



Global Advanced Research Journal of Medicine and Medical Sciences (ISSN: 2315-5159) Vol. 7(6) pp. 125-126, July, 2018
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Short Communication

Involuntary seminal emission during defecation induced by Fluoxetine

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Accepted 26 July, 2018

Fluoxetine, N-methyl-3-phenyl-3-[4-(trifluoromethyl) phenoxy]-propan-1-amine hydrochloride, is in a class of drugs called selective serotonin reuptake inhibitors (SSRI). Fluoxetine affects chemicals in the brain that may become unbalanced and cause depression or mood disturbances, eating disorders, or obsessive or compulsive symptoms. To my knowledge, this is the first report of a depressive patient who did not experience any seminal emission side effects during the first period of the drug's use, but did experience involuntary seminal emission during defecation when taking Fluoxetine a year later.

Keywords: Fluoxetine, seminal emission, defecation

INTRODUCTION

Fluoxetine, N-methyl-3-phenyl-3-[4-(trifluoromethyl) phenoxy]-propan-1-amine hydrochloride, is in a class of drugs called selective serotonin reuptake inhibitors (SSRI). Fluoxetine affects chemicals in the brain that may become unbalanced and cause depression or mood disturbances, eating disorders, or obsessive or compulsive symptoms. To my knowledge, this is the first report of a depressive patient who did not experience any seminal emission side effects during the first period of the drug's use, but did experience involuntary seminal emission during defecation when taking Fluoxetine a year later.

MATERIALS AND METHODS

Mr. A was a 34-year-old man. He had no past and familial history of psychiatric and urologic disorders. He was first diagnosed with depression 2 years prior to taking Fluoxetine. He ceased taking the drug a year later. One year later, he was again prescribed Fluoxetine and during this period of taking Fluoxetine, he experienced involuntary seminal emission during defecation without organism. The onset of the involuntary seminal emission took place three weeks after using Fluoxetine for the second time. He reported this

symptom to his doctor 8 weeks after it started to occur. He continues to experience involuntary seminal emission during defecation about once every 3 or 4 days. This symptom is not present during micturition in this patient.

RESULTS AND DISCUSSION

The sexual side effects most frequently observed in selective serotonin reuptake inhibitors (SSRIs) are delayed ejaculation and absent/delayed orgasm (Rosen et al., 1999). Sexual dysfunction is reported for Fluoxetine as 57.7% (Montejo et al., 2001). The incidence of sexual dysfunction with SSRIs is high, ranging from 58% to 73%, as compared with serotonin-2 (5-HT₂) blockers (nefazodone and mirtazapine), moclobemide, and amineptine (Montejo et al., 2001). There are two case reports of male patients experiencing a semen-like urethral discharge during micturition, induced by mazindol, a psychostimulant (van Puijenbroek and Meyboom, 1998). Involuntary sperm emission with Fluoxetine has been reported before, but not with sexual symptoms not appearing during the first use of the drug, and involuntary seminal emission during defecation

appearing during the second period of Fluoxetine use (Benazzi, 1995). Similarly, involuntary seminal emission during defecation has been reported during the use of Milnacipran (Yoshida et al., 2004). Patients generally do not discuss sexual dysfunctions with their doctors, and therefore these sorts of side effects may be underestimated. Doctors should be aware of the sexual dysfunction induced by Fluoxetine in terms of involuntary seminal emission during defecation.

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