PRIAPISM AS A POSSIBLE SIDE EFFECT OF RISPERIDONE: CASE REPORT AND LITERATURE REVIEW

Priapism is a medical emergency that consists of a persistent penile erection that continues hours beyond, or is unrelated to, sexual stimulation. It is a relatively rare entity, with reported incidences between 0.3 and 1.5 per 100,000 men per year reported in the literature. Severe manifestations can lead to ischemia and potential permanent damage to the penis. There are a large number of potential causes of priapism, yet the classically cited psychopharmacological agent associated with priapism is trazodone, whereas reports of priapism caused by antipsychotics are much more limited.

We describe the case of a man in his mid-20s who presented to hospital after a serious suicide attempt, with no previous psychiatric or medical history. He was initially admitted to ICU and then transferred to an inpatient psychiatric unit at an academic hospital. At the time of transfer, he exhibited profound neurovegetative symptoms and was diagnosed with major depressive disorder, severe. He was started on escitalopram and titrated up to 20 mg daily, to which he showed a partial response. He was not formally diagnosed as having psychotic features; however, he had significant residual depressive symptoms, so the decision was made to start him on risperidone 1 mg as an adjunct. The next day, he experienced priapism; treatment and future medication considerations from a psychiatric perspective will be presented.

In addition to the case study, which is presented for contextual learning, we will present a comprehensive systematic review on priapism in the context of risperidone.