PRIAPISM: AN UNUSUAL PRESENTATION OF BACLOFEN

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ABSTRACT
We report a case of priapism occurring in a patient taking a standard daily dose of the baclofen. To our knowledge, this represents the first published report associating baclofen with priapism, with routine dosing of this drug. We report successful management in this case with cavernosal aspiration followed by intracavernosal injection of phenylephrine.

KEYWORDS: baclofen, priapism, phenylephrine.

INTRODUCTION
Baclofen is a derivative of a naturally occurring γ-aminobutyric acid (GABA) and an agonist at the B subunit of gaba-aminobutyric acid receptors[1,2] and is used for the treatment of muscle spasticity.[5] It exerts a long-lasting attenuating effect on muscle tone and, in the recommended therapeutic dosage, predominantly acts at the spinal level. Side effects are occasional and usually restricted to sedation, diarrhoea and confusional states.[3,4] GABA is considered to be an inhibitory neurotransmitter and massive overdose with baclofen has been reported as being associated with impaired consciousness, respiratory depression, muscle weakness, involuntary jerking movements and epileptic convulsions.[3,5] A case is now reported is a patient with mild urinary sphincter dyssinergia witch after a short course oral therapeutic dose of baclofen developed prolonged and painful erection (ischemic or low flow piriapism ), the patient denied any concomitant medications. Prompt intervention is warranted in all cases of ischemic priapism to prevent long term erectile dysfunction. Any primary cause should be sought and corrected, if present.[6] Aspiration with a non-heparinised syringe into the base of one of the corpora cavernosa is the first line treatment, with a success rate around 30%.[7] Aspirations can be combined with irrigating the cavernosa with normal saline to clear the sludged blood. If this fails, instillation of a vasoconstrictive agent such as phenylephrine (100–200 mg/ml), repeated at every five minute
intervals until complete detumescence. This is found to be almost 100% effective, if done within 12 hours of onset.[8]

CASE REPORT
A 30-years-old male with priapism lasting for about 6 hours was admitted to our emergency room following a short course use of therapeutic dose of baclofen tablets (10 mg×3/day for 3 days), he had a history of head injury about 10 years ago and this drug has been prescribed for mild urinary dyssnergia, the painful and prolonged erection had been occurred after 3 days of baclofen taken, and it was clinically low flow priapism. Clinical interview did not reveal previous events of priapism, substance abuse(except therapeutic dose of baclofen), or genital trauma., we started aspiration and irrigation of corpus cavernous by two 19-gauge butterfly needles with normal saline under general anesthesia until the sludged blood completely cleared. Aspiration of the corporal bodies resulted in only partial penile detumescence and was followed by a single 500-μg injection of phenylephrine into each corporal body, finally this resulted in prompt detumescence and relief of the patient’s pain. After a period of observation (48 hours), he was discharged from the emergency department.

DISCUSSION
Although a variety of diseases ranging from hematologic disorders to malignancy have been implicated as causes of priapism, drug therapies remain the most common etiology. Some of drugs that have been caused priapism, including a number of psychotherapeutics, most notably trazodone and others have cavernosal adrenergic nerves stimulation property as tamsulosin, doxazosin and phosphodiesterase inhibitors that usually were used in most reports concomitantly.[9-10]

However, we report here a case of priapism in a patient taking routine doses of baclofen without concomitant medications, and in whom no other etiology for priapism was found. Baclofen in the recommended therapeutic dosage, acts at the spinal level, and also it exerts a long-lasting attenuating effect on muscle tone, and possibly by relaxing corpuse muscles caused priapism in our patient, and in addition in this case vasoconstrictive property of phenylephrine by effect on relaxed corporal muscle led to the resolution of priapism and could potentiate this possible mechanism.
REFERENCES


