Evaluation and Management of Ischemic Priapism in Vancouver

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Objective

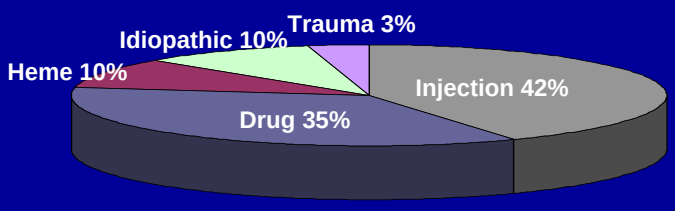
- To review our priapism experience
- To evaluate the role of corporeal blood gas (CBG) measurement
- To identify factors which determine priapism management

Methods

- Retrospective review of 30 patients since 1990 at 2 tertiary hospitals
- Outcomes of interest:
  - Clinical classification of priapism
  - Comparison to CBG
  - Duration
  - Treatment

Results

- Mean age 44 yrs (range 12 – 69 yrs)
- 83% ER, 17% In-Patient
- 34 episodes: 31 ischemic
  - Intracavernosal injec.
  - Drug (Anti-psychotic, Cocaine)
  - Hematologic (Leukemia, Sickle-cell)
  - Idiopathic
- 3 non-ischemic (Trauma, Idiopathic)



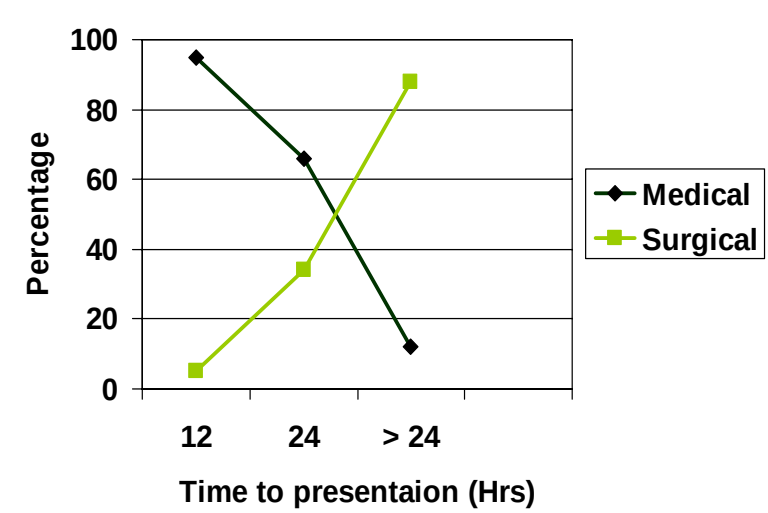
Corporeal Blood Gas

Duration	pH	pO2	pCO2	Management
120 hr	6.9	18	99	Surgical
60 hr	7.6	97	19	Surgical
6 hr	6.9	23	121	Medical
8 hr	6.7	15	135	Medical
10 hr	7.4	64	41	Medical
10 hr	6.8	18	104	Medical

Management

- Mean duration of priapism 19 hrs (3.5 – 120 hrs)
- All initially managed medically
  - 71 % required no further treatment
  - Duration 9 hrs (3-30 hrs)
- 29% required surgery
  - Duration 48 hrs (4 -120 hrs)

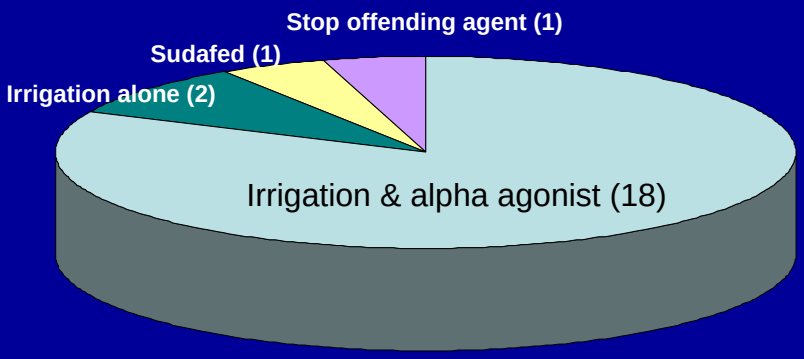
Time to Presentation



Surgical vs. Medical

Group	Medical (n = 22)	Surgical (n = 9)
Mean Age	43 yrs	41yrs
Etiology	Injection (n = 12) Drug (n = 6) Heme (n = 2) Idiopathic (n = 2)	Drug (n = 5) Heme (n = 1) Injection (n = 1) Idiopathic (n= 1)
Time to presentation (hrs)	9 (3 – 30)	48 (4 – 120)

Medical Management (71%)



Surgical Management (29%)

Winter's Shunt (9)

Corporospongiosal Shunt (8)

Failure (1)

Success (7)

Success (1)

- 2 procedures
- Time to presentation < 4 hrs

Conclusions

- 91% priapism ischemic
  - 77% due to injections or drugs
- CBG performed in few cases
  - Highly ischemic still medically treated
- 71% managed medically
  - present earlier (9 hrs)
- 29% managed surgically
  - longer time to presentation (>24hrs)
  - 89% require corporospongiosal shunt