



Priapism as Presenting Feature in Chronic Myeloid Leukemia

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Abstract

A 22 year old unmarried man landed in a STI clinic with recurrent priapism lasting for more than two months which turned out to be chronic myeloid leukemia on investigations. It was reported and discussed to alert our fellow professional men.

Keywords: Priapism; Chronic myeloid leukemia; Urologic emergency

Introduction

Priapism is a persistent painful erection of penis, not related to sexual stimulation or persists beyond orgasm for more than 4 h [1]. Recurrent priapism which is a form of ischemic priapism is relatively uncommon condition. The condition starts with unwanted and painful erections of short duration and might progress over time to more frequent and more prolonged erections [2]. Priapism can be caused by various factors like infections, sickle cell anemia, Leukemia, blood dyscrasias, drugs, Intra cavernosa injection and insect bites like scorpion sting [3,4]. Priapism may occur in patients with excessive white blood cell counts and is usually caused by leukostasis due to hyperleukocytosis [4]. The incidence of priapism in adult male patients with leukemia is 1% to 5% [5]. Priapism as a presenting feature in chronic myeloid leukemia is not a common mode of presentation, even though reports are available [5-8], where those were ended in emergency intervention.

Case Presentation

A 22 year, unmarried male came with the complaints of persistent painful erection of penis lasting for more than 4 h to 5 h for the past two months, not less than two episodes in a week. On examination patient looks otherwise healthy and his secondary sexual characters were developed normal. His genitals looked normal and flaccid at the time of examination. Mild varicocele was present over left side of the scrotal sac. Patient was very much depressed with his problem which hindered his normal activities and also his sleep.

His investigations came as Hemoglobin 13 grams % with a RBC count of 2.6 million/cubic millimeter. Platelet count was 3.1 lakhs/ml and the Hematocrit value was 39.3%. Mean Corpuscular volume is 88.1. ESR was 15 millimeter per hour. WBC count was not able to be read with complete hemogram as it exceeds 150000 cells. His hormonal (FSH, LH, Prolactin and Testosterone level) analysis was within normal limits.

Peripheral smear report came as RBCs were hypo chromic and microcytic. WBCs were increased in total count with neutrophil predominance. Presence of many promyelocytes, myelocytes, meta-myelocytes and band cells were present. Blast cells were 1% with an increase in eosinophils and basophils. Platelets were within normal limits and adequate. The impression given by the pathologist was chronic myeloid leukemia in a chronic phase.

During the second visit (a week after the first visit), the patient came with the above reports of investigation. At that time he was restless and complaints of pain. He gave a history that he had an episode of painful erection on the previous day which lasts for 12 h.

Discussion

Priapism is comparatively an uncommon condition [2]. Chronic myeloid leukemia is a known entity which can cause priapism [6]. If the priapism is not treated immediately, it can lead to scarring and permanent erectile dysfunction. This condition is a true urologic emergency, and early intervention allows the best chance for functional recovery [7]. 1% to 5% of individuals who were having leukemia would be likely to develop priapism [5]. But in this patient, priapism was

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the presenting feature of chronic myeloid leukemia as with the case reported by Ilias [8]. In Ilias case [8], patient with priapism landed in emergency ward and relieved by emergency aspiration and epinephrine irrigation. But this patient was having this problem for more than two months. The last episode lasted for 12 h as per patient's word. At the time of examination, penis was flaccid but pain was persisting and the patient was restless and in agony. Another case of Priapism in chronic myeloid leukemia was reported to have erection lasted for 30 h [4]. Priapism is classified into three groups: Ischemic (low flow), Non-ischemic (High flow) and recurrent ischemic [3]. In cases of leukemia and Sickle cell anemia, priapism is due to low flow ischemic type and more painful than high flow type usually happened due to injury [9]. Here in this patient it could be due to recurrent ischemic type. He was prescribed with anti inflammatory analgesics. This patient was referred to oncology department for further management.

Conclusion

There is every chance for a priapism individual to land in a sexually transmitted infection clinic and seek help. Chronic myeloid leukemia and other hematological conditions can manifest in the form of priapism as a first and single symptom. One should be aware of this fact.

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