands.

1 Introduction

In our opinion from the anatomical point of view, the "G-Spot" does not exist, as there is a separate anatomical unit, but neither can deny from the embryological point of view. In my experience I agree and acknowledge that many women who defend and swear they have it, unfortunately, science has not been able to locate it.

There are few studies that different scientists have used in finding the controversial "G-Spot": (Biopsies, surveys, scans, scans, ultrasounds, etc.) to locate the very controversial "G-spot".

It is called "G-spot" to a vaginal area 1-2 cm wide, located behind the pubic bone in the front of the vaginal wall and around the urethra about 3-5 cm from the outside of the vagina between the pubic bone and the cervix, which is energized when the woman becomes more sensitive than the rest of the vagina. This region is named after the German gynecologist Ernst Gräfenberg Dr., which based on the observations of women during orgasm, in 1953 published an important article entitled "The role of urethra in female orgasm/ The role of the urethra in female orgasm": there described and suggested the existence of "an erotic area 1-2 inches inside the vagina orgasms induced by direct mechanical stimulation" 2. However, it was until 1980, when the Ladas, Whipple and Perry doctors-which he guided by the findings reported in this article, which rediscovered the vaginal area and chose to name it as an area "G-spot" 3. 4 Figure 1. The anatomical proximity of the urethra and the clitoris to the anterior vaginal wall, suggesting an association between these structures and sexual function, and wherein the presence of tissue pseudocavernoso (vestibular bulbs of the clitoris) in the anterior vaginal mucosa a frequent finding (86%) ??, I think more scientific interest in the clitoral complex.

Biopsies were performed vaginal tissue, but the results have not shown any particular structure, but some have emphasized and shown more nerve endings exist at certain points in the other of the vaginal wall. Other ultrasound studies reported evidence that women who experience vaginal orgasms have thicker than those who

44 do not have 6 , which leads me to speculate that there may be a functional correlation between the thickness
45 of urethrovaginal space or "dot-space urethrovaginal G" and the ability to experience vaginal orgasm, and thus
46 explain the importance, -to achieve orgasms -the region that would correspond to the "Gspot". In other studies
47 involving the use of MRIs, the stimulation of the clitoris, the vagina and cervix lit different areas of the brain,
48 leading to the conclusion that each part or structure of these generates a different reaction in the body. Which
49 suggests that the "G-Spot" can be a whole area of the anterior vaginal wall, rather than a point in itself. What
50 gives the scientific basis to suggest that the whole of: anterior vaginal wall, clitoris and urethra form a team
51 that could be called clitoral complex ?? , complex to participate and be responsible for generating all the fun,
52 and that simply stimulate anywhere in this area would result in infinity female pleasure, because it would be
53 the location of female sexual activity, analogous to the penis in men, ie the correct anatomical term should be "
54 invaginated female penis". Figure 2. Publications are many, for or against, but the truth is there is no anatomical
55 ultrasound images or pictures of "G-Spot" and the female prostate lacks an anatomical structure that can cause
56 an orgasm 8, . 9 However, vaginal penetration causes close contact between the inner clitoris and the anterior
57 wall of the vagina, which could explain this phenomenon.

58 It is through this review I want to make my opinion of why some women might have and others do not much
59 discussed area or "G-spot", without being so blunt and absolutist in emphasis that does not exist, as if it was
60 recorded some articles that there is no "G-spot", but if I clear that the "G-spot" does not exist as the magic
61 button 10 , which many believe, the direct contact generates more pleasure, and emphasized that from the point
62 of Embryologically has everything to be an area of the vaginal wall more nervous input and therefore more
63 sensitive than the rest of the vagina, and it is obvious that the anterior wall of the vagina is an active organ
64 that transmits during intercourse , the mechanical effect of the thrust of the penis into the vagina to the clitoris,
65 through continuum and stretch the ligaments that are inserted around its base and the vestibular bulbs, which
66 would theoretically the basis science of its existence.

67 2 II.

68 3 Embryology Female Genital Apparatus

69 The external genitalia are generated at the caudal end of the embryo by successive changes in the cloaca, which
70 is divided into the urogenital sinus anteriorly and the anorectal canal behind: to the 5th and 6th week the caudal
71 end of the embryo is blocked by the cloacal membrane, and in the 7th week on your front end the genital tubercle,
72 and each side of the anteroposterior urogenital folds, and out of these, or labioscrotal genital swelling. 11 In the
73 absence of production of AMH, to the 8th, 9th, 10th and 11th week paramesonephric ducts or Müller (stimulated
74 by maternal estrogens and placental) reach the pelvis of the embryo, where they cross in front of the mesonephric
75 ducts or Wolf toward and juxtaposed 12, ??? , each other, without merging further, and as is the utero-vaginal
76 canal, which derive from the tube, uterus and upper vagina. The utero-vaginal canal begins to surround fused
77 muscle tissue, which differs from the surrounding mesenchyme, this muscle tissue grows from the bottom up,
78 uterus, vaginal encompassing the vertical portion of the duct to form the body of the uterus, and finally the
79 background. ??4 Figure 3.

