

High Flow Priapism in a Paediatric Patient after Trauma

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Conflicts of Interest: Nil

Abstract

High flow priapism is an extremely rare condition in Children with true incidence not known. The most common cause is perineal trauma leading to arterio cavernosal fistula; however, been reports idiopathic high flow priapism has also been reported.^[1]

In this case report, we present the case of high flow priapism following perineal trauma.

Keyword: cavernosal, conservative, fusiform

Case History

A 7-year-old presented with history of persistent, nonpainful erections since last 2 days following fall from bicycle. He was examined at this visit and the presence of a persistent nonpainful erection consistent with high flow priapism was documented.

Physical examination revealed a fully erect, nontender penis with rigid corpora cavernosa, a soft glans, and no dorsal curvature. The initial workup comprising of CBC, urine RM, peripheral smear to rule out sickle cell was also done.



Fig 1: Physical examination during Outpatient visit

A cavernosal blood gas analysis was done which was normal. He was kept on observation and was advised conservative management. After discussion with the patient’s father, he was advised follow-up in one week to discuss long term management.

Meanwhile, he underwent a penile color Doppler study which was suggestive of Post traumatic fusiform aneurysm in the right CCA. But surprisingly after taking Diazepam, Theophylline, he responded well and his

father says he had significant relief so he wanted to continue medical treatment

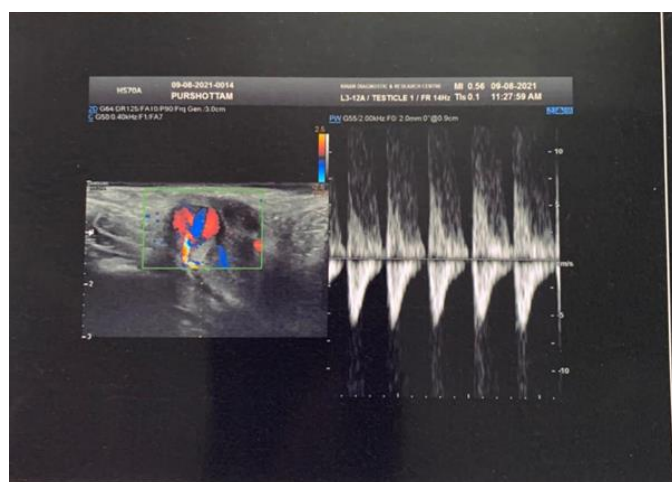
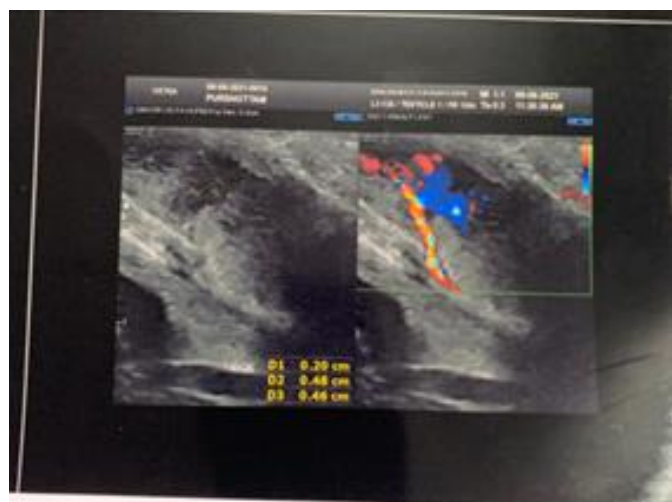


Fig 2: On color Doppler evaluation the lesion shows complete colour filling correlating s/o post traumatic fusiform aneurysm the right CCA, neck of the aneurysm

approximately measuring 2 mm, the aneurysm approximately measuring 5 x 5 mm.

Discussion

Most Common A etiologies for childhood priapism are sickle cell anemia followed by leukemia. [2-5]

The treatment options for high flow priapism include observation or intervention with super selective arterial embolization or surgical ligation of the offending vessel. However This Patient responded well to conservative management and is now symptom free.

Conclusion

priapism is an extremely rare phenomenon in the pediatric population and is usually associated with sickle cell anaemia

References

1. P. Mahawong and T. Srisuwan, "Idiopathic high-flow priapism in a pediatric patient," *Journal of Pediatric Urology*, vol. 7, no. 1, pp. 92–94, 2011.
2. P. A. Dewan, H. L. Tan, A. W. Auld, and D. I. M. Moss, "Priapism in childhood," *British Journal of Urology*, vol. 64, no. 5, pp. 541–545, 1989.
3. G. F. Steinhardt and E. Steinhardt, "Priapism in children with leukemia," *Urology*, vol. 18, no. 6, pp. 604–606, 1981.
4. C. E. Ramos, J. S. Park, M. L. Ritchey, and G. S. Benson, "High flow priapism associated with sickle cell disease," *The Journal of Urology*, vol. 153, no. 5, pp. 1619–1621, 1995.