Database: Embase <1974 to 2023 March 20>, OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Search Strategy:
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1 exp priapism/ (7847)
2 priapism*.tw,kw. (7089)
3 ((erection or erectile) adj3 (pain* or persistent or prolonged or tenderness)).tw,kw. (2155)
4 ((erection or erectile) adj3 (low flow or high flow or stuttering or recurr* or intermittent)).tw,kw. (198)
5 or/1-4 (10435)
6 limit 5 to english language (8753)
7 conference abstract.pt. or Congresses as Topic/ (4826400)
8 6 not 7 (7531)
9 case report/ or case reports/ or case report.ti. (5273331)
10 8 not 9 (4889)
11 note/ or editorial/ or letter/ or Comment/ or news/ or (note or editorial or letter or Comment or news).pt. (5378914)
12 10 not 11 (4483)
13 (exp animals/ or exp animal/ or exp nonhuman/ or exp animal experiment/ or animal model/ or animal tissue/ or non human/ or (rat or rats or mice or mouse or swine or porcine or murine or sheep or lambs or pigs or piglets or rabbit or rabbits or cat or cats or dog or dogs or cattle or bovine or monkey or monkeys or trout or marmoset$1 or basic research or cell lines or in vitro or animal model or canine).tw.) not (humans/ or human/ or human experiment/ or (men or women or patients or participants).tw.) (12915146)
14 12 not 13 (4266)
15 limit 14 to yr="2021 -Current" (426)
16 remove duplicates from 15 (272)
17 exp Child/ or exp Infant/ or exp Minors/ or exp Adolescent/ or exp adolescence/ or exp Pediatrics/ (7939638)
18 exp newborn/ or exp Puberty/ or kindergarten/ (1332525)
19 (baby or babies or child or children or pediatric* or paediatric* or peadiatric* or infan* or neonat* or newborn* or new born* or kid or kids or adolescen* or preschool or pre-school or toddler*).tw,kw. (5619599)
20 (minors or prepubescen* or prepuber* or pubescen* or puber*).tw,kw. (146580)
21 (kindergar* or schoolchild* or youth* or juvenil* or underage* or kinders or (under* adj age*) or under 16 or under 18).tw,kw. (509118)
22 or/17-21 (9597321)
23 14 and 22 (800)
24 limit 23 to yr="2003 -Current" (555)
25 remove duplicates from 24 (427)
26 16 or 25 (646)
27 remove duplicates from 26 (639)

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1.

Bilateral Cavernosal Artery Ligation to Treat Ischemic Priapism Following Inflatable Penile Prosthesis Implantation.
Fascelli M, Lundy SD, Angermeier K, Bajic P

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Urology. 2023 Feb 01.
[Journal Article]
UI: 36736911
OBJECTIVE: To describe the first known case of recurrent acute priapism after penile prosthesis implantation.
MATERIALS AND METHODS: A 60-year-old gentleman with a history of recurrent ischemic priapism without hemoglobinopathy presented with refractory erectile dysfunction and underwent uncomplicated penile prosthesis placement. His course was complicated by early acute ischemic priapism confirmed via ultrasound. Due to his pain, attempts to relieve the priapism using ultrasound-guided phenylephrine injections were attempted but were unsuccessful.
RESULTS: He subsequently underwent exploration with confirmation of distal ischemic priapism followed by brisk bright red blood from the proximal corpora upon device externalization. A perineal exploration was performed and the bilateral cavernosal arteries were suture ligated with immediate relief. The device was reimplanted and the patient recovered uneventfully.
CONCLUSION: We report the first known case of ischemic priapism following inflatable penile prosthesis implantation. The details of this case challenge the dogma that priapism is a binary event and instead supports an imbalance between unopposed cavernosal artery inflow possibly due to vascular calcifications and compromised venous outflow due to the presence of the device. Prosthetic urologists should be aware of this rare phenomenon and consider all available approaches on an individualized case-by-case basis.

Version ID
1
Status
Publisher
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Year of Publication
2023

2.

