Patient presents with priapism

- Perform a physical exam, including the genitalia and perineum.
- Complete a medical history, including prescription and non-prescription drugs, sexual history, and surgical history.
- Obtain a corporal penile blood gas.

Findings consistent with acute ischemic priapism

Diagnosis of acute ischemic priapism

- Corpora cavernosa fully rigid
- Penile pain
- Hemoglobinopathy or hematologic malignancy
- Recent intra-cavernosal vasoactive drug injection
- Corporal blood gas typically PO<sub>2</sub> of < 90 mm Hg, PCO<sub>2</sub> of > 40 mm Hg, pH = 7.40
- Patient may not exhibit all findings listed above; clinicians should use their best judgement to make a diagnosis in the context of other clinical findings.

Findings indeterminate

Selectively utilize penile and perineal duplex Doppler ultrasound

If evidence of low blood flow

Counsel patient that there is a chance of erectile dysfunction

Go to treatment of acute ischemic priapism algorithm

If the etiology of priapism is unclear

Additional diagnostic testing, such as CBC with reticulocyte count and drugs of abuse screen to be performed concurrent with treatment.

If evidence of high blood flow

Go to treatment of non-ischemic priapism algorithm

Findings consistent with non-ischemic priapism

Diagnosis of non-ischemic priapism

Non-Ischemic Priapism

- Partial corporal tumescence
- No penile pain
- Corporal blood gas typically PO<sub>2</sub> of > 90 mm Hg, PCO<sub>2</sub> of < 40 mm Hg, pH = 7.40
- Patient may not exhibit all findings listed above; clinicians should use their best judgement to make a diagnosis in the context of other clinical findings.

Acute Ischemic Priapism

- Corpora cavernosa fully rigid
- Penile pain
- Hemoglobinopathy or hematologic malignancy
- Recent intracavernosal vasoactive drug injection
- Corporal blood gas typically PO<sub>2</sub> of < 30 mm Hg, PCO<sub>2</sub> of > 60 mm Hg, pH < 7.25

*Patient may not exhibit all findings listed above; clinicians should use their best judgement to make a diagnosis in the context of other clinical findings.