

# Priapism: a historical and update review

Magoha, G A

## **Abstract:**

Early this century, the aetiology of priapism was solely attributed to "systemic disease and local irritation of lower genital tract and neurologic lesion". Corpora cavernosa incision described by Young was the only form of treatment. However, the aetiology, diagnosis and treatment options for the management of priapism and prolonged erections have evolved significantly in the past several years. Before the use of pharmacological agents for the production of erections, idiopathic priapism became the most common aetiology. Causes of priapism from newer psychotropic medications such as trazodone to intra-cavernosal injection therapy with pharmacological agents have increased the number of patients with priapism presenting to the urologist. The management of priapism has remained controversial and has perplexed and continued to frustrate many urologists. A recent and more thorough knowledge of the pathophysiological basis of priapism and the clear differentiation between the low flow veno-occlusive priapism and high flow arterial priapism have significantly improved the diagnostic protocol for patients with priapism. Colour doppler ultrasound evaluation and cavernosal blood gas determinations have become mandatory and greatly improved specific diagnosis. Priapism must be considered a urological emergency and early surgical intervention with corpus cavernosum aspiration and pharmacological lavage with normal saline alpha-adrenergic agonists should be instituted immediately. This will avoid the risk of erectile impotence with considerable medico-legal consequences. Precious time must not be wasted in the older unproven conservative methods including hot and cold water enemas, and vigorous prostatic massage