Abstract

Treatment of high-flow priapism varies from watchful waiting to mechanical compression with ice packs, aspiration, intracavernous admission of alpha-adrenergic agonists or even open surgery with ligation of the artery concerned. Embolisation is also a choice for treatment for high-flow priapism. Autologous clot, gelfoam, N-butyl-cyanoacrylate, and metallic micro-coils have been used as embolic agents. In our case, we first used thrombin for autologous clot formation but recanalisation occurred. After two weeks we had to make superselective coil embolisation to bubocavernosal segment of pudental artery. Micro-coil embolisation was the permanent choice of treatment for post traumatic priapism.