A Tale of Two Tails

John Furness*, Bano Talpur+
***Consultant Paediatrician +Clinical Fellow, Paediatrics**
Darlington Memorial Hospital
John.Furness@cddft.nhs.uk

Abstract

Neonatal Priapism is rare and usually self-limiting. We describe the first reported case in a father and son and describe the management.

Case Report

A baby boy was born at term plus seven days to a fit and well 19 year old mother.

She had no antenatal problems and had one previous baby who was fit and well. On day one a midwife noticed a persistently erect penis. Doppler blood pressure was normal and a full blood count showed a haematocrit of 64% and haemogolobin of 24.7, excluding polycythaemia.

The boy's grandmother informed us that her son, the baby's father, also had a persistent erection at birth.

In adults priapism can cause long term damage. We performed a literature search to see to see if intervention was necessary.

Searching for priapism and restricting to neonatal age, 15 case reports were Identified[1-14]. One was excluded because it dealt with onset at 37 days[1]. Four cases were related to polycythaemia[2-4] but only one was managed with phlebotomy[5]. A case of idiopathic priapism was managed with IV ketamine[7]. All cases returned to normal between two and six days of age[2-10]. Since we saw the case, two more have been described. One did develop pyocavernositis[11] but the other resolved spontaneously[12]. Some authors recommend Doppler ultrasound studies to differentiate between ischemia (likely to be due to polycythaemia or sickle cell disease) and non-ischaemic[1,3,11,12].

We watched and waited without Doppler ultrasound. The priapism resolved at five days and at four months had not recurred.

This is now the 18th case reported. We cannot explain the father son relationship in this presentation. Can any of your bright readers?

References

1. Amlie RN, Bourgeois B, Huxtable RF. Priapism in preterm infant. Urology 1977. 1977;9:558-9
2. Walker JR, Casale AJ. Prolonged penile erection in the newborn. Urology. 1997;50:796-9
3. Larocque MA, Cosgrove MD. Pripism. A review of 46 cases. J Urol. 1974
4. Leal J, Walker D, Egan EA. Idiothic priapism in the newborn. J Urol.1978;120:376
5. Shapiro SR Idiopathic priapism in the newborn. J Urol, 1979;121:383
6. Merlob P, Livne PM Incidence, possible causes and follow-up of idiopathic prolonged penile erection in the newborn. J Urol. 1989;141(6):1410-2.
7. Stothers L, Ritchie B. Pripaism in the newborn. Can J Surg 1992;35:325-6
8. Meijer B, Bakker HH Management of priapism in the newborn. Urology. 2003; 61(1):224.
9. Burgu B, Tas H, Erdeve O et al. Approach to newborn priapism: A rare Entity. J Ped Urol. 2007;3:509-11
10. Humbert JR, Albeson H, Hathawa WE, et al. Polycythaemia in small for gestational age infants. J Pediatr. 1969;78:812-9
11. Sood R, Wadhwa SN, Jain V. Neonatal priapism associated with spontaneous bilateral pyocavernositis. Ann Acad Med Singapore. 2006;35:425–7.
12. Dust N, Daboval T, Guerra L. Evaluation and management of priapism in a newborn: A case report and review of the literature. Paediatr Child Health. 2011 ;16(1):e6-8.