80 The lower portion of the blind mullerian blind urogenital sinus Müller tuber , and urogenital sinus wall contact
81 tuber Müller, grows towards the forming senovaginales vaginal bulb constituting sheet, which is and lengthens the
82 distance between the uterus and the urogenital sinus, and the same tissue proliferates mesonephricuterovaginal
83 lower end of duct , increasing the length of the vagina. In the 11th week the vagina is channeled and flows
84 just behind the urethra. At the caudal end of the uterus and vagina in the upper portion, emit about cervical
85 extension by way of "wings" that surround it and form the vaginal sac or vaginal vault. The lower end is
86 closed by the hymen, which separates the lobby; ahead, the vagina 15 , the urethra is removed, and behind the
87 rectum, mesodermal septa. Thus, the upper portion of the vagina is Paramesonephricus origin, and lower, of the
88 urogenital sinus ??6 .

89 The pelvic mesenchyme lying in front of the rectum into the cloacal membrane, separating it into an anterior
90 or urogenital portion and a posterior or anal. The urogenital diaphragm closes below the urogenital groove
91 between the urogenital folds (membranous bladder and urethra) and the anal membrane closes the year, and the
92 end of urogenital septum form the perineal body. In the 8th week the urogenital sinus communicates with the
93 outside, and outputs the anus outside the rectum. In the 9th week the genital tubercle becomes the phallic part
94 constituting the clitoris. In the 10th week the urethra and vagina open into the urogenital sinus which continues
95 to lobby on its lower portion. The lobby is framed laterally by the labia minora and labioscrotal swellings become
96 the labia majora ??? .

97 In short, the formation of the external genitalia originates from the same structures for both sexes: the
98 urogenital sinus form, in women, the lower two-thirds of the vagina and urethra, the elongation of genital tubercle
99 formed in women, the clitoris and the urethral folds do not fuse, forming the labia minora, genital prominences,
100 in women, the labia ??8 .

101 The epithelium of the female urethra is of endodermal origin, while the connective tissue that surrounds
102 muscle derived from the splanchnic mesoderm sheet, and towards the end of the first quarter, the epithelium of
103 the prostatic urethra begins to proliferate and emerge several outgrowths that are introduced into the surrounding
104 mesenchyme, and the cranial portion gives rise to the urethral and paraurethral (rudimentary homologues of the

105 prostate) glands, the largest being the Skene's glands, which empty into the distal third of the urethra or introitus
106 ??9, ??0 . pubic symphysis, and is it covered by hair to its junction with the abdominal wall 21 .

107 4 b) Vulva

108 The set of external genital structures, and defined as localized in the anterior perineal triangle, bounded by the
109 above mons, perineum later the inguinal folds laterally and medially hymenal ring area ??2 . It is covered except
110 the lobby area, stratified squamous epithelium and keratinized ??3 .

111 The whole vulva includes the mons pubis, labia majora, minors, the inter-labial groove, the clitoris, the clitoral
112 hood or prepuce, lobby or vaginal introitus, urethral meatus, the greater vestibular glands (Bartholin) in the
113 posterior third of the lobby and lower (Skene) on either side of the urethral meatus ??4 . Figure 4.

114 The blood supply comes from internal and external pudendal arteries. The anterior and superior regions are
115 innervated by the ilioinguinal and genitofemoral (lumbar plexus) nerve and the rest by the pudendal nerve 25 .

116 5 c) Labia

117 Fibroadiposos are a couple of folds of skin that extend from the mons pubis down and backward to join in the line
118 ahead of the year at the level of the rear fork, they are covered with keratinized stratified squamous epithelium.
119 Include terminal extension of the round ligament. The skin is covered with sparse hair sideways and are rich in
120 sebaceous glands, apocrine and eccrine and contain abundant adipose tissue and muscle liso ??6, ??7 .

121 6 d) Labia minora or nymphs

122 Two mucosal folds that lie between the labia majora, with merging from behind, and are separated into two
123 folds at the approach to the clitoris ahead. They are covered by squamous epithelium nonkeratinized except
124 for a thin layer cornea at its side edges, beneath the epithelium richly vascularized and neat elastic fibers 21
125 MenendezLopez, V., GalanLlopis, J.A., Elia Lopez, M. et al. Sobre la necesidad del rasurado de la región púbica
126 en los pacientes que van a ser sometidos a cirugía urológica endoscópica. Actas Urol Esp. [in connective tissue is
127 found, and in the medial portions consist of erectile spongy tissue traversed by beams collagen, associated with a
128 complex network of elastic fibers, not containing hair follicles and sebaceous glands present few. The latest folds
129 join to form the prepuce or clitoral hood. Subsequent folds form the frenulum of the clitoris. They are covered
130 by hairless skin, overlying fibroelastictroma rich in nervous and vascular elements. The area is in the rear parts
131 of the labia minora is the vestibule of the vagina 28, . 29

132 7 e) Vagina

133 The vagina is a tubular structure, collapsed inside, extending from the lobby to the vulvar cervix measurement
134 with 9 cm + / -3, located posterior to the urethra and bladder and above the rectum, the wall anterior and
135 posterior are brought into direct contact with each other, except in the 1/3 upper surrounding the cervix, and
136 uterus with respect to an angle of 90°3 0, 31 .