Holistic profiling of the venom from the Brazilian wandering spider Phoneutria nigriventer by combining high-throughput ion channel screens with venomics.
Cardoso FC, Walker AA, King GF, Gomez MV
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Frontiers in Molecular Biosciences. 10:1069764, 2023.
[Journal Article]
UI: 36865382
Introduction: Spider venoms are a unique source of bioactive peptides, many of which display remarkable biological stability and neuroactivity. Phoneutria nigriventer, often referred to as the

Brazilian wandering spider, banana spider or "armed" spider, is endemic to South America and amongst the most dangerous venomous spiders in the world. There are 4,000 envenomation accidents with P. nigriventer each year in Brazil, which can lead to symptoms including priapism, hypertension, blurred vision, sweating, and vomiting. In addition to its clinical relevance, P. nigriventer venom contains peptides that provide therapeutic effects in a range of disease models.
Methods: In this study, we explored the neuroactivity and molecular diversity of P. nigriventer venom using fractionation-guided high-throughput cellular assays coupled to proteomics and multi-pharmacology activity to broaden the knowledge about this venom and its therapeutic potential and provide a proof-of-concept for an investigative pipeline to study spider-venom derived neuroactive peptides. We coupled proteomics with ion channel assays using a neuroblastoma cell line to identify venom compounds that modulate the activity of voltage-gated sodium and calcium channels, as well as the nicotinic acetylcholine receptor.
Results: Our data revealed that P. nigriventer venom is highly complex compared to other neurotoxin-rich venoms and contains potent modulators of voltage-gated ion channels which were classified into four families of neuroactive peptides based on their activity and structures. In addition to the reported P. nigriventer neuroactive peptides, we identified at least 27 novel cysteine-rich venom peptides for which their activity and molecular target remains to be determined. Discussion: Our findings provide a platform for studying the bioactivity of known and novel neuroactive components in the venom of P. nigriventer and other spiders and suggest that our discovery pipeline can be used to identify ion channel-targeting venom peptides with potential as pharmacological tools and to drug leads.

Version ID
1
Status
PubMed-not-MEDLINE
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PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9972223
Year of Publication
2023

3.

Insertion of Penile Implants in Patients with Priapism: When Is the Right Time?.
Muneer A

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
European Urology Focus. 9(1):49-50, 2023 01.
[Journal Article]
UI: 36396558
Acute ischaemic priapism is a urological emergency that requires prompt intervention. Refractory cases result in the development of fibrosis in the corpus cavernosum, which results in erectile dysfunction. Early insertion of a penile prosthesis in refractory cases allows easier dilatation and maintains the penile length and girth.

Version ID
1
Status
MEDLINE
Authors Full Name
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Year of Publication
2023

4.

Sapheno-Cavernous Shunt: A Vascular Approach In The Treatment Of Ischemic Priapism.
Veiga C, Nunes-Carneiro D, Silva-Ramos M, Sa Pinto P, Almeida R
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Portuguese Journal of Cardiac Thoracic and Vascular Surgery. 29(4):61-63, 2023 Jan 14.
[Journal Article]
UI: 36640277
Priapism is an urologic emergency defined as an erection that persists for more than 4 hours and is unrelated or lasts beyond sexual stimulation. Ischemic priapism, caused by prolonged venous occlusion within the corporal bodies, works as a compartment syndrome that requires prompt resolution in order to preserve erectile function. We present two cases of ischemic priapism refractory to conventional treatment that were treated with the help of vascular surgeons. In both cases a sapheno-cavernous shunt was effective in achieving detumescence and erectile function recovery. Despite rarely described in literature, this can be a safe and effective technique in the treatment of ischemic priapism.
Version ID
1
Status
MEDLINE
Authors Full Name
Veiga, Carlos, Nunes-Carneiro, Diogo, Silva-Ramos, Miguel, Sa Pinto, Pedro, Almeida, Rui
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Almeida, Rui. Department of Angiology and Vascular Surgery, Centro Hospitalar Universitario do Porto, Portugal.
Year of Publication
2023

5.

