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# ECHO SESSION CASE PRESENTATION

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# Case Presentation

PC –erection for 48 hours

HPC –MN a 22 year old known to suffer from SCA presented to the ED with a 48hour history of having a severely painful erection that started suddenly, the pain was constant, not radiating and not relieved by simple analgesia and hydration.



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# Primary Survey (Emergency Assessment and Management)

A	Airway	Patent and not at risk	
B	Breathing	RR-24 cycles per minute normal air entry bilaterally with brocho-vesicular breath sounds and no added sounds SPO2-96% RA	
C	Circulation	Warm extremities, CRT 3secs BP 108/60mmHg PR 104bpm S1 and S2 heard and normal (tachycardic)	

# Primary Survey (Emergency Assessment and Management)

D	Disability	GCS 15/15 No focal neurological deficits	
E	Exposure	Penis erect, blue-black, very tender, swollen	

# Secondary Survey

- **G/E** – crying moderately pale and moderately jaundiced, no edema
- **CVS** –tachycardic 100  
S1 and S2 heard and normal
- **R/S** – unremarkable
- **GUS**- status quo

# SAMPLE History

S	Sign & Symptom	Severely Painful erection for 48 hours	
A	Allergies	None reported	
M	Medication	Currently not on any But had a prescription for about 1 year ago of; Tadalafil 5mg Hydroxyurea 20mg/kg Imipramine 25mg	

# SAMPLE History

P	Past Medical History	<ul style="list-style-type: none"><li>• Known to suffer from SCA</li><li>• About a year ago, had had recurrent painful erections that had frustrated him</li><li>• Had multiple ED visits to many facilities without relief</li><li>• Had many suicidal attempts but didn't implement any</li><li>• Had a severe episode that led to the prescriptions above and he got relief</li><li>• Had seen hematologists, psychiatrist and ED doctors</li></ul>	
L	Last meal/LNMP	An hour prior to admission	
E	Events	Sudden onset of severe erection	

# Problem List

Severe penile pain

Dehydration

Refractory Priapism

Severe anemia



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# Investigations

Bed side Hb 6.5g/dl



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# Management

- Hydrated
- Penile block for pain relief
- Penile aspiration with saline and phenylephrine irrigation with no relief
- Called in Urology to review
- Counseled about his condition
- Transfused

# Disposition Plan

Referred



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Thank you