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THE THERAPY OF HIGH-FLOW PRIAPISM BY SUPERSELECTIVE INTERNAL PUDENDAL ARTERY EMBOLISATION

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Objective Retrospective summaries of the diagnosis, therapy and effectiveness of six high-flow priapism (HFP) cases caused by trauma.

Methods Six painless priapism male patients with an average age of 29 (18–45) years old, of whom three cases were caused by perineum straddle injury, two cases were kicked, and one case was caused by dilation of urethra. The average interval before seeing a doctor was 48 (2–72) h. Disease pattern was identified by corpus cavernosum piercing and blood-gas analysis. Other pathogenic factors were ruled out by blood examination, hepatic and renal functions tests. HFP was diagnosed by penis colour Doppler flow imaging (CDFI). All of the patients were treated through bloodletting by cavernous body puncture, local icing, dripping diluted metaraminol bitartrate into urethra intermittently, and taking traditionally Chinese medicine orally. The average course of the treatment was 4 (2–7) days, but the curative effect was negligible. Superselective internal pudendal arteriography and embolisation was used as the last option.

Results Penises of the entire six patients softened with treatment. No patient had recurrent priapism after 3 months follow-up. The erectile function of five patients recovered to the level before injury, and just one case had slight erectile dysfunction, but could maintain sexual life as usual.

Conclusions Blood-gas analysis by cavernous body piercing, penis CDFI, and superselective internal pudendal arteriography are effective diagnostic approaches for HFP, and superselective pudendal artery embolisation has a curative effect.