CASE REPORT

PRIAPISM

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ABSTRACT:
Priapism is a rare urological emergency. Mostly idiopathic in origin, but in our setup use of illicit drugs for sexual gratification is the main etiology. Early presentation and prompt detumence effects the final outcome. In this case patient presented 48 hours after initiation of priapism therefore, inspite of all measures patient suffered from erectile impotency.

Key Words:  Priapism, Detumence, Impotence.

INTRODUCTION:
Priapism is defined as painful, persistent erection of penis without sexual stimulation. This is a pathological erection typically affects only the Corpora Cavernosa and spares the Corpora Spongiosum. Prolong erection causes oedema of Cavernosal trabeculae leading to stasis, thrombosis, fibrosis and scaring of the Cavernosa which eventually results in impotency1.

CASE SUMMARY:
Mr. XY a 48 years old police man from Orangi Town (Karachi) presented with painful, persistent erection of penis for two days. He was used to take medication for sexual stimulation and gratification. Two days back he took such drug from a Hakim and gained erection of penis. But this time erection did not weaken away even after several acts of coitus. Erection persisted and penis became painful. He went to different hospitals for remedies but detumence did not occur. He finally came to Baqai University Hospital, Nazimabad and admitted here.

Apart from using sexual stimulants this man was addict to Afseemn (opiate) and Charas. He is a married man having six children. No co-morbidity.

On admission patient was reassured; analgesia and anxiolytic was given. Approximately 150 ml of altered blood was aspirated from Cavernosa. Slight detumence occurred only for a short period. Therefore, a vascular shunt between long Sephaneous vein and Corpora Cavernosum was constructed; partial detumence occurred. So, a side-to-side anastomosis between Corpus Cavernosum and Corpus Spongiosum was also constructed. Further recovery was smooth but patient suffered from erectile dysfunction (impotency).

DISCUSSION:
Priapism is so rare that most physicians never see such cases during their entire practice2. Priapism can be classified as low-flow and high-flow priapism3.

Low-flow priapism is an ischemic state in the Corpora secondary to prolong erection and resultant oedema of the Cavernosal trabeculae. Underlying causes include:

- Drug ingestion like Alcohol (account for 20%).
- Psychotropic agent (Trazodin).
- Intracavernosal injection of Prostaglandin E, Papaverin.
- Secondary to blood disorder (Sickle cell anaemia).
- Secondary to neoplasia (Leukemia).

High-flow priapism is a non-ischemic state, usually brought about by perineal or genital trauma. Trauma results in a fistula between Pudendal and Cavernosal artery.

Treatment options for priapism depends upon finding out the underlying causes4. This includes:

- Aspiration of sludged blood from the Corpora Cavernosum.
- Injection of Metaraminol or 1:100,000 Adrenalin solution.
CONSTRUCTION OF VASCULAR SHUNT

- Irrigation of Corpora Cavernosum with alpha-adrenergic agent-1 ml (10mg) Phenylephrin : 19ml Normal Saline.
- Construction of vascular shunt (fistula).

Post operative complication include:
- Urinary fistula,
- Stricture Urethra and
- Impotency.

The most common cause of priapism is idiopathic (50%) usually followed by prolong coitus. In this case patient has the history of drug ingestion and prolong coitus.

The patient presents usually 12-24 hours after its occurrence. Prompt detumescence is the aim of treatment as tissue ischemia begins after 4-6 hours. This patient arrived after 48 hours with established ischemia. In this case we aspirated sludged blood from Corpus Cavernosum but detumescence did not occur. Since the injection Metaraminol or Phenylepherhin was not available, the result of intracavernosal irrigation of vasoactive substance could not be established. Vascular shunt was constructed which worked very well but we could not prevent impotency.

CONCLUSION:
Early presentation and prompt detumescence can prevent the impotency.

REFERENCES: