A 32-year old woman with schizoaffective disorder and mild intellectual disability was receiving treatment from a PACT (Program of Assertive Community Treatment) team. She visited several different gynecologists for evaluation of multiple somatic complaints involving her genitalia. Her complaint was of pain in her vagina described variously as sharp, dull, or stabbing. The pain varied from being located internally or externally. She described having a “membrane” on her vagina or a “piece of meat” hanging out of her vagina, and she was not satisfied with multiple examinations showing normal female genitalia. She displayed hypersexual behavior and held the belief that she was a man. She was insistent on needing a hysterectomy to cure her pain and condition. The patient’s medication regimen was as follows: 15 mg of haloperidol by mouth daily, 200 mg of haloperidol decanoate intramuscularly every 2 weeks, 30 mg of olanzapine by mouth daily, 300 mg of trazodone by mouth nightly, and 75 mg of venlafaxine extended-release by mouth daily. Other than obesity, the patient had no significant medical history and had never been pregnant.

Upon suspicion that the patient’s symptoms were secondary to or exacerbated by an adverse medication effect, we tapered and discontinued trazodone. Her symptoms of genital pain and preoccupation with having abnormal genitalia then decreased.

Trazodone-Induced Clitoral Priapism

Clitoral priapism is diagnosed from medical history and clinical examination. There has not been any mention of long-term complications associated with clitoral priapism compared to penile priapism in men; however, pain, embarrassment, and multiple health care appointments can be factors that delay an accurate diagnosis. Symptoms noted in affected women include redness, swelling, pain, cramping, and clitoral erection.1,2

The physiology is not well understood but suspected to be similar to priapism in men.2 One proposed idea is that improved circulation of the corpora cavernosa leads to increased pressure in the clitoral area.3,4 Corpora blood outflow is linked to alpha blockade. The use of alpha-blocking agents, such as trazodone, can cause smooth muscle relaxation and stasis, leading to prolonged erection. Physical obstruction may be another cause of priapism, such as venous drainage or carcinoma.

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Trazodone is an antidepressant that is commonly used for its sedative properties to treat insomnia. The exact mechanism of action of trazodone is unknown, but it has antagonistic effects on serotonin 5-HT2A/C and alpha-1 adrenergic receptors. It also inhibits serotonin reuptake. An uncommon yet serious side effect associated with trazodone is priapism, described as a persistent, painful erection that lasts for 6 hours or more and is not associated with sexual arousal. Clinicians commonly discuss the possibility of this side effect with men but rarely with women patients, even though evidence of this side effect in women exists.

Treatment of clitoral priapism is another area in which information is lacking. Some authors recognize the utility of using alpha agonists, such as phenylephrine or pseudoephedrine. A case report by Arntzen and de Boer used an injection of 0.5 mL of 1:100,000 epinephrine solution and 0.5 mL of 500 U/mL of heparin with successful results. Nonsteroidal anti-inflammatory drugs and ice are additional options for pain relief.

### DISCUSSION

Although priapism is a well-known yet uncommon side effect of trazodone therapy in men, there is little known about the incidence of clitoral priapism in women. Incidence of priapism in men is 1.5/100,000 man-years. A review of the literature for reports of priapism of the clitoris, vulvar pain, restless genital syndrome, and sexual tactile hallucinations produced six case reports of priapism in women and two cases of persistent genital arousal (Table 1). No case reports were found for sexual tactile hallucinations.

Substances associated with priapism include antidepressants (paroxetine, fluoxetine, bupropion, nefazodone, trazodone), antipsychotics (chlorpromazine, olanzapine, risperidone), anabolic steroids, and cocaine. The patient in this case had no history of cocaine use or trazodone overdose. Most of the case reports involving women included trazodone. Also, cases of tactile hallucinations are infrequently reported.

### TABLE 1.

<table>
<thead>
<tr>
<th>Report</th>
<th>Patient Age (Years)</th>
<th>Medications</th>
<th>Symptoms</th>
<th>Treatment</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gharahbaghian</td>
<td>26</td>
<td>None</td>
<td>Firmness, swollen</td>
<td>Nonsteroidal anti-inflammatory drug, imipramine, and ice</td>
<td>–</td>
</tr>
<tr>
<td>Medina</td>
<td>47</td>
<td>Trazodone Sumatriptan Lorazepam</td>
<td>Tender, swollen</td>
<td>Discontinue trazodone Impromine 25 mg twice daily for 4 weeks</td>
<td>–</td>
</tr>
<tr>
<td>Arntzen and de Boer</td>
<td>24</td>
<td>None</td>
<td>Swelling for 2 weeks</td>
<td>Clitorial injection of epinephrine and heparin solution</td>
<td>Had clitoromegaly since birth</td>
</tr>
<tr>
<td>Pescatori et al.</td>
<td>34</td>
<td>Fluoxetine Trazodone</td>
<td>Tenderness, firmness, engorgement</td>
<td>Discontinue fluoxetine and trazodone Phenylpropanolamine for 24 hours Fluoxetine rechallenge without issue</td>
<td>–</td>
</tr>
<tr>
<td>Unger and Walters</td>
<td>29</td>
<td>Trazodone Bupropion</td>
<td>Pain for 5 days, clitoral discoloration</td>
<td>Pseudoephedrine 60 mg orally every 6 hours for 72 hours, ibuprofen 600 mg, and then hydrocodone 5 mg and acetaminophen 300 mg as needed</td>
<td>–</td>
</tr>
<tr>
<td>Monllor et al.</td>
<td>72</td>
<td>None</td>
<td>Pain</td>
<td>Paracetamol-codeine, diazepam Bladder tumor recurrence in pelvis</td>
<td></td>
</tr>
</tbody>
</table>
CONCLUSION

It is important for clinicians to know that priapism in women is a possibility and to monitor for this adverse effect. In patients with psychotic disorders, it may be difficult to distinguish between genital preoccupation, delusional beliefs, tactile hallucinations, and an adverse effect of medication. Primary care providers and psychiatrists alike would benefit from increased awareness of priapism in women to aid in early detection and referral for treatment of this painful condition.

REFERENCES