

Proctalgia fugax improved with antidepressant fluvoxamine

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Abstract

Proctalgia fugax is an uncomfortable perianal pain, with an unknown cause or mechanism, and inadequate response to conservative approaches. According to a few studies, mental illness can be involved, and psychotropic drugs can be useful.

This article presents a case of a 45-year-old man diagnosed with proctalgia fugax that did not respond successfully to conservative treatments (warm baths, analgesics, and spasmolytics). The patient was diagnosed with severe anxiety syndrome, and the antidepressant fluvoxamine was initiated and titrated to a final dose of 100 mg per day. The patient was followed for two consecutive years, a period in which he did not experience any symptoms of perianal pain.

This report aimed to point out a new option for proctalgia fugax treatment with the antidepressant fluvoxamine and suggest a psychological association with the origin of this disease.

Keywords

Proctalgia fugax; fluvoxamine; anxiety; rectal diseases; pelvic pain.

Introduction

Proctalgia fugax is an uncomfortable perianal pain that appears suddenly, at irregular intervals, often occurs in bed at night, during straining at stool, or during coitus, and is not associated with any organic disease. It usually continues a few minutes, but may often last longer. The pain may be intolerably severe and is singularly unresponsive to treatment.

The etiology of this disorder is still unknown. However, some studies have pointed to causes such

as internal anal sphincter spasm, vascular or neuropathic involvement, and psychological disorders [1,2]. Concerning that last point, Renzi, and Pescatori studied the psychosomatic mechanisms applying projective tests (tests by which one expresses his unconscious state) and anamnestic study of psychologic components of proctalga. They found that depression and anxiety disorders were predominant in these patients [2].

According to a review published in 2010, despite a prevalence ranges from 4% to 18% in the general population, there are few studies regarding treatment options, mostly case reports [3]. One of them described a case of proctalga fugax with dysthymia, which was successfully treated with dothiepin and other psychological interventions [4]. This report redirects us to other treatment possibilities, focusing on mental illness [2].

We present a case of a male patient with proctalga fugax that was treated successfully with fluvoxamine.

Case Report

A 43-year-old man came to a medical appointment with a general practitioner because of severe and intermittent perianal pain, abrupt, and charming at night. The pain was localized, lasted for several seconds up to 10 minutes, and occurred once a month on average for several years. He was submitted to a physical exam, colonoscopy, magnetic resonance imaging of the spine, and blood tests, all normal. A diagnosis of probable proctalga fugax was established, and conservative treatment was prescribed, including warm baths, analgesics, and spasmolytics. Among these, the patient used ketorolac tromethamine, hyoscine, dipyron, and acetaminophen, with no improvement. There were no significant psychological complaints, only mild anxiety symptoms, like masseter muscle tension, bruxism, worries, and poor coping strategies. Psychotherapy was prescribed.

Two years after the first appointment, the patient (with 45-year-old) returned with the same perianal pain complaint but presenting severe anxiety symptoms (55 points in the Beck Anxiety Inventory) [5]. A generalized anxiety disorder was diagnosed (according to DSM-V criteria) [6] and the treatment with fluvoxamine 50mg per day was introduced. The dose was titrated to 100mg per day after two weeks. The patient was followed for two consecutive years, in which he did not experience any symptoms of perianal pain during this period.

Discussion

There are no controlled studies evaluating treatment options to proctalga fugax as well as regarding the use of fluvoxamine to proctalga fugax.

Fluvoxamine is an antidepressant, Selective Serotonin Reuptake Inhibitor (SSRI) used in obsessive-compulsive disorder and anxiety therapy. It is a potent and selective inhibitor of neuronal serotonin reuptake and has only feeble effects on norepinephrine and dopamine neuronal reuptake, as well as no significant affinity for adrenergic, cholinergic, GABA, dopaminergic, histaminergic, serotonergic, or benzo-

diazepine receptor [7].

As commented above, patients presenting proctalgia fugax may also have a psychosomatic illness [2]. Besides, another case report that used antidepressants had the same excellent results. Singh reported a rare case of proctalgia fugax with dysthymia, which was successfully treated with dothiepin and other psychological interventions [4]. Coincidentally, dosulepin, formerly known as dothiepin, is a tricyclic antidepressant (a thio derivative of amitriptyline) with anxiolytic properties. The antidepressants' mechanism of action in proctalgia fugax is not elucidated.

Causes and pathophysiological mechanisms of proctalgia fugax are unknown. Distal lesions of the pudendal nerves, principally due to a stretch perineal neuropathy, can be related with proctalgia fugax [8]. Takano experienced 68 patients with proctalgia fugax, among which 55 patients had tenderness along the pudendal nerve, that after the administration of a nerve block, symptoms disappeared entirely in 65 percent of the patients and decreased in 25 percent [9]. Thus, these useful antidepressant responses could explain the benefit of these drugs in proctalgia fugax, since the first-line treatments for patients with neuropathic pain are antidepressants, whether tricyclic or SSRI [9]. However, we cannot rule out the possibility that, in this case, fluvoxamine had its most significant effect on neuropathy than on anxiety. Also, there is no evidence about the use of fluvoxamine in neuropathy pain.

In summary, this case report opens new insights about the management of proctalgia fugax and suggest future studies to examine the real rule of psychological influence in this illness.

Ethics approval: No ethical approval is required according to institutional policies.

Consent to participate: The participant has consented to the submission of the case report to the journal.

Consent for publication: The patient has consented to the submission of the case report for publication to the journal.

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Manuscript Information: Received: January 05, 2021; Accepted: March 16, 2021; Published: March 30, 2021

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Citation: Camargos EF, Quintas JL. Proctalgia fugax improved with antidepressant fluvoxamine. Open J Clin Med Case Rep. 2021; 1735.

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