137 The blood supply is the supply the vaginal artery and branches of the uterine artery, middle rectal and internal
138 pudendal. The veins around the vagina forming uterine, rectal and pudendal veins that drain to the internal iliac
139 vein 32 .

140 The innervation is supplied by the uterovaginal plexus (inferior hypogastric plexus) in virtually its entire
141 course, but mainly in the upper middle portion and the lower portion measured by the pudendal nerve (sacral
142 plexus) 33 , which also distributes motor and sensory branches to the region perineal and external genitalia.
143 Innervates the external sphincter muscles of the anus and urethra, and ischiocavernosusbulboesponjoso and part
144 of the levatorani, in addition to the skin in this region, as well as the labia and clitoris 34 .

145 The vaginal wall is made of three layers: mucous, muscular and adventitia 35 . The mucosa has a rough
146 manner and form small folds of 2 to 5 mm thick according to the hormonal stimulation time (transverse folds)
147 and is lined by stratified squamous nonkeratinized epithelium, enriched Glycogen and receivers intranuclear for
148 sex steroids 36 . Beneath the epithelium is Volume XIV Issue II Version I Year () the lamina propria, which is
149 the connective tissue-rich elastic fibers and nerves, with a few blood vessels.

150 The muscle layer is formed by smooth muscle fibers that are arranged to circulate in the area attached to the
151 mucosa and longitudinally on the outside, and some of these longitudinal fibers pass cardinal ligaments form.
152 Adventitia consists vascularized connective tissue with copious nerves and venous and lymphatic plexuses ??7,38
153 .

154 8 f) Vaginal orifice

155 The vaginal opening is surrounded by the hymen. On each side of the duct opening lobby of the greater vestibular
156 gland or Bartholin is located.

157 9 g) Vaginal or vulvar vestibule

158 It is the portion of the vulva that is located between the labia minora (from the outer surface of the hymen,
159 limiting forward by the frenulum of the clitoris, anterolaterally by the labia majora and posterolaterally by the

12 J) CLITORIS

160 line of Hart, located in the medial portion of the older) lips 39 . The mucosa of the lobby is similar to vaginal and
161 equally enriched glycogen mucosa, and that is glucogenic epithelium with transitional epithelium of the urethral
162 meatus and the epithelium of excretory ducts of the greater vestibular glands minors and paraurethral 40 .

163 10 h) Hymen

164 Tissue is a mucous-membrane partially closing the vaginal introitus, vagina separating the vulva loose 41 ;
165 connective tissue composed limited by stratified squamous epithelium without stratum corneum in both vaginal
166 and buccal surface.

167 The hymen is a membranous remnant of the union between the senovaginales bulbs and the urogenital sinus,
168 and drilling during fetal life to make a connection between the vagina and perineum 42 .

169 11 i) Glands

170 Skene's glands are the two largest paraurethral ducts that empty into the female urethra, prostate rudimentary
171 counterparts, are bilateral and secrete mucoid material with sexual stimulation, used to lubricate the urethral
172 meatus during intercourse 43 . They are responsible for female ejaculation.

173 Skene's glands are constituted by a pseudostratified columnar epithelium secreting mucosa and drain into
174 ducts lined by transitional epithelium that lead to the sides of the urethral meatus 44 , in number from two to
175 ten.

176 Bartholin's glands or greater vestibular glands are two tubulosaccular secretory glands, located on each side
177 of the opening of the vagina, in a clockwise position, at four and eight hours. Secrete a mucoid fluid with sexual
178 stimulation, which helps lubricate the labia during intercourse. Originate from the urogenital sinus and are
179 homologous to the bulbourethral glands in males. Its acini are lined by columnar epithelium mucípar. The ducts
180 that drain the gland are lined by columnar epithelium in the beginning, then by epithelium transitional type to
181 finish by squamous-type epithelium at its end and outlet of the posterolateral portion of the lobby, to the inner
182 and posterior surface of the lips minors 45 .

