

Case Report

**A RARE CASE OF HYPERSEXUALITY IN AN ELDERLY MALE
PATIENT WITH POST STROKE SEIZURE**

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ABSTRACT

A numerous adverse effects have been reported in combination of Antiepileptic drugs (AEDs). We report a case of hypersexuality in elderly male in a post stroke seizure.

Keywords: *Lacosamide adverse effects, Antiepileptic Drugs, Combination of Newer AEDs, Hypersexuality*

CASE

It is a of a 70 year old male with longstanding T2DM and systemic hypertension which was under control with history of ischemic stroke in the left frontal cortex six years back. He was on regular follow up for past 3years, subsequently developed post stroke seizure (Monga *et al.*, 1986) for which he was started on Levetiracetam and Clobazam and was seizure free for the next 2 years. Once a while he had episodes of breakthrough seizure after which Lacosamide was started and seizure was kept under control. Patient developed hypersexuality after taking Lacosamide for 2 weeks and it persisted for next 4 months (Diagnostic and statistical manual of mental health, DSM-V).He had no priapism. In subsequent follow up we attributed that the combination of Lacosamide with other AEDs could be the cause of hypersexuality. So we tapered and stopped Lacosamide, following which the hypersexuality was reverted to normal. We also attributed that combination of his antidiabetic drugs and antihypertensive drugs could be a cause of hypersexuality.

DISCUSSION

Patient developing post stroke seizure is a well reported scenario, but we had a patient with a rare complication on treating with antiepileptic drug. Levetiracetam is generally a well accepted drug in treating patient with post stroke seizure with minimum adverse effect (Seher Erdogan, 2017), as an adjunct therapy Clobazam was added to the patient. When patient developed breakthrough seizure, Lacosamide was added; there are various side effects reported for Lacosamide (Vosler Dg *et al.*, 2016). But typical after 2 weeks of starting Lacosamide patient had developed hypersexuality as per DSM-V (Daniel turnex *et al.*, 2014) with frequent masturbation with promiscuity and no homosexuality. However seizure was under control. We initially suspected the cause of hypersexuality may be due to stroke in left frontal cortex, (Boller *et al.*, 2015; Miller *et al.*, 1986) later we attributed it could be AEDs and the last drug added was Lacosamide. But as per literature Lacosamide does not have hypersexuality as an adverse effect. So we thought a combination of Lacosamide with other AEDs (Levetiracetam / Clobazam) or with (Telmisartan/Metformin) would be the cause. Our literature search does not reported this adverse effect with the above mentioned combination. We subsequently added Quetiapine and Sertraline. Patient had complains of excessive sleepiness but there was no change in hypersexuality. Apart from hypersexuality, his visit to our neurology clinic showed no other abnormality, he was co-operative during examination and interaction with health care providers. We attributed the Lacosamide could be

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cause of hypersexuality, so it was tapered and stopped within next 2 weeks, he came to our clinic 1 month later with reduced hypersexuality.

Conclusion

We report this case, as hypersexuality is rare in post stroke seizure complication, though the exact cause of hypersexuality is not known, we have attributed the hypersexuality to Lacosamide. We need further case reports reporting hypersexuality as adverse effect of Lacosamide to confirm this.

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