Adverse reactions of pde5 inhibitors: An analysis of the world health organization pharmacovigilance database.
Lui J.L., Shaw N.M., Abbasi B., Hakam N., Breyer B.N.
Embase
Andrology. (no pagination), 2023. Date of Publication: 11 Mar 2023.
[Article]
AN: 640554042
BACKGROUND: Despite their efficacy and general safety, rare but devastating adverse drug reactions (ADR) have been associated with phosphodiesterase type 5 inhibitors (PDE5is).
OBJECTIVE(S): To determine the safety profile of oral PDE5is with a particular focus on priapism and malignant melanoma. MATERIALS AND METHODS: In this case-non-case study, we queried the individual case safety reports (ICSR) for PDE5is within the World Health Organization global database of ICSRs (VigiBase) between 1983 to 2021. We included all ICSRs for sildenafil, tadalafil, vardenafil, and avanafil in men. For comparison, we also extracted the safety data from the Food and Drug Administration (FDA) trials for these drugs. We assessed the safety profile of PDE5is by disproportionality analysis through measuring reporting odds ratio (ROR) for their most commonly reported ADRs, once for all PDE5i reports and once for reports of oral PDE5i use in adult men (>=18 years old) with sexual dysfunction.
RESULT(S): A total of 94,713 ICSRs for PDE5is were extracted. 31,827 ICRS were identified relating to adult men taking oral sildenafil, tadalafil, vardenafil, or avanafil for sexual dysfunction. The most common ADRs included poor drug efficacy (42.5%), headache (10.4% vs. 8.5-27.6% [FDA]), abnormal vision (8.4% vs. <=4.6 [FDA]), flushing (5.2% vs. 5.1-16.5% [FDA]), and dyspepsia (4.2% vs. 3.4-11.1% [FDA]). Priapism showed significant signals for sildenafil (ROR = 13.81, 95% CI: 11.75-16.24), tadalafil (ROR = 14.54, 95% CI: 11.56-18.06) and vardenafil (ROR = 14.12, 95% CI: 8.36-22.35). Compared to other medications in VigiBase, sildenafil (ROR = 8.73, 95% CI: 7.63-9.99) and tadalafil (ROR = 4.25, 95% CI: 3.19-5.55) had significantly higher RORs for malignant melanoma.
CONCLUSION(S): PDE5is show significant signals correlating with priapism among a large international cohort. Further clinical study is needed to elucidate whether this is from proper or inappropriate use or other confounding conditions, as analysis of pharmacovigilance data does not allow for quantifying the clinical risk. Also, there appears to be a relationship between PDE5i use and malignant melanoma which warrants additional study to better understand causation.

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36905319 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36905319]
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Article-in-Press
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(Breyer) Department of Epidemiology and Biostatistics, University of California, San Francisco, United States
Publisher
NLM (Medline)
Year of Publication
2023

6.

Association between priapism and HIV disease and treatment.
Mulloy E., Li S., Belladelli F., Del Giudice F., Glover F., Eisenberg M.L.
Embase
The journal of sexual medicine. (no pagination), 2023. Date of Publication: 06 Mar 2023.
[Article]
AN: 640527936
BACKGROUND: Priapism, a urologic emergency, has known associations with certain medical conditions. Many cases are idiopathic, suggesting an opportunity to identify novel risk factors.
AIM: We sought to identify medical conditions and pharmaceutical treatments that are associated with priapism using data-mining techniques.
METHOD(S): Using deidentified data in a large insurance claims database, we identified all men (age>=20 years) with a diagnosis of priapism from 2003 to 2020 and matched them to cohorts of men with other diseases of male genitalia: erectile dysfunction, Peyronie disease, and premature ejaculation. All medical diagnoses and prescriptions used prior to first disease diagnosis were examined. Predictors were selected by random forest, and conditional multivariate logistic regressions were applied to assess the risks of each predictor.
OUTCOME(S): We identified novel relationships of HIV and some HIV treatments with priapism and confirmed existing associations.
RESULT(S): An overall 10 459 men with priapism were identified and matched 1:1 to the 3 control groups. After multivariable adjustment, men with priapism had high associations of hereditary anemias (odds ratio [OR], 3.99; 95% CI, 2.73-5.82), use of vasodilating agents (OR, 2.45; 95% CI, 2.01-2.98), use of HIV medications (OR, 1.95; 95% CI, 1.36-2.79), and use of antipsychotic medications (OR, 1.90; 95% CI, 1.52-2.38) as compared with erectile dysfunction controls. Similar patterns were noted when compared with premature ejaculation and Peyronie disease controls. CLINICAL IMPLICATIONS: HIV and its treatment are associated with priapism, which may affect patient counseling. STRENGTHS AND LIMITATIONS: To our knowledge, this is the first study to identify risk factors for priapism utilizing machine learning. All men in our series were commercially insured, which limits the generalizability of our findings.
CONCLUSION(S): Using data-mining techniques, we confirmed existing associations with priapism (eg, hemolytic anemias, antipsychotics) and identified novel relationships (eg, HIV disease and treatment).

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Publisher
NLM (Medline)
Year of Publication
2023

7.

