Cukurova Medical Journal
ÇUKUROVA ÜNİVERSİTESİ TIP FAKÜLTESİ

Cukurova Med J 2024;49(4):1098-1100
DOI: 10.17826/cumj.1416014

LETTER TO THE EDITOR

Lost penis syndrome treated with duloxetine

Duloksetin ile tedavi edilen kayıp penis sendromu

Doğancan Sönmez[1]

[1]Rize State Hospital, Rize, Turkey

To the Editor,

In men, sexual dysfunction (SD) is a significant issue that can negatively impact their quality of life, self-confidence, and relationships with their partners[1]. There is widespread agreement that patients with depression have higher rates of SD compared to the general population. In a study conducted in Switzerland, the prevalence of SD in depressed patients was found to be twice as high as in the normal control group[2]. This relationship is two-way. A deterioration in one may disrupt the other and correcting one may improve the other[1]. Common types of sexual dysfunction include sexual reluctance, sexual arousal disorder, erectile dysfunction, and premature ejaculation[3,4]. However, some rare psychopathologies have been reported in the literature as causing sexual dysfunction, such as the Lost Penis Syndrome (LPS), which has been rarely reported[4]. The term LPS refers to the subjective perception of a loss of cutaneous and proprioceptive sensations in the male genitalia during vaginal penetration. While it is a rare condition, it can cause sexual function problems in affected individuals. It is important to note that LPS isn't classified as a sexual dysfunction. However, it is a common condition among patients in sexual medicine clinics and is often reported alongside other sexual dysfunctions such as delayed ejaculation, anejaculation, male anorgasmia, and erectile dysfunction[4]. This article aims to contribute to the existing literature by discussing the clinical course, diagnosis, and treatment approaches of a male patient who presented to the psychiatry outpatient clinic with the complaint of loss of sensation in his penis.

The psychiatric outpatient clinic received a visit from E.K., a 42-year-old male patient who is a high school graduate, married, has one child, and lives with his family. The patient reported experiencing unhappiness, malaise, weakness, irritability, anger for the past three months. His primary complaint was the numbness in his genital. The urology department referred the patient to us. The patient has been experiencing numbness in his penis for six months, especially before sexual intercourse. He reports numbness and a lack of sensation in his penis during erections, which prevents him from enjoying sexual intercourse. This situation negatively affected the patient's sexual life and caused him to have problems with his wife. Additionally, the patient, who is a worker in the private sector, had complaints of difficulty concentrating, irritability, and intolerance in his social and business life. No other sexual dysfunction or psychiatric disorder was detected. During the mental status examination, the patient demonstrated consciousness, orientation, and cooperation. His appearance was appropriate for his age, and he exhibited good self-care. His clothing was consistent with his sociocultural background. He displayed interest in the interview, maintained eye contact, and answered questions purposefully. However, his speech was slow and reduced in volume, with a hoarse tone. The patient reported feeling depressed and anxious. The patient's cognitive abilities were intact, as evidenced by his normal thought process, associations, and ability to evaluate reality. The patient's cognitive abilities were intact, as evidenced by his normal thought process, associations, and ability to evaluate reality. He demonstrated the capacity for abstract thinking and

Address for Correspondence: Doğancan Sönmez, Rize State Hospital, Clinic of Psychiatry, Rize, Turkey E-mail: dogancansonmezz@gmail.com
Received: 07.01.2024 Accepted: 23.02.2024

did not exhibit any psychotic symptoms during the assessment. He could make abstractions. No psychotic findings were detected during the assessment. The patient's thought content was dominated by feelings of worthlessness, inadequacy, and anxiety related to sexual intercourse. Psychomotor activity was decreased. There were no indications of suicidal or homicidal ideation. The patient scored 24 points on the Hamilton Depression Rating Scale (HDRS), 36 points on the Beck Depression Rating Scale (BDRS), 24 points on the Brief Psychiatric Rating Scale (BPRS), and 18 points on the Arizona Sexual Experiences Scale. Laboratory tests revealed normal hormone levels (testosterone, LH, FSH, and prolactin), a normal spermiogram, and normal levels of vitamin B12, folate, electrolytes, liver and kidney function, and thyroid function. The physical and neurological examination did not reveal any pathological findings. EEG and EMG findings were also normal, ruling out a possible epileptic focus and small fiber sensory neuropathy. The patient had no history of alcohol or substance use and their medical and family history was unremarkable. Following a psychiatric evaluation, the patient was diagnosed with major depressive disorder according to DSM-5 criteria. Consultations with urology and neurology specialists did not reveal any organic pathology to explain the numbness and hypoesthesia in the patient's penis. The patient's current depressive and anxiety symptoms were evaluated alongside his complaint of sensory numbness in his penis, which was also considered a somatic complaint. As a result, the patient was prescribed duloxetine at a starting dose of 30mg per day. The patient was called for control at 15-day intervals. He was followed up regularly. The treatment dose was later increased to 120 mg per day during the controls. After approximately 2 months of treatment and follow-up, the patient's depressive symptoms and complaints of sensory loss in his penis completely disappeared. The results of the HDRS and BDRS scales decreased to 4 and 6 points respectively, and the Arizona Sexual Experiences Scale decreased to 8 points. The patient's follow-up and treatment continue.

