

## Priapism: Management and functional outcomes

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### Abstract

The aim of treatment is to obtain detumescence, avoid recurrence and avoid erectile sequelae.

**Keywords:** priapism; fibrosis; therapeutic

### Introduction

Priapism is a rare but serious condition as its spontaneous evolution is towards permanent impotence and poses therapeutic problems depending on the delay in management.

### Materials and Methods

Retrospective study of 5 patients treated and followed at the urology department of the Military Hospital of Tunis during 4 years, from 2016 to 2020.

### Results and Discussion

Our patients were 2 children (5 and 6 years old) and 3 adults (26, 35, and 42 years old) with an average age of 22 years. The delay of the management varied from 12 to 72 hours, three patients consulted before 36 hours and the other two after 36 hours. The clinical examination concluded that all 5 patients had an irreducible and painful erection.

One case had induration of the distal third of the penis and the other had fibrosis of the corpora cavernosa which respects the base of the penis.

The severity of priapism and its sequelae depends on the time to management and the type of priapism.

The aim of treatment is to obtain detumescence, avoid recurrence and avoid erectile sequelae.

In the case of arterial priapism, invasive surgery has been abandoned in favor of selective embolisation performed during selective internal pudendal arteriography.

In the case of venous priapism, treatment is based on puncturing the corpora cavernosa and injecting

alpha stimulants. Surgery consists of creating a cavernous shunt.

### Evolution

The risk of sequelae of impotence due to fibrosis of the corpora cavernosa depends on the delay in treatment. After 48 hours the risk is around 60%. The risk of occurrence of dyserection also depends on the age of the patient: 25% at 20 years and 80% at 60 years.

The prognosis is better in high flow priapism and those occurring in sickle cell patients: 14% impotence in sickle cell children.

### Conclusion

If most medical or surgical techniques allow obtaining a detumescence of the penis, impotence is nevertheless, the frequent consequence of priapism. Early treatment seems to be the best way to prevent impotence.

### References

1. Gbadoé AD, Koffi KS, Akakpo-Maxwell O, et al. (2002). Prise en charge du priapisme drépanocytaire par médicaments alpha-adrénergiques. *Sante*, 12:343-347.
2. Virag R, Bachir D, Floresco J, et al. (1996). Traitement ambulatoire et prévention du priapisme par médicaments alpha-agonistes. À propos de 172 cas. *Chirurgie*, 121:648-652.

3. Gbadoé AD, Dogba A, Ségbéna AY, et al. Priapism in sickle cell anemia in Togo: prevalence and knowledge of this complication. *Hemoglobin*, 25:355-361.
4. Mantadakis E, Carvender JD, Rogers ZR, et al. (1999). Prevalence of priapism in children and adolescents with sickle cell anemia. *J Pediatr\_Hematol\_Oncol*, 21:518-522.
5. Emond AM, Holman R, Hayes RJ, et al. (1980). Priapism and impotence in homozygous sickle cell disease. *Arch Intern Med*, 140:1434-1437.

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