183 12 j) Clitoris

184 The clitoris is an erectile organ of 2-3 cms in length at its outer major axis, which is located under the urogenital
185 diaphragm, in front of the symphysis pubis and the anterior perineal region in contact with the pubic rami. Is
186 formed by two arcs, right and left, (with a length 12 to 15 cm) that was merged into midline, causing a 90 degrees
187 forward, forming a sensitive rounded tuber (glans of 3 to 4 mm wide and 4-5 mm long: its unique demonstration
188 outside), being part of the vulva 46 , whose roots are hidden below the vulva 47 , and two erectile vestibular
189 bulbs, coated by ischiocavernosus muscles around the sidewalls of the vagina. Histologically enriched with many
190 sensory receptors, and subject to the pubis by the suspensory ligament 48 . The pillars contain similar penile
191 corpora cavernosa, cavernous veins surrounded by longitudinal muscular smooth muscle and small arteries in the
192 central portion of the erectile tissue ??9 . Tunica albuginea is one, outside of this there is loose connective tissue
193 with abundant nerves in the periphery of the columns. The clitoral glans is covered by squamous epithelium
194 which is continuous with the vestibular. In the clitoris are not glands or papillae, but a large number of free nerve
195 endings and countless corpuscles Pacinian and Krause are located (between 8 and 10 thousand nerve endings)
196 as it is supplied by one of the three terminal branches of the nerve pudendal, the dorsal nerve of the clitoris 50,51
197 . The distal vagina has different properties than the proximal vagina, reflecting their different embryological
198 origins urogenital sinus and Müllerian duct, there is also variation in the structure of the walls, since the side
199 walls are much different from the rear wall, and naturally prior ??? .

200 The distal vagina is interrelated with the clitoris, so I doubt the two being separated as sexually functional
201 complex structures, but from an anatomical point of view, on the side of the anterior vaginal wall (the mucosa)
202 depth is only clitoris, so I dare say that there is no anatomical relationship between the two, but if you must
203 have an important sensory functional relationship between the two, knowing their embryological origin.

204 The anterior vaginal wall is separated from the posterior urethral wall by urethrovaginal septum, with a
205 thickness of 10 to 12 mm, through the periurethral fascia ??3,54 blood vessels, glands, fibers muscle and nerve
206 endings, which may explain its importance in sexuality, and not in vain spongiosum of the female urethra has
207 been reported in anatomy books 55 , and so much Grafenberg, in 1950, described the analogy female to male
208 urethra, describing seems to be surrounded by erectile tissue like the corpora cavernosa 56 .

209 The urethral meatus and the distal urethra are surrounded by the erectile tissue of the vestibular bulbs of
210 the clitoris 57 , so Dr. Grafenberg described an erogenous zone located on the anterior wall of the vagina and
211 subsequent studies have correlated the focus of female orgasmic sensitivity are related to the external urethral
212 sphincter 58 , which forces me to think that the urethra anatomically is surrounded by the clitoris to a varying
213 degree, which may explain its major component in sexuality, knowing what innervated richly out the clitoris, and
214 then maybe take importance naciementemente naming point U 59 , present in some women.

215 The "G-spot" of Ladas, Whipple and Perry doctors, does not correspond to the external urethral sphincter, but
216 the intra-urethral glands, and that stimulation of the pelvic nerve can also occur with stimulation area "G-spot",
217 which correspond to the area of the female prostate gland, which would explain the reports of female ejaculation
218 and orgasm through stimulation of the urethra, a phenomenon that is present in some women 60 . Figure 5.

13 Conclusions

219

220 Sexual pleasure is a right we all have, and women must find a way to feel or experience orgasm as a possible
221 experience of their sexuality, which necessitates effective stimulation.

222

223 Scientists and sexologists should define how relevant is whether or not the controversial "G-spot", but in my
224 opinion, whether or not there is irrelevant. The woman who you found should use it and enjoy at will, and those
that are not found, I invite you to try not to stop, not just look into the vagina, for it is in this search that can
get to know enough to know what area or corner of your body, which is located its point of maximum pleasure.



1

Figure 1: Figure 1 :

