Original Research Paper

Volume - 13 | Issue - 06 | June - 2023 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

Paediatrics

A CASE OF IDIOPATHIC NEONATAL PRIAPISM- RARE, BUT THERE…

Dr. Keerthana R Krishnan* Junior Resident Department Of Paediatrics , Sutams, *Corresponding Author

Dr Aparna C Babu Senior Resident, Department Of Paediatrics Sutams

Dr Maya Menon Professor, Department Of Paediatrics , Sutams

ABSTRACT Priapism can be defined as a prolonged and persistent erection that continues for 4 or more hours, not associated with sexual desire or stimulation. The causes of priapism include various and apparently unrelated conditions.

KEYWORDS : Priapism, Neonatal

INTRODUCTION

Neonatal priapism is a rare entity and poorly understood phenomenon. The true incidence of neonatal priapism is unknown. Due to its rarity, its etiology remains unclear. The etiology of priapism varies significantly between populations, but common identifiable causes include blood dyscrasias including polycythemia, pharmacotherapy, neurological conditions, malignancy and trauma.

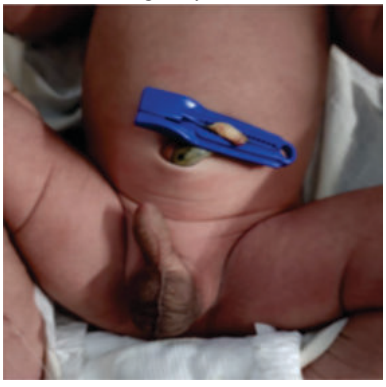

Figure 1: A newborn with neonatal priapism

Hb- 15.7 gm/dl WBC- 16100 Platelet – 1.92 PCV- 46.1 ANC- 9690 DC- N60E4L30M6	Peripheral Smear- macrocytic normochromic RBC, IT ratio 0.10	USG Scrotum- Both testis and epididymis appear normal in size and echogenicity. No edema of scrotal wall. No testicular arterial flow at present

Case Study

Term, AGA, male baby of birthweight 3.070 kg, APGAR 8 and 9 in the 1st and 5th minutes respectively, born to 23 year old primi mother, born by Emergency LSCS - Ind failure to progress/ fetal distress, without co-morbidities and with normal clinical examination except for persisting and painless erection beyond 4 hours on the first day of life. The prenatal screens were normal. The physical examination showed a healthy neonate with persisting erection. Median raphe was prominent. The scrotum and penis were not discolored . Urine stream of the baby was directed vertically towards the umbilicus. The laboratory findings were normal. Doppler USG of the scrotum showed normal arterial and venous flow. The priapism decreased spontaneously and complete detumescence occurred on 4th day of life.

CONCLUSIONS

Idiopathic neonatal priapism is an exceptional condition of a prolonged and persistent penile erection. Priapism can be ischaemic (low flow), non-ischaemic (high flow) and Stuttering/intermittent. Corpora cavernosa are filled with blood due to defective venous drainage. Glans and corpus spongiosum are not involved. Idiopathic neonatal priapism results from a benign non- ischaemic erection. The diagnosis of priapism can be made with clinical evaluation, but additional testing can help identify the specific form of priapism. Patients with proven newborn priapism who do not have ischemia should start out with conservative care.

REFERENCES:

[1] Guner E, Akkas F, Ozdemir O, Arikan Y, Seker KG, Sam E. Analysis of the Causes of Newborn Priapism: A Retrospective Clinical Study. Prague Med Rep. 2023;124(1):58-66. doi: 10.14712/23362936.2023.6. PMID: 36763832.

[2] Dust N, Daboval T, Guerra L. Evaluation and management of priapism in a newborn: A case report and review of the literature. Paediatr Child Health. 2011 Jan;16(1):e6-8. doi: 10.1093/pch/16.1.e6. PMID: 22211080; PMCID: PMC3043029.

[3] Laamiri R, Kechiche N, Maatouk M, Hagui B, Mnari W, Mekki M, Nouri A. Priapism in the New born: Shall We Intervene? J Neonatal Surg. 2017 Jan 1;6(1):11. doi: 10.21699/jns.v6i1.389. PMID: 28083497; PMCID: PMC5224744