

## Ischemic Priapism Treated with the Al-Ghorab Technique: Case Report

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DOI: <https://doi.org/10.36347/sjmcr.2026.v14i03.047> | Received: 11.02.2026 | Accepted: 14.03.2026 | Published: 25.03.2026

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### Abstract

### Case Report

**Introduction:** Ischemic priapism is a rare but serious urological emergency, carrying a high risk of permanent erectile dysfunction. If medical treatment fails, surgical diversion is indicated. **Observation:** We report the case of a 42-year-old patient admitted for ischemic priapism that had been developing for 18 hours. Despite comprehensive medical management including aspiration-lavage and intracavernosal injections of phenylephrine, the outcome was unfavorable, justifying surgical treatment by distal shunt using the Al-Ghorab technique. **Results:** Detumescence was immediate and sustained. Postoperative recovery was uneventful. At three months of follow-up, no recurrence was observed, with partially preserved erectile function. **Conclusion:** The Al-Ghorab technique remains an effective, simple and rapid option in the treatment of refractory ischemic priapism.

**Keywords:** Ischemic priapism; distal shunt; Al-Ghorab technique; urological emergency.

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## INTRODUCTION

Priapism is defined as a prolonged erection lasting more than four hours, independent of any sexual stimulation. Ischemic priapism is the most common and most serious form [1,2].

Its pathophysiology is based on intracavernous blood stasis responsible for hypoxia, hypercapnia and acidosis, leading to irreversible fibrosis of the corpora cavernosa in the absence of rapid treatment [3].

## OBSERVATION

A 30-year-old patient presented to the emergency department with a painful erection that had persisted for 18 hours. Clinical examination revealed rigidity of the corpora cavernosa with a soft glans. Aspiration of the blood from the cavernosum yielded dark blood, confirming the ischemic nature of the priapism.

### Therapeutic methods

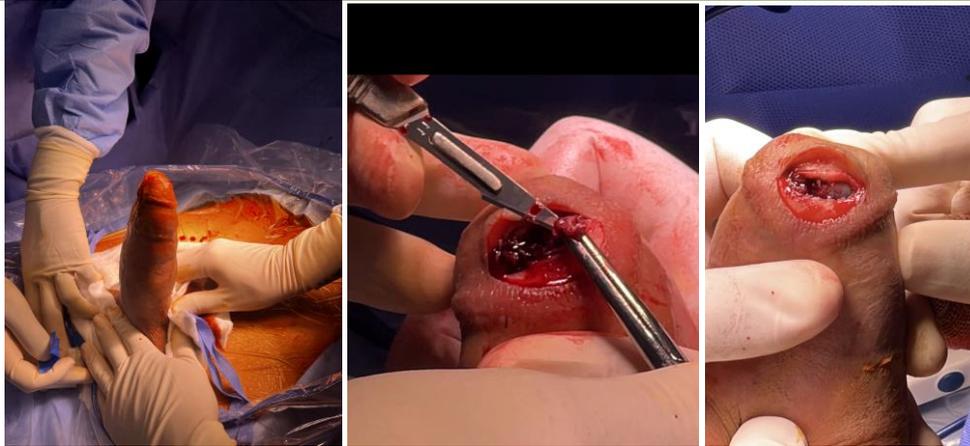
A vacuum-washing operation with gas analysis performed yielded the following results

Mesuré	Calculé	Calibrage
pH	↓ 7.18	-
PCO2	↑ 60 mmHg	
PO2	↓ 33 mmHg	
Na+	↓ 134 mmol/L	
K+	Haut	
Ca++	↓ 0.99 mmol/L	
tHb	-----	
SO2	↓ 63 %	

Intracavernosal injections of phenylephrine were then performed without success. A surgical indication was established, and a distal shunt using the Al-Ghorab technique was performed under regional anesthesia, allowing for immediate detumescence.

## RESULTS

The postoperative course was uneventful, without complications. No recurrence was observed at three months of follow-up. Erectile function was partially preserved.



## DISCUSSION

The prognosis for ischemic priapism depends primarily on the duration of the condition. Distal shunts, particularly the Al-Ghorab technique, are an effective therapeutic option after failure of medical treatment [2,4]. Postoperative erectile dysfunction is more closely related to the duration of priapism than to the surgical technique itself [5].

## CONCLUSION

The Al-Ghorab technique is a reliable and effective method in the treatment of refractory ischemic priapism, allowing rapid detumescence and limiting functional complications [4,6].

## STATEMENTS

Informed consent: obtained. Conflicts of interest: none. Author contributions: all authors contributed to the writing and patient care.

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