Scholars Journal of Medical Case Reports
Abbreviated Key Title: Sch J Med Case Rep
ISSN 2347-9507 (Print) | ISSN 2347-6559 (Online)
Journal homepage: https://saspublishers.com

OPEN ACCESS

Psychiatry

Ischemic Priapism as a Critical Adverse Event during Haloperidol Reintroduction for Acute Schizophrenia Relapse: A Case Report

Bouchra EL HAFIDI[1*], Soraya BOUGHDADI[2], Zainab ENNACIRI[3], Saadia KARROUMI[4], Mohamed BERGHALOUT[5], Imane Adali[6], Fatiha MANOUDI[7]

[1]Resident Doctor, Department of Psychiatry, Mohamed VI University Hospital, Faculty of Medicine and Pharmacy -Cadi Ayad University, Marrakech, Morocco
[2]Resident Doctor, Department of Psychiatry, Mohamed VI University Hospital, Marrakech, Morocco
[3,4,5]Department of Psychiatry, Mohamed VI University Hospital, Marrakech, Morocco
[6]Professor, Department of Psychiatry, Mohamed VI University Hospital, Marrakech, Morocco
[7]Professor and Head of Psychiatry Department, Mohamed VI University Hospital, Marrakech, Morocco

DOI: https://doi.org/10.36347/sjmcr.2025.v13i12.017 | **Received:** 23.08.2025 | **Accepted:** 09.10.2025 | **Published:** 16.12.2025

***Corresponding author:** Bouchra EL HAFIDI
Resident Doctor, Department of Psychiatry, Mohamed VI University Hospital, Faculty of Medicine and Pharmacy -Cadi Ayad University, Marrakech, Morocco

Abstract **Case Report**

Priapism is a urological emergency defined by a prolonged, painful penile erection unrelated to sexual stimulation. It is a recognized side effect of some antipsychotic medications, usually due to their alpha-1 adrenergic receptor antagonism. We present the case of a 51-year-old male, with a 25-year history of chronic schizophrenia, who developed ischemic priapism just 48 hours after the reintroduction of oral haloperidol at a therapeutic dose of 9 mg/day (30 drops three times daily). This report highlights a rare but critical adverse drug reaction in a patient with long-term psychiatric illness, underscoring the necessity of clinical vigilance, even in individuals with extensive exposure to antipsychotics.

Keywords: Haloperidol, Priapism, Antipsychotic, Schizophrenia, Adverse Drug Reaction, Urological Emergency.

INTRODUCTION

Priapism is medically defined as an erection lasting over four hours without associated sexual arousal [2]. It demands immediate medical attention, as delays in treatment can lead to penile ischemia and potentially permanent erectile dysfunction [4]. Psychotropic medications, particularly antipsychotics, are well-established drug-related causes, primarily through their mechanism of alpha-1 adrenergic receptor blockade [2]. While it is less frequently linked than many atypical agents, haloperidol has been implicated in this complication in isolated reports [1, 3]. We detail the case of a 51-year-old man with two and a half decades of schizophrenia who experienced haloperidol-induced ischemic priapism, demonstrating that serious side effects can emerge even in patients with chronic psychiatric backgrounds.

CASE PRESENTATION

Mr. X, a 51-year-old male, had been managed for schizophrenia for 25 years in an outpatient setting. He had received various antipsychotic therapies throughout his illness but had recently ceased all medication for several weeks due to poor compliance. He was hospitalized following a psychiatric relapse characterized by intense auditory hallucinations, paranoid thinking, and severe psychomotor agitation. Haloperidol oral solution was reintroduced at an initial dose of 9 mg/day (30 drops, three times daily).

Approximately two days after the haloperidol restart, the patient experienced a painful, sustained erection that persisted for more than six hours, entirely independent of sexual activity. He reported no previous episodes of priapism, had no history of hematological disorders, and denied taking any other medications. Physical examination confirmed a rigid, tender penis, consistent with an urgent diagnosis of ischemic priapism. Routine blood tests, vital signs, and toxicology screening were all within normal limits. An urgent urology consultation was requested.

The successful management involved penile aspiration followed by an intracavernosal injection of phenylephrine, which promptly achieved detumescence

[4]. Haloperidol was immediately discontinued and replaced with risperidone. The patient tolerated the switch well, experienced no further symptoms, and was subsequently discharged for continued outpatient psychiatric and urological follow-up.

DISCUSSION

Priapism remains a rare yet critical adverse reaction associated with numerous psychotropic agents [2, 3]. The established pathophysiology involves alpha-1 adrenergic receptor antagonism within the penile corpora cavernosa, preventing the normal vascular outflow required for detumescence.

Several published cases of haloperidol-induced priapism exist in the medical literature, underscoring that while rare, it is a documented risk. Virani *et al*., [1], previously described a similar incident occurring shortly after haloperidol was administered to a psychiatric inpatient. Likewise, Sharma *et al*., [3], reported priapism in a patient with schizophrenia who was receiving oral haloperidol therapy. These reports, including ours, strongly support the hypothesis that alpha-1 adrenergic blockade—even when caused by typical antipsychotics—is sufficient to trigger ischemic priapism. Furthermore, a comprehensive review by Sood *et al*., [2] emphasizes the critical importance of recognizing psychotropic medications among the leading causes of drug-induced priapism.

Although atypical antipsychotics are more commonly cited, haloperidol can undoubtedly precipitate priapism, particularly with therapeutic dose adjustments or in individuals with unique metabolic profiles. The significance of this case lies in the development of priapism in a patient with established, long-standing schizophrenia who had previously tolerated antipsychotic exposure, possibly including haloperidol. This highlights that risk factors such as subtle drug sensitization, recent dose changes, or individual variances in drug metabolism may trigger adverse events, even in chronic users who seem accustomed to the medication. Timely recognition and subsequent urologic intervention were essential for preserving long-term erectile function [4]. This case strongly supports the need for consistent monitoring of potential adverse effects in patients on chronic psychiatric regimens, particularly when medication is restarted or dosage is modified.

CONCLUSION

This case confirms that priapism induced by haloperidol remains a risk, even for patients with chronic exposure to antipsychotic medications [1-3]. Clinicians must maintain a high index of suspicion when initiating or adjusting antipsychotic therapy, and patients must be thoroughly educated about rare but urgent side effects like priapism [2]. Rapid urologic intervention is crucial for minimizing the risk of irreversible erectile dysfunction [4].

Conflict of Interest: The authors declare no conflicts of interest.

Funding: No external funding was received.

Consent: Written informed consent was obtained from the patient for the publication of this case.

REFERENCES

1. Virani S, Shuaib A, Phan L, Duggal HS. Haloperidol-induced priapism: A rare but serious side effect. Psychosomatics. 2010;51(4):340-342. doi: 10.1176/appi.psy.51.4.340
2. Sood A, Pariser JJ, Patel NM. Drug-induced priapism: a review. Curr Urol Rep. 2017;18(7):44. doi: 10.1007/s11934-017-0690-6
3. Sharma V, Kumari S, Khandelwal SK. Haloperidol-induced priapism: a case report and review of literature. Indian J Psychiatry. 1998;40(1):78–80. PMID: 21494491
4. Burnett AL, Bivalacqua TJ. Priapism: new concepts in medical and surgical management. Urol Clin North Am. 2007;34(4):631–642. doi: 10.1016/j.ucl.2007.08.004.