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## SLEEP-RELATED PAINFUL ERECTIONS: PITFALL ON THE INTERFACE BETWEEN NEUROLOGY AND PSYCHIATRY

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Sleep-related painful erections (SRPE) are characterized by penile pain occurring during nocturnal erections, without apparent penile pathology. Sleep loss caused by the disorder may result in severe anxiety, mood disorders, irritability, and excessive daytime sleepiness. Until now, the phenomenon of SRPE has not been well understood. The rarity of the published cases probably does not reflect the actual prevalence, which is presumably over 1 per cent.

Because of the bizarre nature of the complaints, patients are often referred to a psychiatrist. The authors present the case of a 69-year-old patient, who, during frequent nocturnal awakenings, experienced hard-to-define burning, tingling sensations in symmetric hypogastric localisation. Sometimes the skin of both legs, and, occasionally, the arms and hands was involved, too. Initially, however, no definite erection-associated penile pain was present. Micturating quite a small amount just after awakening consistently resulted in immediate and complete relief. After two years, painful nocturnal erections reoccurring at stable intervals of 90-120 minutes during sleep developed to be the leading complaint. In default of urological or gastroenterological pathology, the patient has been referred to a psychiatrist. Quite futilely, mianserin and alprazolam, later sertraline and carbamazepine, respectively, were administered. Clozapine has also been tried out; however, it has to be rejected due to some adverse effects.

Finally, 10 mg baclofen in the evening resulted in complete and permanent remission. This is consonant with the literature data stating that only clonazepam, baclofen and clozapine are likely to have long term beneficial effects in SRPE.