Examples of conditions that can cause penile numbness leading to orgasmic dysfunction include pudendal nerve injury due to trauma or pudendal neuropathy due to diabetes, radiculopathy of sacral afferent roots within the cauda equina resulting from lumbar disc disease, spinal cord pathology such as spinal cord injury or multiple sclerosis, or lesions such as aneurysm in the brain[5]. The literature indicates that there are urological, neurological, and psychiatric reasons for loss of sensation in the penis. Organic conditions such as diabetes, vasculopathy, testosterone deficiency, peripheral neuropathy, and spinal cord injury should always be excluded first and addressed appropriately with therapy[4]. No risk factor or medical condition could be identified to explain the patient's complaints. Since there is currently no standard treatment algorithm for the disease, the diagnosis was evaluated as numbness in the penis due to psychological stressor, after the patient's detailed psychiatric and physical disease history and examination.

In individuals experiencing high levels of stress and anxiety, the body produces physical symptoms as a defense mechanism. These physical symptoms can occur in a variety of ways. The most common of these symptoms is sensory loss. Chronic stress can affect the nervous system and contribute to sensory loss. Depression may also present with physical symptoms, including changes in sensation. The complex interplay between mental health and physical well-being can influence how the body perceives stimuli. Psychosomatic symptoms are physical signs of psychological distress. In certain instances, genital numbness may be a psychosomatic response to unresolved emotional issues. Negative body image or self-esteem problems can impact sexual health. Feeling uneasy or anxious about one's body can contribute to sexual anxieties[4]. Koro is also known as shrinking penis syndrome and is included in the culture-bound syndromes section of the diagnostic and statistical manual of mental disorders[6]. It is important to maintain a clear and objective tone when discussing sensitive topics such as this. Patients experiencing psychological loss of sensation in the penis may feel anxious and may exhibit obsessive behaviour related to controlling their penis. This can lead to feelings of shame[7].

This patient had loss of sensation in the genital region accompanied by symptoms of depression and anxiety. Duloxetine was preferred in the treatment of the current clinical situation. The dose was increased to 120 mg/day, and treatment was continued due to observed improvement at the end of the second month. The lack of standardized tests to evaluate genital sensation makes evaluating the patient limited. When considering penile numbness in the context of psychiatry, it may be associated with a variety of psychological factors. Genital numbness can have physical or psychological causes and requires

evaluation by a healthcare professional to determine any underlying factors. Psychological factors may contribute to genital numbness[4,8].

In the presented case, the patient's loss of sensation in the genital region was initially thought to be psychological rather than organic. Due to the patient's anxiety and depression caused by the complaint, duloxetine treatment was administered. The significant improvement in the patient's symptoms demonstrated the effectiveness of duloxetine. A case report in the literature describes the treatment of genital arousal disorder with duloxetine[9]. Duloxetine is a serotonin and noradrenaline reuptake inhibitor used to treat various conditions, including major depressive disorder, generalized anxiety disorder, diabetic neuropathy-related pain, peripheral neuropathy, radiculopathy, fibromyalgia, and chronic musculoskeletal pain[10,11]. This drug was chosen due to its analgesic, antidepressant, and anxiolytic properties. Individuals experiencing genital numbness should seek guidance from healthcare professionals, including psychiatrists, urologists, or sexual therapists, to conduct a comprehensive evaluation. Mental health professionals can help discover potential psychological contributors and develop appropriate interventions or therapies.

Author Contributions: Concept/Design : DS; Data acquisition: DS; Data analysis and interpretation: DS; Drafting manuscript: DS; Critical revision of manuscript: DS; Final approval and accountability: DS; Technical or material support: DS; Supervision: DS; Securing funding (if available): n/a.
Ethical Approval: Written informed consent was obtained from the patient.
Peer-review: Externally peer-reviewed.
Conflict of Interest: Authors declared no conflict of interest.
Financial Disclosure: Authors declared no financial support

REFERENCES

1. Doğan S. Sexual dysfunctions, depression and antidepressants. Journal of Mood Disorders. 2011;1:81-6.
2. Angst J. Sexual problems in healthy and depressed persons. Int Clin Psychopharmacol. 1998;13:1-4.
3. İncesu C. Cinsel işlevler ve cinsel işlev bozuklukları. Klinik Psikiyatri Dergisi. 2004;7:3-13.
4. Colonnello E, Limoncin E, Ciocca G, Sansone A, Mollaioli D, Balercia G et al. The lost penis syndrome: a new clinical entity in sexual medicine. Sex Med Rev. 2022;10:113-29.
5. Goldstein I, Goldstein S, Kim C, Blevins J, Komisaruk B. 130 Evaluation of bothersome/distressing penile numbness with orgasmic dysfunction: role of neuro-genital testing to localize the site of neurologic pathology. J Sex Med. 2020;17:36.
6. Ntouros E, Ntoumanis A, Bozikas VP, Donias S, Giouzepas I, Garyfalos G. Koro-like symptoms in two Greek men. BMJ Case Rep. 2010;2010:bcr08.2008.0679.
7. Ilechukwu STC. Magical penis loss in Nigeria: Report of a recent epidemic of a koro-like syndrome. Transcultural Psychiatric Research Review. 1992;29:91-108.
8. Okechukwu CE. Shrinking and psychological disappearance of the penis: a salient psychocultural issue in Nigeria. Curr Med. 2021:19.
9. Gündüz N, Turan H, Polat A. Persistent genital arousal disorder treated with duloxetine: a case report. Turk Psikiyatri Derg. 2019;30:67-70.
10. Widyadharma IPE, Rau CPV, Pinzon RT, Yudiyanta Y, Indrayani AW, Purwata TE et al. Efficacy and safety of duloxetine in the treatment of chemotherapy induced peripheral neuropathy: a systematic review and meta-analysis. Malang Neurology Journal. 2020;7:48-55.
11. Handa J, Sekiguchi M, Krupkova O, Konno S. The effect of serotonin-noradrenaline reuptake inhibitor duloxetine on the intervertebral disk-related radiculopathy in rats. Eur Spine J. 2016;25:877-87.