Expecting more: the case for incorporating fertility services into comprehensive sickle cell disease care.
Pecker L.H., Oteng-Ntim E., Nero A., Lanzkron S., Christianson M.S., Woolford T., Meacham L.R., Mishkin A.D.
Embase
The Lancet Haematology. 10(3) (pp e225-e234), 2023. Date of Publication: March 2023.
[Review]
AN: 2023030047
Assisted reproductive technologies (ART) are not yet systematically available to people with sickle cell disease or their parents. Fertility care for these groups requires addressing sickle cell disease-associated infertility risks, fertility preservation options, pregnancy possibilities and outcomes, and, when needed, infertility treatment. People with a chance of having a child with sickle cell disease can use in-vitro fertilisation with preimplantation genetic testing to conceive a child unaffected by sickle cell disease. Also, parents of children with sickle cell disease can use this technology to identify embryos to become potential future matched sibling donors for stem cell transplant. In the USA, disparities in fertility care for the sickle cell disease community are especially stark. Universal screening of newborn babies' identifies sickle cell disease and sickle cell trait, guidelines direct preconception genetic carrier screening, and standard-of-care fertility preserving options exist. However, potentially transformative treatments and cures for patients with sickle cell disease are not used due to iatrogenic infertility concerns. In diversely resourced care settings, obstacles to providing fertility care to people affected by sickle cell disease persist. In this Viewpoint, we contend that fertility care should be incorporated into the comprehensive care model for sickle cell disease, supporting alignment of treatment goals with reproductive life plans and delivering on the promise of individualised high-quality care for people with sickle cell disease and their families. We consider the obligation to provide fertility care in light of medical evidence, with acknowledgment of formidable obstacles to optimising care, and powerful historical and ethical considerations.

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36708736 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36708736]
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Publisher
Elsevier Ltd
Year of Publication
2023

8.

Protocol for the TRANSLATE prospective, multicentre, randomised clinical trial of prostate biopsy technique.
Bryant R.J., Yamamoto H., Eddy B., Kommu S., Narahari K., Omer A., Leslie T., Catto J.W.F., Rosario D.J., Good D.W., Gray R., Liew M.P.C., Lopez J.F., Campbell T., Reynard J.M., Tuck S., Barber V.S., Medeghri N., Davies L., Parkes M., Hewitt A., Landeiro F., Wolstenholme J., Macpherson R., Verrill C., Marian I.R., Williams R., Hamdy F.C., Lamb A.D.
Embase
BJU International. (no pagination), 2023. Date of Publication: 2023.
[Article]
AN: 2021699871
Objectives: Primary objectives: to determine whether local anaesthetic transperineal prostate (LATP) biopsy improves the detection of clinically significant prostate cancer (csPCa), defined as International Society of Urological Pathology (ISUP) Grade Group >=2 disease (i.e., any Gleason pattern 4 disease), compared to transrectal ultrasound-guided (TRUS) prostate biopsy, in biopsy-naive men undergoing biopsy based on suspicion of csPCa.
Secondary Objectives: to compare (i) infection rates, (ii) health-related quality of life, (iii) patient-reported procedure tolerability, (iv) patient-reported biopsy-related complications (including bleeding, bruising, pain, loss of erectile function), (v) number of subsequent prostate biopsy procedures required, (vi) cost-effectiveness, (vii) other histological parameters, and (viii) burden and rate of detection of clinically insignificant PCa (ISUP Grade Group 1 disease) in men undergoing these two types of prostate biopsy.
Patients and Methods: The TRANSLATE trial is a UK-wide, multicentre, randomised clinical trial that meets the criteria for level-one evidence in diagnostic test evaluation. TRANSLATE is investigating whether LATP biopsy leads to a higher rate of detection of csPCa compared to TRUS prostate biopsy. Both biopsies are being performed with an average of 12 systematic cores in six sectors (depending on prostate size), plus three to five target cores per multiparametric/bi-parametric magnetic resonance imaging lesion. LATP biopsy is performed using an ultrasound probe-mounted needle-guidance device (either the 'Precision-Point' or BK UA1232 system). TRUS biopsy is performed according to each hospital's standard practice. The study is 90% powered to detect a 10% difference (LATP biopsy hypothesised at 55% detection rate for csPCa vs 45% for TRUS biopsy). A total of 1042 biopsy-naive men referred with suspected PCa need to be recruited.

