



Actualización sobre la fisiopatología, diagnóstico y tratamiento del priapismo [

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text (article)

Analítica

Introduction: priapism is defined as a prolonged and persistent erection of the penis that is unrelated to sexual desire; it can last more than 4 hours and constitutes a medical emergency. The incidence recorded in the general population is 1,5 cases per 100,000 persons per year and in those over 40 years of age it reaches 2,9. **Objective:** to describe the pathophysiology, diagnosis and treatment of priapism. **Method:** a search for information was carried out in English and Spanish, consulting the Pubmed, SciELO, Lilacs, Cochrane Library and Web of Science databases. Twenty-four articles were chosen for the development of this review. **Development:** there are two pathophysiological variants of priapism, ischemic or low-flow priapism, which causes pain and is an emergency, which can lead to permanent erectile dysfunction, and non- ischemic or high-flow priapism. **Diagnosis** is mainly clinical, although tests that evaluate blood flow, such as Doppler ultrasound, are useful. **Therapeutic management** will depend on the cause of priapism and the time elapsed since the onset of the condition. **Conclusions:** priapism is a rare disease, with different forms of presentation depending on the etiology; where this determines the symptoms, evolution and damage to the male reproductive organ. **Diagnosis** is mainly clinical, although techniques such as Doppler ultrasound are useful. **Therapeutic alternatives** vary from primary administration of anti-androgens to surgical alternatives such as shunts and cavernostomy

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