COMMENT OPEN

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Comment on: Trends and outcomes of hospitalized patients with priapism in Germany: results from the GRAND study

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We found great pleasure and interest in the recently published article in the International Journal of Impotence Research (IJIR) by Pyrgidis et al. [1], who conducted a comprehensive analysis of the extensive German nationwide inpatient database to systematically evaluate cases of low- and high-flow priapism requiring hospitalization.

According to American Urological Association (AUA) guideline for the management of priapism, the treatment approach for these conditions varies significantly due to their urgency; low-flow priapism requires prompt management starting with conservative measures like sympathomimetic drugs, progressing to shunt surgery or, if necessary, penile prosthesis implantation. High-flow priapism, less urgent in nature, may require selective arterial embolization if conservative methods fail [2, 3].

Pyrgidis et al. collected data from the German national database spanning 2008 to 2021, encompassing 6588 cases of low-flow priapism and 729 cases of high-flow priapism. They noted a median age of 49 years for low-flow priapism and 39 years for high-flow priapism, with sickle cell disease contributing to a minority of cases. The treatment interventions, including 1477 patients underwent shunt surgery for low-flow priapism, with a small subset receiving penile prostheses due to resultant erectile dysfunction, contributing to increased hospital costs.

Interestingly, the study underscored the role of penile prosthesis in managing priapism-related erectile dysfunction, despite limited high-quality evidence supporting its efficacy [3]. It also pointed out an increasing incidence of priapism cases over the studied years, particularly low-flow priapism requiring shunt surgeries, while high-flow priapism cases showed a declining trend [1].

In conclusion, while this study provides valuable insights into priapism trends and management practices within the German population, there appears to be emphasis on the need for further large-scale studies at global scale to further enhance global understanding and treatment protocols for this condition [1].

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AUTHOR CONTRIBUTIONS

Marcelo Mass Linderbaum (MML), David A Velasquez (DAV) and Omer A Raheem (OAR) equally contributed with manuscript contextual structure, writing and editing. OAR contributed with manuscript writing, finalizing and approval for submission.

COMPETING INTERESTS

The authors declare no competing interests.

ADDITIONAL INFORMATION

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