

## COMMENT OPEN



# 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 Lindenbaum (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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