

Genital Art in the 21st Century: Piercings and Tattoos. The EAU YAU Reconstructive Urology Working Party Point of View

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Published: 28 August 2024

Dear Editor,

Genitals have consistently been one of the main subjects of artistic expression globally and across cultures. Penises and external genitalia were typically represented on cave wall arts or terracotta statues of ancient populations. Numerous paintings and statues depict the higher importance of the phallus itself compared with the human figure and to a certain extent, its dominant representation. Such genital art has persisted until the modern ages, with examples including Jamie McCartney's vulva panels, penis flags and plaster casts, that were sold at auctions for several thousands of dollars.

Similarly, genital art, understood as genital ornamentation, has a long history. Determining its origin presents difficulty, and the purpose of such practices is lost over time. For thousands of years, humans have been participating in various forms of body decoration and embellishments, including skin scarification, cutting, piercing and tattooing, with the first one dating from the Upper Palaeolithic period.

Many ancient and modern tribal culture body ornamentations, in particular of the genitals, through tattoos, jewels and piercings, transpired during precise rituals, with a meaning assumed beyond decoration for its own sake. Such ornamentations often mark the transition to adulthood, a rank or omen of fertility [1].

Premodern practices of genital piercing are most prevalent in Southeast Asia, where they are integrated in traditional customs since the ancient times. Genital jewellery has been thoroughly described in the *Kama Sutra*. European culture actively contributed to this remarkable

field of genital artwork. Numerous reports discussed the popular *Prince Albert*, a tool used to secure the penis. Historians assumed that this tool facilitated the repositioning of the penis between the soldiers' legs during battles in the Middle Ages [2].

Over the last 20 years, the number of people practicing body art has increased. Piercings and tattoos have become increasingly popular and are nowadays socially acceptable forms of body accessories. Not one part of the human physique is immune to this fashion. Surveys of the general population estimate the prevalence of body piercing at between 9% and 29%, with the exclusion of the earlobes [3]. This increase in the number of individuals undergoing body piercing in the modern era is linked to identity expression and distinction from the crowd. Perhaps, this practice is one of the reasons why the number of body artwork forms exploded in growth in the unusual, visible (face, neck, etc.) and nonvisible (nipples, genitals, etc.) areas in recent years. Currently, the main motives of genital art comprise beautification and individualisation. In addition, some piercings and jewels improve sexual pleasure through the increase in stimulation. Genital piercings and jewels can amplify erotic pleasure during masturbation, foreplay and sexual intercourse. While female genital piercings mainly intensify female pleasure, male ones can increase stimulation for both partners, which causes simultaneous arousal of the glans, urethra and vaginal wall. This effect is commonly reported for piercings passing through the glans penis.

To date, most genital artworks are performed by non-healthcare professionals at affordable prices. This situation also gives an overview of the possible spread of these prac-

tices in the years to come given their low costs. Astonishingly, more than a dozen different methods are applied in penis piercing. Furthermore, numerous tattoos are mainly inked for decoration purposes and dazzling appearance of the genitals or the creation of whimsical or other playful and inviting designs in the genital area. A preferred male motif revealed the elegant integration of the phallic symbol into innocent paintings (i.e., the trunk of an elephant or the python's head). Women favour similar designs as well and incorporate their sensual parts into animal or flower parts drawings.

However, tattoos can also be used as a medical procedure following, for example, phalloplasty [4] for gender reassignment to be applied naturally with pigments, shadows and colours of the glans and veins. A similar approach has been proposed after penile transplantation [5].

Urologists should be aware of this culture because they may occasionally find themselves managing inevitable complications as a part of their clinical practice. A survey revealed that 53% of the participants experienced a kind of complication resulting from their procedure [6]. Occasionally, they require simple treatment, and healing is easy to achieve. Such a case has been observed with bleeding, infections (urinary tract infections, soft tissue infections, etc.), allergic reactions to jewellery and scarring. However, occasionally, the possible complications are very serious and can leave terrifying sequelae that can put the organ itself at risk. Such condition has been observed in lesions of cavernous bodies, urethrocuteaneous and cavernous-urethral fistulas and extremely rare cases of non-ischaemic priapism following penile tattooing [7]. Moreover, a potential association between squamous cell carcinoma of the penis/urethra and genital piercing (especially in human immunodeficiency virus and hepatitis C virus patients) has been reported [8]. However, the literature is currently lacking in well-defined studies and crucial study populations, which can provide us precise information on the extent of diffusion of genital art and rate of complications in certain populations and settings. In this currently little-explored field, the scientific community and andrological and reconstructive surgeons' associations should provide precise recommendations and guidelines to minimise the risks for patients and ease the management of complications. These recommendations should consider the risks of procedures and their symbolic importance for certain populations and social groups. In this sense, the clinician should provide assistance to the patient and focus on the social and symbolic values allotted to performed genital art.

Moreover, given the continually growing percentage of the populations that own some type of genital artwork, the urology community should be aware of this artistic practice and other recently spreading procedures and their related risks and benefits [9].

Conflict of Interest

The authors declare no conflict of interest.

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