Bölüm
11

PRİAPİZM VE PRİAPİZME YAKLAŞIM

Doğukan SÖKMEN[1]

GİRİŞ

Antik çağlardan tanrı Priapos' un erekte halde büyük penisi tıp literatüründeki priapizm teriminin mitolojik kaynağı oluşturmaktadır[(1)]. Priapizm; cinsel uyarı olsun ve olmasın 4 saatten uzun süren tam veya kısmi ereksiyon halidir. Tıp literatüründe ilk kez 1845 yılında Tripe tarafından bildirilmiştir[(2)]. Priapizmin gerçek insidansı ve prevalansı net olarak bilinmemekle birlikte, bazı çalışmalarda yüz binde 0,3-1 olarak belirtilmiş olup[(3)] ayrıca hastalık yaş aralığı 5-10 yıl ve 20-50 yıl olanlarda bimodal insidans pikine sahiptir[(4)].

İskemik (venooklüzif, düşük akımlı), non-iskemik (arteriyel, yüksek akımlı), tekrarlayan (kekeme, aralıklı) olmak üzere üç tipi bulunmaktadır. Priapizme yaklaşımda en önemli basamak hangi tip olduğu ayrımına varılmasıdır. Anamnez ve fizik muayene bize bu ayrım konusunda ilk basamakta yardımcı olur. Devamında kan gazı analizi ve gerektiğinde radyolojik tetkiklerle tanı desteklenmelidir. Bu hususta hızlı davranılmalıdır. Özellikle iskemik tip düşünülen olgularda acil müdahale gerekliliği unutulmamalıdır.

İSKEMİK (VENOOKLÜZİF, DÜŞÜK AKIMLI) PRİAPİZM

İskemik priapizm, tüm priapizm durumlarının %95› inden fazlasını oluşturan en yaygın priapizm tipidir[(5,6)]. Klinik olarak eksik veya azalmış intra-kavernöz arteriyel girişle karakterize ağrılı sert bir ereksiyon olarak ortaya çıkar ve aşamalı olarak hipoksi, hiperkapni, glukopeni ve asidoza gerçekleşir[(7)]. Dört saatten fazla süren iskemik priapizm, korpora kavernozanın kapalı alanı içinde iskemi gelişimi ile karakterize edilen ve kavernöz dolaşımı ciddi şekilde tehlikeye atan bir kompartman sendromuna benzer. Düz kas nekrozu, korporal fibrozis ve kalıcı erektil

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