

EDITORIAL



Priapism: a new era

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Described as a disorder of uncontrolled and prolonged penile erection unassociated with sexual interest or desire, priapism represents a true clinical disorder. In a historical sense, the contrary has often been viewed: a strange and indeterminate condition of uncertain significance. Yet for the afflicted individual, priapism presents a quite real and consequential adverse health problem.

Inattention to priapism in the past is all the more alarming given its devastating effects [1–4]. Young males are generally affected, from young adults to children, and episodes of very prolonged duration or even just repeated episodes over time, can result in lifelong impairment sexually, socially and economically. Clinical studies have now well documented the damage priapism causes structurally and functionally within the penis. Its ischemic form, in particular, is understood to produce cavernosal tissue fibrosis and penile deformity and sometimes tissue loss. The biology of penile erection is truly deranged in sundry forms of priapism such that normal erections are disabled. Beyond the physical health detriment, mental health is adversely impacted by priapism whereby depression and anxiety are correlative conditions. Many of those afflicted by priapism may also encounter interpersonal relationship difficulties. They may also struggle to maintain vocational and social positions.

The significance of priapism can be weighed in an epidemiologic context [5, 6]. While reports may indicate a low incidence in the general population, priapism occurs prominently in certain populations. The disorder is well linked with hematologic conditions. Among those with sickle cell disease, as much as 40% of males are afflicted by priapism. The prevalence of priapism is staggering in countries comprising sub-Saharan African and the Mediterranean regions. In Nigeria, for example, which lays claim to 150,000 live births with sickle cell disease annually...accounting for 50% of the world's total reach with this disease, priapism is hardly rare at all.

Improving outcomes for priapism most assuredly rests on knowledge advancement and implementation of evidenced clinical practice advances in this field. Thankfully, impressive scientific discovery and clinical developments have been made in this field of study over the past 2 decades. Not so long ago, priapism management consisted fundamentally of its recognition and timely reaction applying procedures to relieve an acute priapism episode. Accordingly, the goal was essentially priapism resolution. Now with advances made in this field, objectives are reframed. Emphasis is now given to identifying at-risk populations for priapism and invoking preventative strategies consistent with its pathomechanisms [7, 8]. The renewed purpose is ultimately to preserve the sexual health and general well-being of those affected.

No longer should this disorder be viewed as a mysterious phenomenon occurring without an understandable basis. Although the etiology in some cases of priapism remains idiopathic, the science in this field has evolved revealing its scientific underpinnings and doubtlessly establishing grounds to develop scientifically supported, mechanism-based interventions. As science in the field progresses, cases without an understandable basis for the occurrence will diminish. The delivery of care for priapism has also improved, and several clinical practice guidelines embodying the best evidenced information have come forth to direct practitioners in caring for patients with priapism [9, 10]. However, the clinical management of priapism necessarily must go further. The gauntlet is thrown down to make further advances by performing high-level, rigorous scientific investigations and clinical trials in this field in order to bring forward the most effective treatments [1, 11].

This editorial accompanies an ample compendium of scholarly articles exemplifying the new knowledge and clinical practice advancement of the field. Contained in this series are articles ranging from clinical and health services research works expounding on pathophysiologic concepts surrounding priapism to outcomes studies critically examining the implementation of therapeutics in the field.

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All contributions to this manuscript were from AB.

COMPETING INTEREST

The authors declare no competing interests.