TRAZADONE - TRAZOBONE: When Textbook Cases Come to Rounds

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Learning Objectives:
- Future treatment and prevention of priapism in psychiatric inpatient settings. - Evaluation and management of drug induced Priapism.

Case Summary:
46-year-old, SAA male with a past medical history of multiple hospitalizations for schizoaffective disorder.. Patient was admitted to inpatient due to severe depression with psychotic features precipitated by medication non-compliance. UDS was positive for cocaine. On admission, he was re-started on Risperidone 0.5 mg p.o. BID for mood stabilization, which was titrated up to 1.5mg , and Trazodone 50mg p.o. nightly, prn for sleep. On day 4 of the hospitalization, he received Trazodone 50mg at midnight for difficulty sleeping. On day 6, he reported an unwanted erection which persisted for the past 24 hours. Pain was rated 8/10. Urology was involved, and the patient was given a total of six 500 mcg intracavernosal injections of phenylephrine, resulting in 25% detumescence. A surgical penile shunt was placed and corporeal irrigation was performed with normal saline and phenylephrine. Detumescence was achieved only transiently, requiring two more injections of phenylephrine of 250 and 500mcg each. Complete tumescence was achieved, and the patient was placed under post-operative observation, and discharged without complications.

Conclusions:
Priapism is a rare condition, with an incidence of 5.34 per 100000 male subjects, divided between ischemic and non-ischemic events. The more common ischemic form occurs due to persistent relaxation of cavernous smooth muscle, resulting in a compartment-like syndrome leading to increasing anoxia, and acidosis. This requires urgent medical treatment with alpha-adrenergic agonists and cavernosal aspiration, if refractory, surgical intervention with a shunt may be required. Non-ischemic priapism on the other hand is often non-urgent requiring no intervention. Our case is likely an example of ischemic priapism. Trazodone and Cocaine use are known to be the most common prescription and recreational drugs associated with Priapism. In addition, Risperidone has one of the highest affinities to alpha-1 adrenoreceptors among atypical antipsychotics and can contribute to priapism. Since the development of drug-induced priapism is thought to be because of autonomic dysfunction related to alpha-1 adrenoreceptors, atypical antipsychotics should be used with caution. Therefore, providers may consider alternatives to trazodone for sleep initiation in psychiatric patients that have risk factors for priapism including cocaine use.