225

226

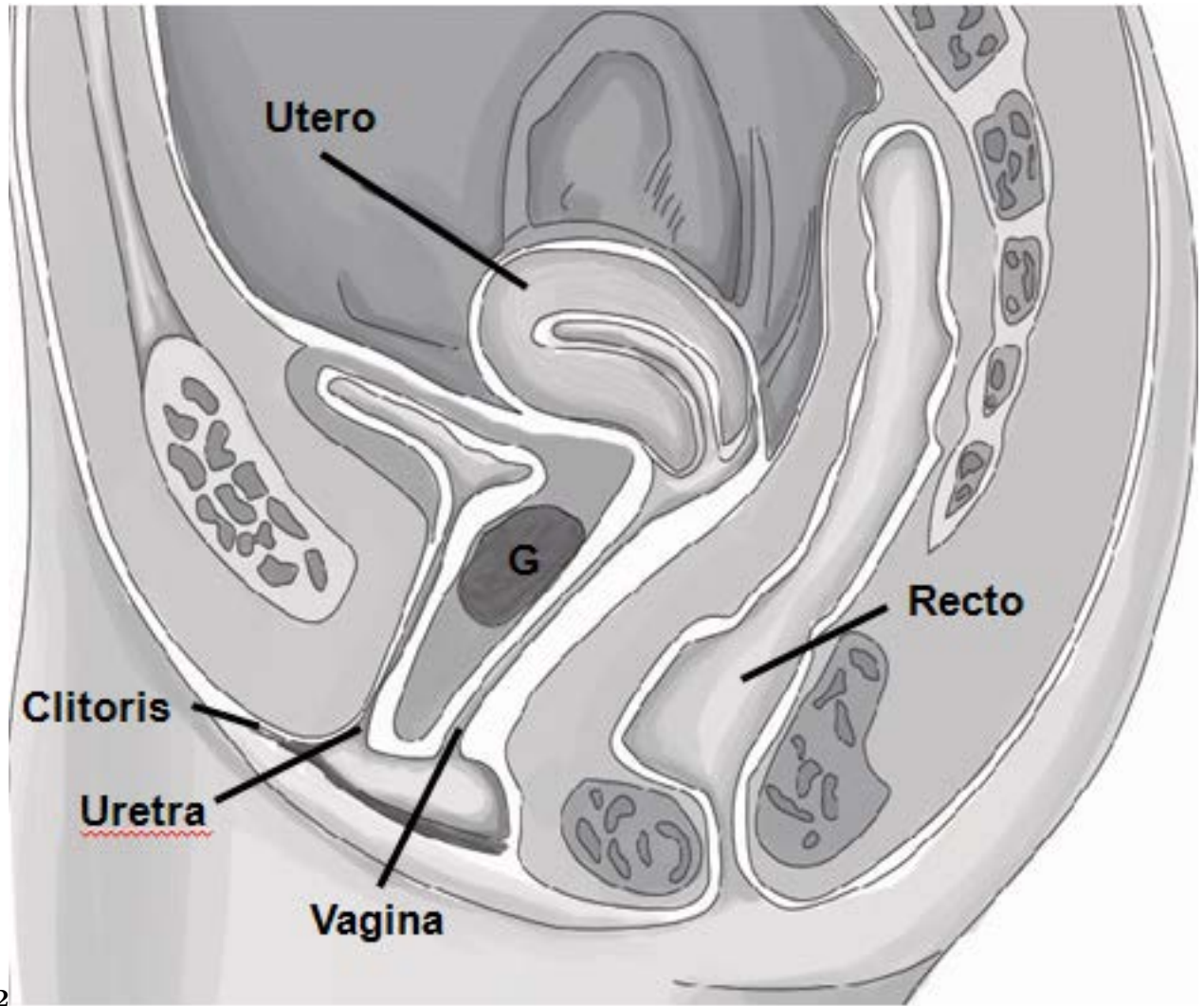
1 2 3 4

¹Burri AV, Cherkas L, Spector TD. Genetic and environmental influences on self-reported G-spots in women: a twin study. *J Sex Med* 2010; 7: 1842-1852.

²V. Puppo, "Embryology and anatomy of the vulva: the female orgasm and women's sexual health," *European Journal of Obstetrics*

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⁴Gartner, L.P., Hiatt, J.L. *Texto y atlas de histología*. Ed. McGraw Hill-In teramericana, 2002.



2

Figure 2: Figure 2 :

