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Epidural analgesia in a patient with priapism

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Objective: To report the case of a patient with priapism treated with surgical decompression and epidural analgesia.

Case Report: A 50-year-old Hispanic patient with no history of priapism presented to the emergency room with 5-day history of painful erection. The patient gave no history of medication use namely Thorazine, Chlorpromazine, or Prazosin. He denied use of illicit drugs such as cocaine. He denied a history of sickle cell disease or trauma to the genital area. His physical exam on admission revealed a rigid and tender penis, erect to 90 degrees with a soft glans. Rectal examination was normal. A blood gas measurement from the penis showed pH 6.98, pCO₂ 45.5, pO₂ 6.5 indicating low flow priapism. Computer Tomography of his abdomen and pelvis were unremarkable for any obstructive lesions. His urine toxicology screen was negative. Patient was admitted to the hospital for treatment.

A lumbar epidural catheter was placed for the management of the case and for analgesia as continuous infusion of ropivacaine and fentanyl prior to corporal aspiration along with injection of phenylephrine. Patient tolerated the procedure well with slight improvement in his symptoms. The risk and benefits of further surgery were explained and he was taken to the operating room for further corporal aspiration, bulbo spongios cavernosa shunt placement, and intracorporal injections. He was comfortable throughout the surgery. His postoperative exam revealed a pink and warm penis without bluish discoloration with extensive pain relief. His penis remained firm but not erect. He reported difficulty voiding, which cleared the next day without having need to catheterize the urethra. His epidural infusion was discontinued on day five and he was placed on oral pain medicines. The patient was discharged from the hospital on day 7 in stable condition. His postoperative visit in Urology Clinic on day 14 revealed no evidence of priapism.

Conclusion: We have described a case of idiopathic priapism on an adult patient managed with epidural analgesia along with corporal aspiration, shunt placement, and intracorporal injections with phenylephrine. Our literature search revealed only two published cases regarding the management of priapism with epidural anesthesia.

Key Words: Analgesia, epidural, priapism, corporal injections.

References:

1. Labat, F., Dubousset AM, Baujard C., et al: Epidural analgesia in a child with sickle cell disease complicated by acute abdominal pain and priapism. *Br J Anaest.* 01 Dec 2001; 87(6):935-6.
2. Corke PJ, Watters GR: Treatment of priapism with epidural anaesthesia. *Anaesth Intensive Care* 1993 Dec; 1(6):882-4.

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