Priapism

We refer to priapism as a *long-lasting and spontaneously unrelenting erection*, which is usually significantly painful. The main risk of this condition is hypoxic fibrosis of the corpora cavernosa with subsequent irreversible erectile dysfunction. In diagnosis, a physical examination is used, when the penis is in rigid tumescence, but the glans penis is soft.

We distinguish two types of priapism:

- low-flow (ischemic) − based on venous occlusion, there is insufficient supply of oxygenated blood and ischemic damage to the cavernous bodies occurs;
- high-flow (non-ischemic) − excessive supply of arterial blood, does not lead to damage to the cavernous bodies.

Etiology

The most common cause of priapism is the intracavernous application of drugs such as PGE1 in the treatment of Erectile dysfunction. All conditions with increased blood coagulation are predisposed to the development of priapism. A known predisposing factor is sickle cell anemia, leukemia, and thromboembolic disease. Among medications, neuroleptics, especially phenothiazine series and tricyclic antidepressants, increase the likelihood of priapism. Occurs in traumatic spinal cord lesions. Priapism (and abdominal breathing) in an unconscious patient indicates spinal cord injury.

High-flow priapism occurs in pelvic injuries where the arterio-cavernous junction is formed.

Therapy

As part of first aid, the penis is cooled. The treatment of priapism is a puncture of both corpora cavernosa with a wider food and aspiration of blood, which is then sent for a blood gas examination to distinguish the type of priapism. In case of insufficient detumescence, it is possible to repeatedly rinse with 1-2 ml of physiological solution or diluted noradrenaline. If even then the effect is not sufficient, we proceed to create a spongio-cavernous junction. We introduce a needle through the glans penis into the corpus cavernosum so that the blood can drain through the corpus spongiosum. The last option is a surgical connection between *the saphenous vein* and the corpus cavernosum.

The treatment of non-ischemic priapism is embolization of the branches of the *pudendal artery*.

This condition must be distinguished from a simple prolonged erection. With priapism, hypoxia of the cavernous bodies develops on the basis of reduced perfusion, and the condition is significantly painful. A prolonged erection, on the other hand, is painless and does not cause hypoxia of the corpora cavernosa.

Links

External links

- Priapism (Czech wikipedia)
- Priapism (English wikipedia)

Source

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AMBLER, Zdeněk. *Klinická neurologie: část obecná. 2008. 976 s. + errata (1 l.)-.* - edition. Triton, 2008. ISBN 9788073871574.

KAWACIUK, Ivan. *Urologie.* - edition. H+H, 2000. 308 pp. pp. 256. ISBN 9788086022604.