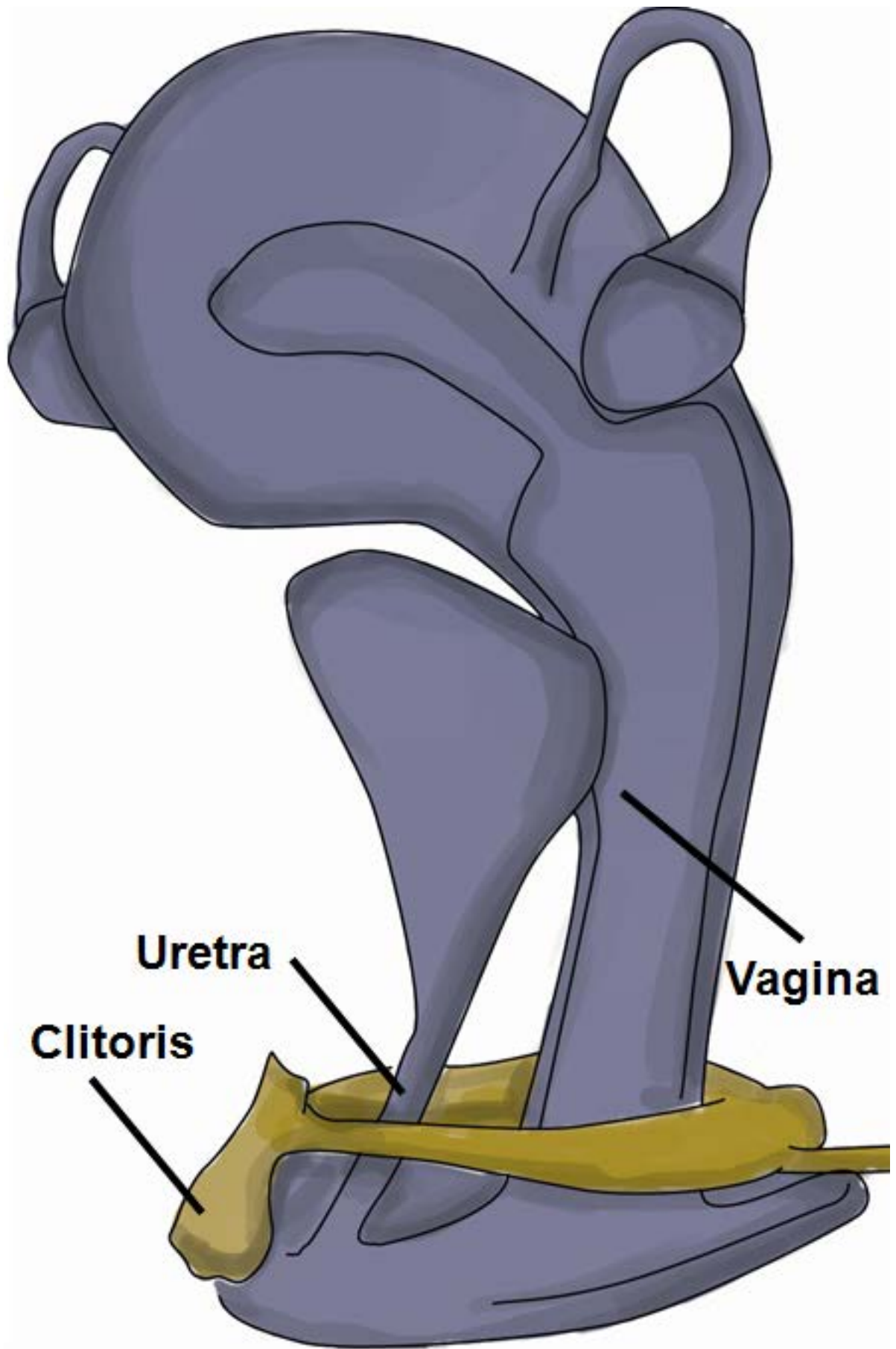
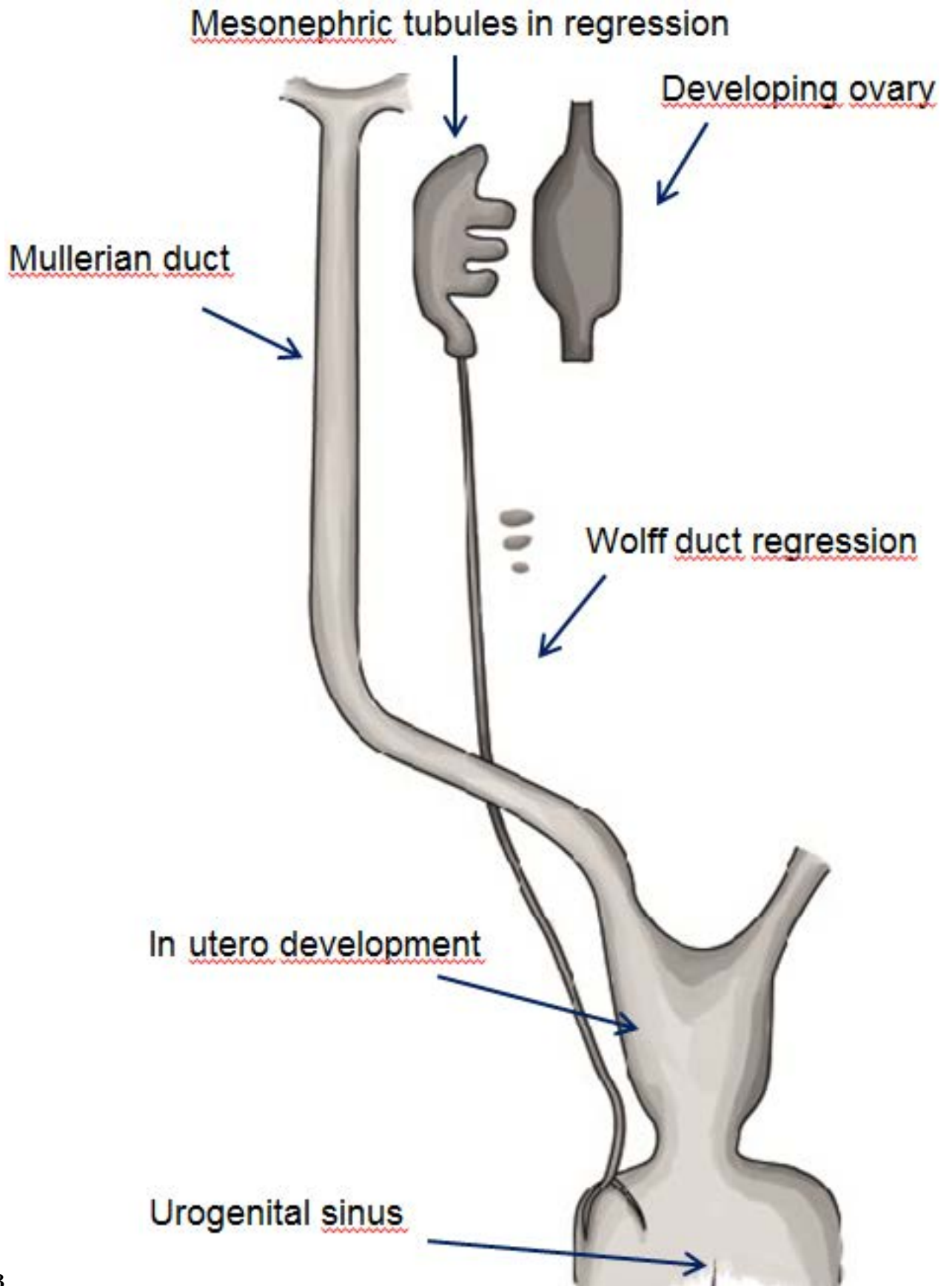


