00445 Perioperative Anticoagulation and Open Distal Corpora Cavernosa Shunt in the Management of Idiopathic Persistent Childhood Ischaemic Priapism - A Case Report

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Aims: Priapism is an urological emergency. Delayed treatment can lead to fibrosis of corporal carvernosa, resulting in penile disfigurement and erectile dysfunction. There are to studies on perioperative anticoagulation and distal shunt in the management of recurrent childhood priapism.

Methodology: We would like to report a case of childhood priapism, in which a 13 year-old boy was successfully treated for recurrent ischaemic priapism with sequential treatment protocol with perioperative anticoagulation.

Result: Clinical diagnosis of ischaemic priapism was made and the patient was consented for urgent treatment at the Accident and Emergency. Corporal aspiration under local anaesthesia resulted in immediate detumescence. However, he was treated with intracavernosal injection of phenylephrine for rapidly recurrent disease. Doppler ultrasonography demonstrated no arterial flow in cavernosal arteries bilaterally and the patient underwent immediate percutaneous distal glandular-corporal shunt procedure under general anaesthesia. Priapism recurred 6 hours after initial percutaneous distal shunt procedure. Revision of the distal shunt by creating tunnels in the corpora cavernosa using Hegar dilators yielded detumesence for the next 24 hours.

For this persistent disease, we performed a definitive corpora-spongiosal shunting procedure (open Al-Ghorab shunt) under general anaesthesia. In addition, we prescribed subcutaneous enoxaparin, acetylsalicyclic acid and clopidogrel perioperatively given the suspicion of premature shunt closure. This patient had no further episodes of recurrent priapism and reported spontaneous morning erection 1 month postoperatively.

Conclusion: Premature shunting closure could be due to the damage of tunica albuginea and endothelial lining of the corpora cavernosa during the creation of shunt. This case involving a paediatric patient illustrated the use of a septwise treatment approach to persistent priapism that culminated with Al-ghorab shunt with perioperative anticoagulation/antiplatelet regimen to prevent premature shunt closure.