

# Evaluation and Management of Ischemic Priapism in Vancouver

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December, 2004



## Objective

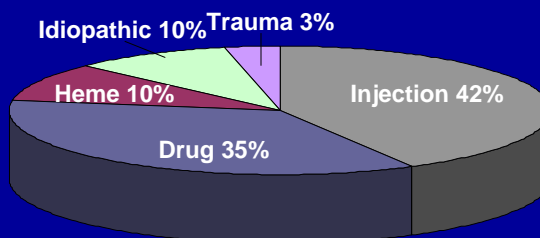
- To evaluate the role of corporeal blood gas (CBG) measurement
- To characterize the prevalence and demographics of priapism in Vancouver
- To identify factors which determine priapism management

## Methods

- Retrospective review of 30 patients since 1990 at 2 tertiary hospitals
  - 34 episodes of priapism
  - Mean age = 44 yrs (12 – 69 yrs)
  - 83% ER, 17% In-Patient
- Clinical diagnosis compared to CBG where possible
  - n = 6 (18%)

## Results

- 31 ischemic
  - Intracavernosal injection
  - Drug - systemic
    - Anti-psychotic
    - Cocaine
  - Hematologic
    - Leukemia
    - Sickle-cell
  - Idiopathic
- 3 non-ischemic
  - Trauma (2)
  - Idiopathic (1)

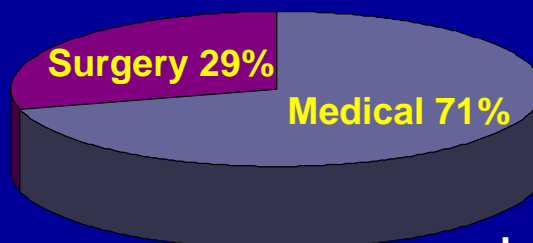


## Corporeal Blood Gas

Patient	pH	pO2	pCO2	Management
1	6.9	18	99	Surgical
2	7.6	97	19	Surgical
3	6.9	23	121	Medical
4	6.7	15	135	Medical
5	7.4	64	41	Medical
6	6.8	18	104	Medical

## Treatment of Ischemic Priapism

- Corporoglanular
- Corporospongiosal
- Corporovenous

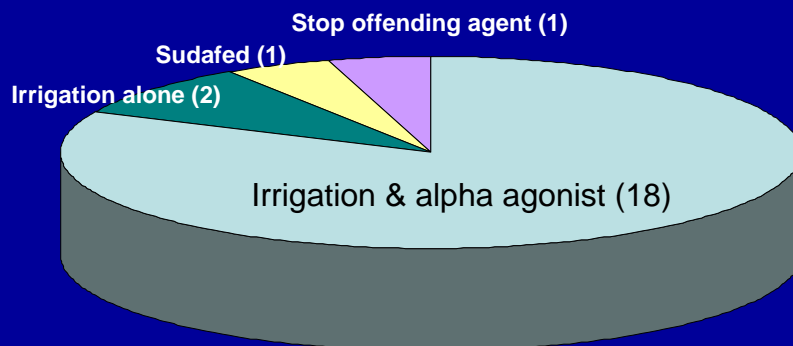


- Irrigation
- A-agonist

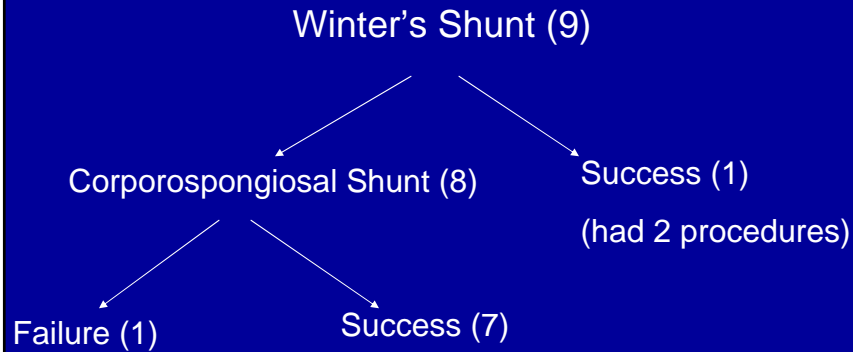
## Surgical vs. Medical

Group	Medical (n = 22)	Surgical (n = 9)
Mean Age (yrs)	43	41
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



## Surgical Management



## Conclusions

- 91% priapism ischemic
  - 77% due to injections or drugs
- CBG performed in few cases
  - Little use in classification of priapism
  - Highly ischemic still medically treated
- 71% managed medically
  - present earlier (9 hrs)
- 29% managed surgically
  - longer time to presentation (48 hrs)
  - 89% require corporospongiosal shunt