Figure 3: 13



3

Figure 4: Figure 3 :



4

Figure 5: Figure 4 :

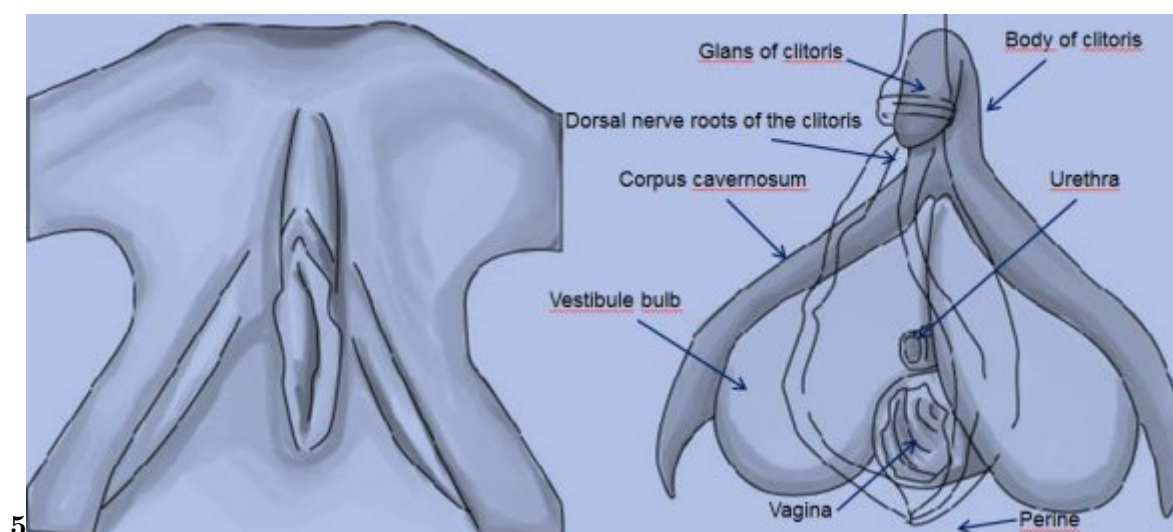


Figure 6: Figure 5 :

- 22 Haefner H. Vulvar Anatomy. En: Black M, Ambros-Rudolph C, Edwards L, Lynch P, editores. *Obstetric and Gynecologic Dermatology*. Third ed. London: Mosby Elsevier; 2008. p. 124—31.
- 23 Sternberg SS. *Histology for Pathologist*. Second ed. Philadelphia: Lippincot-Raven Publishers; 1997.
- 24 Guerra Tapia A, Carrillo Gijón R, Rodríguez Peralto JL. Vulva normal. En: Guerra Tapia A, editor. *Manual y atlas de las enfermedades de la vulva*. Barcelona: Glosa; 2006. p. 13—5.
- 25 Margesson LJ. Vulvar disease pearls. *DermatolClin*. 2006; 24: 145-55.
- 26 De Ugarte CM, Bast JD. Embryology of the urogenital system & congenital anomalies of the female genital tract. En: DeCherney A, Murphy Goodwin T, Nathan L, Laufer N, editores. *Current diagnosis & treatment obstetrics & gynecology*. 10ª edición. Nueva York, McGraw-Hill. Med Pub Div.; 2007. p. 64-94.
- 27 Schroeder B. Vulvar disorders in adolescents. *ObstGynecolClinNorth Am*. 2000; 27:35-48.

