CASE REPORT

Escitalopram Associated with Priapism: A Rare Case Report

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Abstract

Priapism is a pathologic condition characterized by the penile erection that persists beyond or is unrelated to sexual stimulation. A 35-year-old male patient presented to the Surgery Emergency Unit with a painful erection for the past 15 hours. This was his third episode in the past 2 months. Last 2 episodes being for 5–6 hours each within intervals of 3 weeks. The patient was diagnosed to be in Major Depression 6 months back and was placed on Escitalopram 10 mg for the first 2 months and then was raised to 20 mg once daily dose. Priapism episodes started 4 months following an increase in dosing. Escitalopram was cross-tapered to Nortriptyline over 1 month. In subsequent follow-up visits for 3 months, the patient experienced no further such episodes. Selective serotonin reuptake inhibitors (SSRIs), mostly Escitalopram, are frequently prescribed nowadays for their better tolerability profile. So, while prescribing such medications, psychoeducation of the patients regarding such side effects and meticulous monitoring of the same can be lifesaving many a time.

Keywords: Escitalopram, Priapism, Rare.

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Introduction

Priapism is a pathologic condition characterized by the penile erection that persists beyond or is unrelated to sexual stimulation.[1] If not treated promptly it can lead to impotence and gangrene of the penis. Literature shows that drug-induced priapism accounts for 20–40% of cases. Commonly it is associated with antipsychotics, antidepressants, and antihypertensives.[2] Although SSRIs are relatively selective for the serotonergic system, they affect other neurotransmitter systems as well.[3,4] Fluoxetine, paroxetine, sertraline, and Escitalopram-induced priapism have been hypothesized due to their antiadrenergic, anticholinergic, and antidopaminergic effects.[5,6] Here, we present a rare case of Escitalopram associated with priapism.

Case Report

A 35-year-old male patient presented to the Surgery Emergency Unit with a painful erection for the past 15 hours. This was his third episode in the past 2 months with the last 2 episodes being for 5–6 hours each within intervals of 3 weeks. There was no history of any medical or surgical comorbidity in the patient. Blood parameters were all within normal limits. Winter shunting was done, and complete remission of priapism was obtained. Aspirated blood from the corpus cavernosum was subjected to blood gas testing and was consistent with ischemic priapism. The patient was referred to us for being on Escitalopram 10 mg at night. He had a sad mood, frequent unprovoked crying spells, anhedonia, and passive suicidal ideations for 2 months following strained interpersonal relation with his parents 6 months back. He was diagnosed to be in major depression and was placed on Escitalopram 10 mg for the first 2 months and then was raised to 20 mg once daily dose. His mood improved, suicidal ideations reduced, and he started to function adequately in social and occupational domains of life. But, the patient started experiencing episodes of painful erection while attempting sexual intercourse. These started 4 months following an increase in dosing of Escitalopram to 20 mg, with this presentation being his third episode in 2 months. In the previous episodes, the erection subsided on its own without any medical intervention while this time it needed surgical care. The patient had never had erectile abnormalities in the past. He had no history of perineal trauma and medical illnesses (like diabetes, hypertriglyceridemia, malignancies, or infections). He had no history of any substance abuse and did not take any medications for enhancement of sexual functioning like phosphodiesterase inhibitors. Escitalopram was cross-tapered to Nortriptyline over 1 month. In subsequent follow-up visits for 3 months, the patient experienced no further such episodes with no recurrence of depressive features.

Discussion

Here, in absence of other potential causes, priapism onset has a clear temporal association with a dose increase of escitalopram, and it subsided on switching to nortriptyline. Naranjo algorithm suggested an association between escitalopram and priapism.[7] Our patient also had phases of short-lasting prolonged erections prior to this episode. Literature reports as many as 50% of patients presenting with priapism during psychotropic treatment have a prior history of prolonged erections, as it was in our case too.[2] In another case report of Tulachan et al., the patient had priapism episodes following the introduction of escitalopram in his treatment regimen though its dosage was not mentioned and it

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occurred without any sexual stimulation, unlike in our case.[8] In their scenario, surgical intervention was necessary.[8] As reported in a case by Javed et al., our patient also had priapism on starting of an SSRI, though in our case, it occurred following an increase in dosage of the offending agent, where, in their report, priapism occurred even at starting dose of fluoxetine.[5] There have been very few case reports of Escitalopram to cause priapism with this being one of the rarest in Indian scenario. The exact mechanism of such is still unknown as well as clear limelight is still unavailable on dose-dependent nature of the event. Adrenergic alpha receptor antagonist action may account for the fact that priapism episodes did not remerge with Nortriptyline.[5]

Conclusion

Selective serotonin reuptake inhibitors like Escitalopram are the primary treatment of choice in clinical practice nowadays for their better tolerability profile. So, during prescription of such medications, psychoeducation of the patients regarding such side effects like priapism with meticulous monitoring of the same will improve drug compliance and can be lifesaving many a time.

Ethical Concerns

Proper consent was taken from the patient regarding the publication of the case without revealing the patient's identity.

References

1. Bivalacqua TJ, Burnett AL. Priapism: new concepts in the pathophysiology and new treatment strategies. Curr Urol Rep 2006;7(6):497–502. DOI: 10.1007/s11934-006-0061-6.
2. Thompson Jr JW, Ware MR, Blashfield RK. Psychotropic medication and priapism: a comprehensive review. J Clin Psychiatry 1990;51(10):430–433. PMID: 2211542.
3. Weiner DM, Lowe FC. Psychotropic drug-induced priapism incidence, mechanism and management. CNS Drugs 1998;9(5):371–379. https://doi.org/10.2165/00023210-199809050-00004.
4. Schatzberg AF, Nemeroff CB (eds.). The American Psychiatric Publishing Textbook of Psychopharmacology. 4th ed. Arlington, VA:American Psychiatric Publishing, Inc.;2009.
5. Javed MA. Priapism associated with fluoxetine therapy: a case report. J Pak Med Assoc 1996;46(2):45–46. PMID: 8683851.
6. Ahmad S. Paroxetine-induced priapism. Arch Intern Med 1995;155(6):645. PMID: 7887764.
7. Naranjo CA, Busto U, Sellers EM, et al. A method for estimating the probability of adverse drug reactions. Clin PharmacolTherap 1981;30(2):239–245. DOI: 10.1038/clpt.1981.154.
8. Tulachan P, Chapagain M, Ojha SP, et al. Escitalopram induced priapism. J Inst Med 2014:115.