

16. Bölüm

PENİL İSKEMİ (PRIAPİZM) REPERFÜZYON

Süleyman YEŞİL¹
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16.1. Penil Fizyoloji

16.1.1. Ereksiyon ve Priapizm Patofizyolojisi

Penil ereksiyon, yeterli endokrin ortam ile birlikte hem nöral hem de vasküler olayların entegrasyonunu içeren karmaşık bir fizyolojik süreçtir. Arteriyel dilatasyon, trabeküler düz kas gevşemesi ve veno-oklüziv mekanizmanın aktivasyonunu içerir (1). Priapizm tanım olarak cinsel istek ve uyarıdan bağımsız yaklaşık 4-6 saat süren uzamış ereksiyon halidir (2).

Priapizm, patofizyolojik olarak 3 grupta incelenmektedir:

1. Düşük akımlı, iskemik-veno-oklüziv priapizm
2. Yüksek akımlı, non-iskemik-arterial priapizm
3. Tekrarlayan, stuttering priapizm

16.1.1.1. Düşük Akımlı İskemik Priapizm Patofizyolojisi

Priapizm epizodlarının %95'ini oluşturmaktadır (2). 4 saat ve üzerinde süren iskemik priapizm olguları erektil disfonksiyon ile sonuçlanabilir (2). Bir çalışmada iskemik priapizm olgularının etyolojisinde majör olarak idiyopatik olmak üzere %21'inde alkol ve ilaç kullanımının, %12'sinde perineal travmanın ve %11'inde orak hücre anemisinin olduğu bildirilmiştir (3). Yaşam boyu orak

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