Figure 7:

Figure 8:

- 228 [Capraro ()] , V J Capraro . *Congenital anomalies. Clin Obstet Gynecol* 1971. 14 p. 988.
- 229 [Stevens and Lowe (ed.) ()] , A Stevens , J Lowe . *Histología Humana*, 3ª ed. Ed. Mosby-Doyma (ed.) 2 006.
- 230 [Gynecology and Reproductive Biology ()] , *Gynecology and Reproductive Biology* 2011. 154 (1) p. .
- 231 [Snell ()] *Anatomía clínica para estudiantes de medicina. 5*, R S Snell . 2000. GuanabaraKoogan. Rio de Janeiro
- 232 [Taure ()] *Anatomía del desarrollo” 4ta. Edición. Ed. Científico Médica*, M Taure . 1965. Barcelona. p. .
- 233 [Stelling et al. ()] ‘Dominant transmission of imperforate hymen’. J R Stelling , M R Gray , A J Davis , J M
- 234 Cowan , R H Reindollar . *FertilSteril* 2000. 74 (6) p. 1241.
- 235 [Laterjet -Ruiz Liard and Humana ()] *Editorial Médica Panamericana*, Anatomía Laterjet -Ruiz Liard , Humana
- 236 . 1983. Buenos Aires.
- 237 [Laterjet -Ruiz Liard and Humana ()] *Editorial Médica Panamericana*, Anatomía Laterjet -Ruiz Liard , Humana
- 238 . 1983. Buenos Aires.
- 239 [Geneser and Histología ()] *Editorial Médica Panamericana*, F Geneser , Histología . 2003. Buenos Aires. (3ª ed)
- 240 [Sadler ()] *En: Langman (Langman’s Medical Embryology) Embriología médica con orientación clínica*, T W
- 241 Sadler . 2005. Buenos Aires. (Editorial Médica Panamericana)
- 242 [Calandra et al. ()] *Enfermedades de la vulva*, D Calandra , G Di Paola , Gómez Rueda , N Baliña , LM . 1979.
- 243 Buenos Aires: Editorial Médica Panamericana.
- 244 [Sharif-Aghdas and Ghaderian ()] ‘Female paraurethral cysts: Experience of 25 cases’. F Sharif-Aghdas , N
- 245 Ghaderian . *BJU International* 2003. 93 p. .
- 246 [Platzer et al. ()] ‘Functional anatomy of the human vagina’. W Platzer , S Poisel , Ese Hafez . *The Human*
- 247 *Vagina*, (Evans TN; Londres, Elsevier) 1978. p. .
- 248 [Sternberg ()] *Histology for Pathologist. Second ed. Philadelphia: Lippincot-Raven Publishers*, S S Sternberg .
- 249 1997.
- 250 [Chiarugi and Bucciante ()] *Istituzioni di Anatomia dell’Uomo, Casa editrice Dr. Francesco Vallardi-*
- 251 *Societ’a Editrice Libreria*, G Chiarugi , L Bucciante . 1975. Milano, Italy. (11th edition)
- 252 [Gravina et al. ()] ‘Measurement of the thickness of the urethrovaginal space in women with or without vaginal
- 253 orgasm’. G L Gravina , F Brandetti , P Martini . *Journal of Sexual Medicine* 2008. 5 (3) p. .
- 254 [Putz and Pabst ()] R Putz , R Pabst . *Sobotta Atlas of Human Anatomy*, (Urban Fischer; Munchen, Germany)
- 255 2008. Elsevier. (14th edition)
- 256 [O’connell et al. ()] ‘The anatomy of the distal vagina: towards unity’. H E O’connell , N Eizenberg , M Rahman
- 257 , J Cleeve . *Journal of Sexual Medicine* 2008. 5 (8) p. .
- 258 [Puppo ()] ‘The G-spot does not exist. Response by V. Puppo to the article ”O. Buisson: the Gspot and lack of
- 259 female sexual medicine’. V Puppo . *Gyn’eco-logie Obst’etrique & Fertilit’e*, 2010. 2011. 38 p. .
- 260 [Hines ()] ‘The G-spot: a modern gynecologic myth’. T M Hines . *American Journal of Obstetrics and Gynecology*
- 261 2001. 185 (2) p. .
- 262 [The Mythical G-Spot: Past, Present and Future] *The Mythical G-Spot: Past, Present and Future*,
- 263 [Morris ()] ‘The Naked Woman: A Study of the Female Body’. Desmond Morris . *Jonathan Cape* 2004.
- 264 [Grafenberg ()] ‘The role of urethra in female orgasm’. E Grafenberg . *International Journal of Sexology* 1950. 3
- 265 p. .
- 266 [Komisaruk et al. ()] *The Science of Orgasm*, B R Komisaruk , C Beyer-Flores , B Whipple . 2006. Baltimore,
- 267 Md, USA: The Johns Hopkins University Press.
- 268 [Burrows et al. (2008)] ‘The vulvar dermatoses’. L J Burrows , H A Shaw , A T Goldstein . *J Sex Med* Feb. 2008
- 269 Jan 2. 2008. 5 (2) p. . (Review)
- 270 [Testut and laterjet] *Tratado de anatomía humana*, L Testut , A & laterjet . Tomo IV. p. . (9ª ed. Madrid, Salvat,
- 271 1954)
- 272 [Robert and Henry ()] *Tumors of the cervix, vagina, and vulva. Washington: AFIP*, Kurgan Robert , J , Norris
- 273 Henry , J . 2004. p. .
- 274 [Fisher ()] ‘Vulvar diseases in prepubertal girls’. G O Fisher . *Australas J. Dermatol* 2001. 42 (41) p. .