edema, pseudocyst formation or development of fibrous peripancreatic adhesions may all lead to obstruction of the intestinal lymphatics as they converge into the root of the mesentery in the region of the uncinate process of the pancreas and cause chylous ascites. The association of chylous ascites and chylothorax has been documented. Intrapерitoneal injection of congo red dye in a child with chylous ascites and chylothorax resulted in the dye staining the pleural fluid. Thus, in the case reported by Evans, transfer of the chylous fluid from the peritoneum into the pleural space is a possible explanation.

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Hydralazine and Male Impotence

To the Editor:
There are published reports which directly implicate propranolol in drug-induced sexual erectile dysfunction in man. I wish to draw attention to hydralazine as an additional cause of drug-induced erectile dysfunction.

CASE REPORT

Hydralazine is a rational and effective drug to add to a regimen consisting of a diuretic and a beta-adrenergic blocking agent. Therefore, hydralazine, 75 mg a day was added to a regimen consisting of propranolol, 240 mg a day and furosemide, 40 mg a day for a 49-year-old white man for control of essential hypertension starting June, 1978. There is no history of diabetes mellitus or any other chronic disease. He is a nonsmoker and does not drink alcohol. In 1976, he did not disclose any sexual problems and I found him able and willing to furnish accurate information about sexual function. I determine this information from all hypertensive patients before prescribing large doses of propranolol. In July, 1978, he complained of sexual impotence. Although he desired sexual intercourse, he could not sustain an erection. He had not had symptoms suggestive of hypotension or depression. He still had morning erections. With this new regimen, his blood pressure was under control (140/80 mm Hg). In October, 1978, he complained of sexual impotence rather vehemently although he was delighted with blood pressure control. Therefore, propranolol was increased to 320 mg a day and hydralazine was discontinued. One week after discontinuation of hydralazine he was seen with blood pressure 180/110 mm Hg, but no more complaints of sexual impotence. Although propranolol can cause impotence, I believe this drug was not responsible for the sexual dysfunction in this patient as he has been using propranolol for a long time without any sexual problem.

His blood pressure became unstable again and in late October 1978, he restarted hydralazine 25 mg three times a day. Fifteen days later, he developed erectile dysfunction, so he stopped hydralazine. His sexual function recovered completely over the next four days.

DISCUSSION

Difficulty in sustaining an erection while taking therapy with hydralazine has been reported. Improvement was noted following discontinuation of hydralazine, but the patient refused to be challenged with hydralazine again.

The temporal association between taking the drug and developing the sexual impotence and the fact that symptoms recurred after rechallenge with hydralazine strongly suggests a direct causal relationship in this case. The mechanism is unclear. Since normal sexual function requires adequacy of the autonomic nervous system, sexual dysfunction is common in hypertensive patients on sympatholytic drugs. Diuretics can cause both impotence and failure of ejaculation, and the mechanisms are unclear. The effect of hydralazine on peripheral vasodilation is variable. Coronary, splanchic, cerebral and renal blood flow are increased, but cutaneous and muscular blood flow are decreased. Because the patient continued to have morning erections, the drug-induced sexual erectile dysfunction would appear to be due to a central mechanism. There was no evidence of peripheral neuropathy. Sexual impotence as an adverse reaction of hydralazine on the central nervous system has been recorded by McMahon in a monograph on hypertension.

A thorough sexual history in patients who are being started on hydralazine is necessary, particularly in the younger age group in whom sexual dysfunction might constitute a serious problem. When sexual dysfunction is sufficiently disturbing to the patient, this adverse reaction may lead to poor compliance and therefore failure of blood pressure control, in addition to marital discord and anxieties which may accompany impairment of this biologic phenomenon.

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