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Priapism secondary to antipsychotic treatments with favorable response to amisulpride.

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Introduction: Priapism is an abnormally prolonged erection, painful and irreducible, unrelated to sexual stimulation. Around 25-40% of cases are iatrogenic, especially associated with pharmacological treatments, of which antipsychotics (first and second generation) account for 50%.

Objectives: The aim is to discuss a clinical case to provide further evidence.

Methods: The patient was a 37-year-old man with a diagnosis of schizophrenia who was admitted for clinical decompensation. He had stopped antipsychotic treatment three months earlier due to side effects. He reported previous episodes of priapism associated with Risperidone, Aripiprazole, Olanzapine, and Paliperidone. At admission, he was administered Asenapine 20mg with development of priapism. Treatment was stopped. The urologists performed a lavage of the corpora cavernosa and administered adrenaline. In the absence of effectiveness, surgical intervention was successfully performed. Given the psychopathological improvement, he was discharged without antipsychotic treatment and close follow-up.

Results: He presented a new admission one month later. Amisulpride was prescribed up to 800mg/day with good evolution and no adverse effects.

Conclusions: Antipsychotic-induced priapism appears to be related to the blockade of alpha-1 adrenergic receptors in the corpora cavernosa. There is a positive correlation between the affinity for the receptor and the propensity to cause priapism. The dose and duration of the medication do not appear to be correlated. Other risk factors are a history of previous episodes, restarting medication after noncompliance, use of concomitant substances or medications that cause priapism. Our choice of amisulpride was based on the fact that it has no affinity for alpha-1 adrenergic receptors.

Disclosure: No significant relationships.

Keywords: schizofrenia; Priapism; alpha-1-adrenergic; antipsychotic

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Quetiapine induced ischemic colitis: about two cases

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Introduction: Due to its anticholinergic action, antipsychotic drugs, especially phenothiazines and atypical antipsychotics, have been described as a rare cause of drug-induced ischemic colitis. We present two cases of patients that were admitted to the

gastroenterology unit of a general hospital and were diagnosed of quetiapine-induced ischemic colitis.

Objectives: To describe an uncommon side effect of neuroleptic treatment.

Methods: Case report and literature review.

Results: First patient, aged 73, with history of dysthymia, in treatment with desvenlafaxine, quetiapine, ketazolam, lorazepam, enalapril/hidroclorothiazide, omeprazole, simvastatin, tramadol/paracetamol, alendronate/colecalciferol and hidroferol, consulted in the emergency room for malaise, disorientation, haematuria, abdominal pain and changes in deposition rhythm; family members admitted frequent use of higher than prescribed doses of quetiapine and benzodiazepines. Second patient, aged 63, with history of histrionic personality disorder, in psychopharmacologic treatment with venlafaxine, quetiapine, diazepam, fentanyl, rupa-tadine, cinitapride, omeprazole, levosulpiride, simvastatin, fluticasone/salmeterol and celecoxib, consulted for abdominal pain and bloody diarrhoea. Colonoscopy findings in both of them were compatible with ischemic colitis. Quetiapine was withdrawn in both cases, as the main diagnostic hypothesis was quetiapine-induced ischemic colitis. The patients achieved full recovery.

Conclusions: Ischemic colitis is a rare but potentially fatal adverse effect of antipsychotic drugs, with clozapine being the most reported atypical antipsychotic thought to cause it. The risk associated with quetiapine is thought to be lower given its milder anticholinergic effect. Co-prescription with other drugs with anticholinergic actions increases the risk. Clinicians should be aware of this association and the onset of constipation should alert medical staff.

Disclosure: No significant relationships.

Keywords: quetiapine; adverse drug reaction; drug-induced ischemic colitis; anticholinergic effect

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The combination of long-acting injectable antipsychotics, a new key in resistant schizophrenia.

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Introduction: Schizophrenia is a chronic disease that requires lifelong medical care and supervision. There is a high rate of relapse, mostly caused by poor adherence to oral antipsychotics. Long-acting injectable (LAI) antipsychotics have proved effective in schizophrenia and other severe psychotic disorders due to the stable blood levels, leading to a reduction of the risk of relapse. LAIs are associated with better functioning, quality of life, and patient satisfaction. In Treatment-resistant schizophrenia the combination of antipsychotics is a common practice. Nevertheless, the combination of two different long-acting injectable antipsychotics is not frequent.

Objectives: A case of a 34-year-old man is presented, previously diagnosed of Schizophrenia, with highly disabling chronic positive symptoms. With no in-sight and no will in receiving treatment. Has been stable for a year while being in treatment with paliperidone 525mg LAI/ 10 weeks, and aripiprazole 400mg LAI/28 days.