

## TREATMENT OF RESTLESS GENITAL SYNDROME WITH DULOXETINE: A CASE REPORT

**Güssüm Bakırcı<sup>1</sup>, Rukiye Ay Diker<sup>2</sup>, Hilal Büşra Ardıç Usta<sup>2</sup>**

<sup>1</sup>*Department of Psychiatry, Bursa City Hospital, Bursa, Türkiye*

<sup>2</sup>*Department of Psychiatry, Bursa Higher Specialization Training and Research Hospital, Bursa, Türkiye*

**OBJECTIVE:** Restless Genital Syndrome (RGS) is defined as “spontaneous, intrusive and unwanted genital arousal in the absence of sexual interest and desire.” RGS is conceptualized as a somatosensory dysfunction resulting from dysfunction in the terminal sensory branches of the pudendal nerve or pelvic vasocongestion. Here, we present a case referred from a gynecology clinic to psychiatry due to RGS symptoms. Written and verbal consent was obtained from the patient.

**CASE:** A 32-year-old female, married for three years, presented to the gynecology clinic with complaints of genital arousal occurring without sexual desire/urge, persisting even after sexual intercourse, causing discomfort, lasting throughout the day, and impairing functionality, which was ongoing for approximately five months. Gynecological examination and ultrasonographic evaluations were deemed normal. She was referred to psychiatry with a diagnosis of RGS. At an external center, the patient was prescribed “hyoscine-N-butyl bromide and medazepam” at a dose of 1\*1. Due to the risk of dependency, the current treatment was

discontinued. One week later, following an increase in symptoms, Duloxetine 30 mg at a dosage of 1\*1 was initiated. Approximately one month later, the patient’s symptoms completely resolved, and she remained in remission.

**DISCUSSION:** Neurological, psychological, or vascular theories are suggested in the etiology of RGS. Various treatment options for RGS include local anesthetics, pelvic floor exercises, pharmacotherapy (e.g., dopamine agonists, antidepressants). Duloxetine, which is a serotonin and norepinephrine reuptake inhibitor, is commonly used for depression, anxiety disorders, diabetic neuropathy-related pain, and fibromyalgia. The efficacy of Duloxetine in this case might be attributed to its ability to increase the tone of descending inhibitory pain pathways in the brain and spinal cord through monoamines. Additionally, it may exert an inhibitory effect on sacral and/or thoracolumbar neurons involved in genital sexual arousal and orgasm.

**Keywords:** Duloxetine, restless genital syndrome, sexual disorder