

## QUESTION 12

**A 32 year old male presents with 8 hour history of painful erection, without any preceding trauma, to your ED.**

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1. List five (5) likely causes of his priapism. (5 marks)

- majority related to haematological diseases, idopathic or treatment for impotence
  - sildenafil, tadalafil
  - intracavernosal papaverine, PGE1
- sickle cell disease
- antipsychotic medications
- stimulants
- prazosin and hydralazine
- procoagulant states
- haematological malignancies
- spinal cord disease
- vasculidites

Some candidates wrote trauma or causes of high flow states which does not fit with the stem (painful erectile states without trauma are 99.9% low flow states)

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2. List three (3) investigations useful in elucidating the aetiology of priapism with one justification for each (3 marks)

Must have one of:

- cavernosal blood gas - looking for hypoxic, hypercarbic and acidotic state OR
- Duplex sonography looking for impaired blood flow of low flow state

Additionally:

- no investigations - justification for treatment as a priority / emergency
- FBE / ESR if not related to anti-impotence therapy - film for sickling

3. State two (2) interventions and two (2) medications (with detail) that you would use in management of priapism. (4 marks)

Dorsal penile block

Aspiration 20-30 mls

Normal saline irrigation 10ml aliquots - controversial therapy but mark given

administer 1 - 2 mL of 1:100,000 intracorporeal adrenaline, every 5 minutes until resolution or 10mL given

Phenylephrine dose of 0.5-1 mg/mL in normal saline every 5 minutes

metaraminol may also be used, but is only about 40% effective

Theatre for decompression