Conclusion(s): This trial will provide robust prospective data to determine the diagnostic ability of LATP biopsy vs TRUS biopsy in the primary diagnostic setting.

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Article-in-Press
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Publisher
John Wiley and Sons Inc
Year of Publication
2023

9.

Mindfulness-Based Intervention and Sexuality: A Systematic Review.
Larraz A.M.C., Moya A.V., Actis C.C.
Embase
Trends in psychiatry and psychotherapy. (no pagination), 2023. Date of Publication: 20 Feb 2023.
[Article]
AN: 640375599
INTRODUCTION: Mindfulness has generated considerable interest in the last two decades in clinical and research settings. The efficacy of mindfulness has been evaluated for the sexual dysfunctions recognized by the DSM-5 and other sexual problems, such as compulsive sexual behavior disorder (CSBD), also known as sex addiction or hypersexuality. Here, we review the evidence for various mindfulness-based treatments as mindfulness-based cognitive-behavioral treatment or mindfulness-based relapse prevention for different problems related to sexuality to respond our question: "Are Mindfulness-Based Treatments (MBT) effective in reducing the symptomatology of sexuality-related disorders?".
METHOD(S): Through a systematic search conducted following the PRISMA guidelines, we found 11 studies that met the inclusion criteria: (I) articles using MBT for sexuality-related problems, (II) clinical population, (III) no date range limits were applied, (IV) only empirical studies were included, (V) language and (VI) quality of studies.
RESULT(S): Evidence shows that mindfulness practice could be effective for some sexual disorders, such as female sexual arousal/desire disorder. However, due to scarcity of studies on other sexual problems such as situational erectile dysfunction, genitopelvic pain/penetration disorder, childhood sexual abuse or compulsive sexual behavior disorder, the findings cannot be generalized.
CONCLUSION(S): Mindfulness-based therapies provides evidence to reduce the symptomatology associated with various sexual problems. However more studies are needed for these sexual problems. By last, future directions and implications are discussed.
PMID
36803998 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36803998]
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Article-in-Press
Institution
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Publisher
NLM (Medline)
Year of Publication
2023

10.

Analysis of the Causes of Newborn Priapism: A Retrospective Clinical Study.
Guner E., Akkas F., Ozdemir O., Arikan Y., Seker K.G., Sam E.
Embase
Prague medical report. 124(1) (pp 58-66), 2023. Date of Publication: 2023.
[Article]
AN: 640295891
Priapism is a rare condition in the newborn. The aim of this study was to investigate the demographic, etiologic and clinical features of neonatal priapism. We retrospectively analysed the data of 11 patients diagnosed with neonatal priapism in the neonatal intensive care unit between 2000 and 2019. Priapism was defined as an erection in the neonatal period, lasting more than 4

hours. Etiological examinations revealed polycythemia in one (9.09%) patient, D-dimer elevation in three patients, and heterozygous methyltetrahydrofolate 667 gene mutations in one patient. Other patients were considered idiopathic. Detumescence was achieved in all 11 (100%) patients during the follow-up period. The median hospitalization duration was 6 (IQR [4, 8]; range, 2-9) days. The median follow-up duration was 38 (IQR [30, 42]; range, 13-94) months for patients followed-up in our hospital after discharge. Neonatal priapism is a rare condition. Successful treatment results can be achieved with conservative methods. Data acquired from our study showed that diseases with a tendency to hypercoagulation belong to the etiology by damaging penile microcirculation and make the response to conservative treatment more challenging.
PMID
36763832 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36763832]
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Publisher
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Year of Publication
2023

11.

Penile Implant Instrument Innovations.
Quesada-Olarte J., Nelwan D., Donato U., Fernandez-Crespo R., Parker J., Carrion R.E.
Embase
Current Urology Reports. 24(2) (pp 59-67), 2023. Date of Publication: February 2023.
[Review]
AN: 2020725179
Purpose of Review: Numerous innovations have been made since the first inflatable penile prosthesis was introduced in 1973-not just of the implant apparatus itself, but crucially also in the surgical instruments used for prosthetic surgery. Starting with Dr. Furlow's revolutionary inserter tool, advancements were quickly made in dilators, retractors, and cavernotomes. Recent Findings: More recent innovations have been made in inserter tools, forceps, needle holders, clamps, and disposable instruments. Leading companies Boston Scientific and Coloplast have contributed significantly to the evolution of IPP surgical placement, and companies such as Uramix and Rigicon are developing a wide array of new specialized tools.
Summary: We aim to summarize the instruments needed for IPP placement, with a focus on describing the variety of instrument innovations since Dr. Brantley Scott designed and placed the first IPP.

