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PRIAPISM ASSOCIATED WITH SERTRALINE IN AN ADOLESCENT BOY

To the Editor:

We report a case of priapism that occurred in a 17-year-old patient 3 weeks after beginning a treatment with sertraline for severe obsessive-compulsive disorder (OCD).

V., a 17-year-old student in mechanics, started at age 14 to show compulsions (e.g., spitting when someone used keys; counting endlessly each time he had to move from one place to another) and obsessions (persistent thoughts about keys, toilets, or mirrors). V. recognized that his behavior was a product of his mind and asked for help.

V. has lived in France for 1 year, after coming from Armenia where he received no previous medication or treatment. His medical history was clinically insignificant. Upon presentation to our clinic, he met *DSM-IV-TR* criteria for OCD with major effects on his social life (e.g., social withdrawl).

The first pharmacological treatment was fluoxetine for 2 months up to 20 mg/day with no effect on symptoms but with excessive sedation. We replaced it with pimozide (indicated in France for OCD but not in the United States) from 1 mg/day up to 10 mg/day with efficiency for anxiety and social life so V. could go back to school. OCD symptoms decreased but did not disappear, and sedation was a disturbing adverse effect again. Consequently, we changed medication for sertraline at 50 mg/day once daily. After 2 weeks, symptoms decreased remarkably without drowsiness. One week later, he developed an episode of painless and sustained erection lasting 5 hours that resolved spontaneously. He stopped taking his medication the following day and rechallenged by himself the day after. Two days after the first episode, another episode occurred, moderately painful, lasting 4 hours. This second episode should have required an emergency examination, but his social condition did not allow it; however, it resolved spontaneously. No sexual stimuli were present at the time of erection, and his parents and his 20-year-old brother were present to observe the phenomenon. V. stopped definitively his treatment after the second episode and presented at our clinic 1 week later.

After discussion with the local pharmacovigilance center and review of the medical literature, we decided to rechallenge with sertraline because of the potential therapeutic effects. The patient and his family agreed to present to the emergency department if priapism occurred again. They were aware that this side effect was rare and that the probability of recurrence was low. At this point (4 months from first episode), no such phenomenon occurred.

Priapism with sertraline or another selective serotonin reuptake inhibitor (SSRI) seems to be a rare phenomenon because we found nine reports in the *Medline* database. Four case reports describe priapism occurring with an SSRI associated with other medication (risperidone, zuclopenthixol, or lithium). Four other articles describe priapism occurring with fluoxetine, paroxetine, and citalopram. Only one report describes a case with sertraline and contains a review of all of the other SSRI/priapism case reports (Rand, 1998). None of these observations occurred in an adolescent.

Causality was assessed by the Naranjo ADR Probability Scale (Naranjo et al., 1981). The Naranjo algorithm requires a series of questions to be answered for each report. The answers are then scored and the total score for each report calculated. The total score for a report indicates the probability (probable, possible, and doubtful) to which the report is allocated. We found a score of 8, meaning probable (range for probable 5–8).

Priapism is a pathologically prolonged erection, usually painful and unrelated to sexual stimulation, and constitutes a urological emergency. Although the mechanism of priapism remains partly unknown, drug-induced priapism is usually related to α-adrenergic blockade (Wang et al., 2006). The literature on SSRI and priapism is scant, but we may hypothesize a pharmacological action of SSRI on 5-HT_3 receptors. Furthermore, a case report describing the reversal of fluoxetine-induced loss of sexual interest with granisetron, a specific

5-HT_3 antagonist, has been reported (Nelson et al., 1997).

To our knowledge, no previous report has been published about priapism in an adolescent patient taking an SSRI. This case is of particular interest because a person experiencing priapism may need to go to the emergency department, which can be potentially traumatic during adolescence.

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