



A CASE REPORT ON PRIAPISM IN A NIGERIAN CADAVER

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<p>Article Info <i>Received 22/08/2014</i> <i>Revised 28/08/2014</i> <i>Accepted 12/09/2014</i></p> <p>Key words: Cadaver, Penis, Priapism, Survival, Flaccid.</p>	<p>ABSTRACT This report reveals an adult male cadaver with priapism in Nigerian cadaver. The photographic illustration unveils an elongated and erected penis as opposed to the normal flaccid state. This report also shows that priapism exists amongst Nigerians and Africans at large and as such requires early medical attention since patients with this anomaly are unaware of the unusual anatomy behind it until they seek medical attention for an unrelated condition. Early detection may lead to a successful surgical management and consequently offer a safe chance of survival. Thus early medical attention may lead to a successful and a healthier population.</p>
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INTRODUCTION BACKGROUND

Priapism is a medical condition characterized by a non-sexual persistent erection of the penis in which the penis does not return to its flaccid state despite the absence of both physical and psychological stimulation within four hours [1, 2].

Priapism exists in two types namely low-flow and high-flow priapism. 80% to 90% of clinically presented priapisms are low flow disorders. Low flow priapism involves the blood not adequately returning to the body from the penis [3].

High flow priapism involves a short circuit of vascular system along the penis. Early treatment may be beneficial to the patient for recovery [3].

The causative mechanisms are poorly understood but involve complex neurological and vascular factors. Priapism may be associated with haematological disorders especially sickle-cell disease, sickle-cell trait, and other conditions such as leukemia, thalassemia and fabry's disease and neurologic disorders such as spinal cord lesions and spinal cord trauma. Priapism may also be associated with glucose-6-phosphate dehydrogenase deficiency which leads to decreased NADPH levels.

NADPH is a co-factor involved in the formation of nitric oxide which may result in priapism [4].

Priapism is found to occur in extreme cases of rabies. It can be caused by reactions to medications. The most common medications that cause priapism are intracavernous injections for treatment of erectile dysfunction. Other groups reported are anti-hypertensives, antipsychotics, anti-depressants, anti-convulsants and mood stabilizer drugs such as sodium valproate and recreational drugs [5].

Priapism is also known to occur from bites of the Brazilian wandering spider and the black widow spider [6].

Raised levels of adenosine may also contribute to the condition by causing blood vessels to dilate thus influencing blood flow into the penis [7].

Priapism may be discovered in the dead and has been attributed to pressure on the cerebellum caused by spinal cord injury, noose [8, 9].

CASE REPORT

During a routine dissection class of formalin fixed adult cadavers by medical students of college of Health Sciences, Nnamdi Azikiwe University Nnewi campus,



Anambra State, Nigeria, priapism was noticed in one of the male cadavers out of the 22 male cadavers which were used for dissection as part of medical training in human Anatomy. This rare observation appears interesting as it unveils to medical student's knowledge of the fact that

there could be persistent erection of the penis without sexual stimulation. This kind of anomaly involves complex neurologic and vascular factors and may be associated with hematological disorders like leukemia, thalassemia, sickle cell trait, trauma to the genital areas and spinal cord.

Figure 1. Anterior view of the perineum showing lateral surface of the penis



Figure 2. Anterior view of the perineum showing dorsolateral surface of the penis



DISCUSSION

Priapism has been evaluated by Furtado *et al* in 599 consecutive male patients who had sickle disease. During this work, priapism occurred in 3.6% of patients (5.6% of those with Hbss and 1.1% of those with Hpsc: $P=0.01$). Most episodes (86%) occurred at night always during sleep and medical interventions were required in 13 cases as follows; Intravenous hydration, corpora cavernosa puncture and drainage, corpus cavernosum-corpora spongiosum shunts. The prevalence of priapism in children less 18 years of age with sickle cell disease was 3,6% lower than previous reported case. Most episodes occur at

night and half of patients require some form of urological procedure [10].

CONCLUSION

Medical practitioners (urologists) should look out for this anomaly during surgical management if need arises and as well as advise for routine medical examination for their patients as this may help unravel this anomaly thereby preventing wrong diagnosis. For instance, when persistent erection is noticed by patients, it may be mistaken for or attributed to sexual stimulation.

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