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12.

Plasma immune mediators as laboratorial biomarkers for Sickle Cell Disease patients according to the hydroxyurea therapy and disease severity.
de Oliveira Toledo S.L., Ladeira V.S., Nogueira L.S., Ferreira L.G.R., Oliveira M.M., de Oliveira Reno C., dos Santos H.L., Coelho-dos-Reis J.G.A., Campi-Azevedo A.C., Teixeira-Carvalho A., Martins-Filho O.A., Rios D.R.A., Barros-Pinheiro M.
Embase
Blood Cells, Molecules, and Diseases. 98 (no pagination), 2023. Article Number: 102703. Date of Publication: January 2023.
[Article]
AN: 2020584424
In the present work, the impact of Sickle Cell Disease (SCD) degrees of severity, as well hydroxyurea treatment on the systemic immunological signatures of patients was evaluated. Based on a high-throughput chemokine, cytokine and growth factor multiplex analysis, it was possible to obtain the systemic immunological profile of patients with SCD (n = 40), treated or not with hydroxyurea, as compared to healthy controls (n = 40). Overall, SCD patients with severe disease displayed increased levels of almost all biomarkers analyzed. Our data demonstrated that CXCL8, CCL3 and CXCL10 were pointed out as universal biomarkers of SCD. The results also indicated that HU-untreated patients with indication of HU-therapy display a more prominent increase on plasma immune mediators in a similar way as those with severe SCD disease. Together, these findings provided a comprehensive landscape of evidence that may have implications for further therapeutic strategies and SCD clinical management.

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13.

Erratum regarding missing declaration of competing interest statements in previously published articles (Radiology Case Reports (2022) 17(3) (856-862), (S1930043321008979), (10.1016/j.radcr.2021.12.038)).
Anonymous
Embase
Radiology Case Reports. 18(3) (pp 1391-1392), 2023. Date of Publication: March 2023.
[Erratum]
AN: 2022363933
Declaration of competing interest statements were not included in the published version of the following articles that appeared in previous issues of Radiology Case Reports. The appropriate statements, provided by the Authors, are included below. 1. "Anomalous origin of right vertebral artery from right common carotid artery" [Radiology Case Reports, 2021;16(6):1574-9] doi:10.1016/j.radcr.2021.03.059. Declaration of competing interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.2. "Sebaceous carcinoma of the chest wall: A case report" [Radiology Case Reports, 2021;16(7):1870-3] doi:10.1016/j.radcr.2021.04.060. Declaration of competing interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.3. "Imaging findings of a case of intravascular large B-cell lymphoma with cardiac involvement" [Radiology Case Reports, 2021;16(7):1780-4] doi:10.1016/j.radcr.2021.04.030. Declaration of competing interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.4. "Myocarditis following COVID-19 vaccination" [Radiology Case Reports, 2021;16(8):2142-5] doi:10.1016/j.radcr.2021.05.033. Declaration of competing interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.5. "Contrast-enhanced ultrasound of intrahepatic portal vein gas: Case report and review of literature" [Radiology Case Reports, 2021;16(8):2151-3] doi:10.1016/j.radcr.2021.04.056. Declaration of competing interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.6. "Intrahepatic gallbladder mimicking a cystic liver lesion: A case report & literature review" [Radiology Case Reports, 2021;16(9):2746-8] doi:10.1016/j.radcr.2021.06.068. Declaration of competing interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.7. "Testicular artery originating from the inferior mesenteric artery: An alert for interventionalists-a case report" [Radiology Case Reports, 2021;16(9):2710-3] doi:10.1016/j.radcr.2021.06.059. Declaration of competing interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.8. "Pineal region pilocytic astrocytoma showing uncommon growth: A case report" [Radiology Case Reports, 2021;16(9):2663-7] doi:10.1016/j.radcr.2021.06.053. Declaration of competing interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.9. "Mediastinal thymoma: A difficult diagnosis in the pediatric age" [Radiology Case Reports, 2021;16(9):2579-85] doi:10.1016/j.radcr.2021.06.035. Declaration of competing interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.10. "Pneumatosis cystoides intestinalis, a rare case in a pediatric patient following allogeneic hematopoietic stem cell transplantation: CT findings and literature review" [Radiology Case Reports, 2021;16(10):3120-4] doi:10.1016/j.radcr.2021.07.053. Declaration of competing interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.11. "Changes in pelvic alignment in a woman before and after childbirth, using three-dimensional pelvic models based on magnetic resonance imaging: A longitudinal observation case report" [Radiology Case Reports, 2021;16(12):3955-60] doi:10.1016/j.radcr.2021.09.053. Declaration of

