

ISCHEMIC PRIAPISM DUE TO ALPHA BLOCKERS - A RARE CARE REPORT

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Abstract

Keywords:

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Priapism is an emergency condition resulting from prolonged sexual desire, trauma, tumor infiltration or hematological disorders like sickle cell anemia or leukemia. Rarely may it be drug induced. Here we report a rare case of priapism following intake of terazocin and tamsulosin simultaneously in a 32 year old patient.

INTRODUCTION

Priapism is an emergency condition with a poor prognosis, with a risk of 90% ED if priapism lasts more than 24 hours. It could be either Low flow (ischemic) or high flow (non ischemic). Low flow priapism manifests as a painful rigid erection and is an emergency leading to irreversible cellular damage and fibrosis. Though idiopathic, trauma, malignant infiltration of penis, hematological disorders (Sickle cell anemia, chronic myeloid leukemia, acute lymphoblastic leukemia) are the common causes but rarely it may be drug induced.¹ Here we present one such case of low flow priapism due to high doses of alpha blockers.

CASE REPORT

A 32 yr old male presented with persistent painful erection of 10 days. He has been treated by a doctor in periphery for chronic prostatitis, presenting with dysuria and mild prostatomegaly on ultrasonography. He was treated with two alpha blockers simultaneously, Terazocin (5mg) once daily and Tamsulosin 0.4 mg once daily for seventeen days and subsequently developed persistent painful rigid erection for ten days. Aspiration of corporal blood was done by a local doctor without any improvement. There was no history of trauma, sickle cell disease or history of any other drug intake. On examination he had a rigid tender penis (Fig-1) and mild tender prostate on per rectal examination. He was normoglycaemic and his hematological and renal biochemical parameters were within normal limits. Arterial Blood gas analysis (ABG) was performed from the aspirated corporal blood, which showed classical picture of low flow type Priapism (ischemic Priapism). Color Doppler showed evidence of low flow priapism. Patient was operated up on eleventh day. Corporal Snake modification of Al-Ghorab corporoglanular shunt was done. There was partial detumescence with relief in pain immediately after operation. Complete detumescence occurred after five days following surgical intervention (Fig-2). On three month follow up patient was completely impotent.

ELLUSTRATION



Fig 1 showing priapism due to double use of alpha blockers

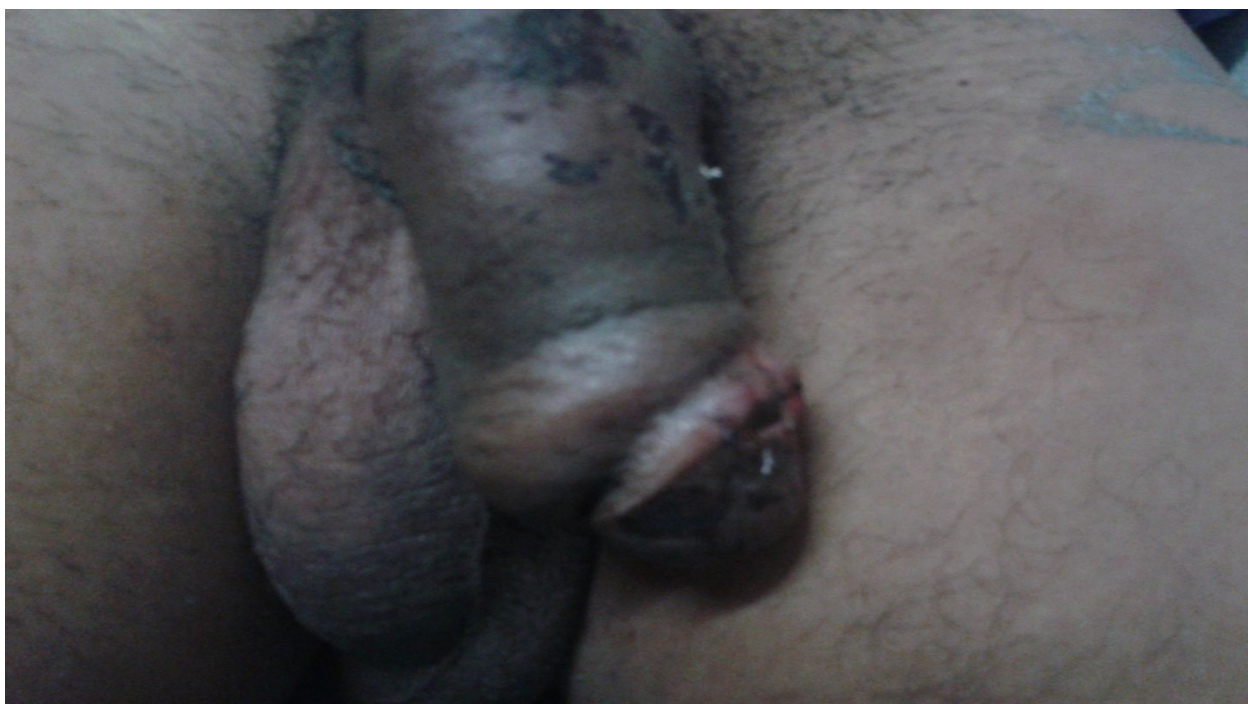


Fig 2 showing complete detumescence after five days following Ghorab corporo glanular shunt

DISCUSSION

Priapism is a full or partial erection that continues more than four hours with or without sexual stimulation. Though the most common causes of priapism are idiopathic, trauma, hematological diseases like Sickle cell disease, leukemia's or due to malignant infiltration of corpora by tumor^(1,2,3,4) Priapism has been reported as a rare effect of the commonly used alpha 1-antagonists through direct inhibition of the sympathetic input necessary for detumescence. Priapism due to alpha blockers is a rare but reported entity in the literature, in the presented case two alpha blockers were prescribed simultaneously for seventeen days, in a young patient for an incidentally diagnosed prostatomegaly on ultrasonography. ABG showed classical picture of low flow type Priapism (ischemic Priapism). Ischemic priapism is a persistent erection marked by rigidity of the corpora cavernosa and little or no cavernous arterial inflow. Tamsulosin is perhaps the most potent alpa-1 antagonist used for the treatment of symptoms related to benign prostatic hyperplasia (BPH)² which is commonly used sometimes may lead to this serious complication, if not properly monitored.

To the best of author's knowledge four cases of tamsulosin induced priapism have been reported so far. Nejad H S, et al reported a case of Priapism following ingestion of terazocin³. Kilinc et al reported a case of partial priapism secondary to tamsulosin which was successfully treated⁴. Venyo A reported a case of tamsulosin induced priapism in a 35 yr old male after ingestion of first dose of tamsulosin, who was admitted in hospital but informed late due to shyness⁵. Pahuja et al reported a 56 yr old male with recurrent and then persistent unresolved priapism after the use of tamsulosin which failed to respond to any treatment⁶.

Erectile function can be compromised, if longer episode of ischemic Priapism persists. As more cases Priapism are recorded due to rare effect of alpha 1 antagonist and it can lead to permanent impotence if not timely treated, patients must be informed about this rare side effect and seriousness of the condition. So, patient takes timely medical intervention without shyness and hesitation.

CONFLICTS OF INTEREST: NONE

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