competing interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.12. "A case of a small-sized cavernous hemangioma in the right ventricle - an incidental finding" [Radiology Case Reports, 2022;17(3):856-62] doi:10.1016/j.radcr.2021.12.038. Declaration of competing interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.13. "Ocular manifestations in a patient with Dandy-Walker malformation: A case report" [Radiology Case Reports, 2022;17(3):812-5] doi:10.1016/j.radcr.2021.12.027. Declaration of competing interest: Conflict of Interest: None14. "Adrenocortical carcinoma with multiple liver metastases controlled by bland transarterial embolization and surgery resulting in long-term survival" [Radiology Case Reports, 2022;17(4):1095-8] doi:10.1016/j.radcr.2022.01.052. Declaration of competing interest: We wish to confirm that there are no known conflicts of interest associated with this publication and there has been no significant financial support for this work that could have influenced its outcome.15. "Endovascular embolization of posttraumatic high-flow priapism: Uncommon arteriovenous fistula of the corpus cavernosum" [Radiology Case Reports, 2022;17(4):1044-6] doi:10.1016/j.radcr.2022.01.019. Declaration of competing interest: None.

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14.

Enuresis and overactive bladder in sickle cell patients: a narrative review of the literature.
Gaye O., Seck M., Thiam N.M., Ndong A., Fall P.A.
Embase
World journal of urology. (no pagination), 2023. Date of Publication: 20 Jan 2023.
[Review]
AN: 640075916
OBJECTIVE: The aim of this review is to clarify the prevalence, pathophysiology and clinical presentation of enuresis and overactive bladder in sickle cell patients. MATERIALS AND METHODS: This narrative review of the literature was conducted in March 2022 by running a search in PubMed, Embase, Scopus and Cochrane databases without publication date limitation, using the following keywords: enuresis or nocturia or overactive bladder or urinary incontinence or bedwetting and sickle cell.
RESULT(S): Eight cross-sectional studies were included, six of which had a non-sickle cell control population. The prevalence of enuresis in children and adolescents with sickle cell disease ranged from 20.3 to 49.4%. It decreased with age to 2.9% in adult sickle cell patients. Enuresis in sickle cell patients has been attributed to several causes, including lack of urine concentration with nocturnal polyuria, reduced bladder capacity, nocturnal bladder hyperactivity, sleep and/or respiratory disorders are likely causes of enuresis in sickle cell patients. The prevalence of overactive bladder is three times higher in sickle cell patients than in control groups. The latter is also observed three times more frequently in men who have had prior episodes of priapism.
CONCLUSION(S): Enuresis and overactive bladder are common in sickle cell patients. Several mechanisms have been described to try to explain enuresis in sickle cell patients but overactive bladder seems to play a major role. Studies evaluating the efficacy of certain experimentally validated treatments must be carried out to improve the management of these complications which affect the quality of life of sickle cell patients.

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Publisher
NLM (Medline)
Year of Publication
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15.

Erratum: Propofol-Associated Priapism:(Journal of Occupational and Environmental Medicine DOI: 10.1097/MJT.0000000000001537).
Okoli U., Singh H., Jani C., Alhariri H.E., Rose F., Barash M.
Embase
American Journal of Therapeutics. 30(1) (pp E93), 2023. Date of Publication: 01 Jan 2023.
[Erratum]
AN: 2022171853
Dr. Housam E. Alhariri was incorrectly listed as the last author in the author list for "Propofol-Associated Priapism"1 published in American Journal of Therapeutics, doi: 10.1097/MJT.0000000000001537.The correct author list is as follows: Okoli, Unoma MD1; Singh, Harpreet MD2; Jani, Chinmay MD1; Alhariri, Housam E. MD1; Rose, Franco MD2; Barash, Mark MD2.

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36608077 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36608077]
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Year of Publication
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16.

The Risk of Cardiovascular and Cerebrovascular Disease in Men with a History of Priapism.
Mulloy E., Li S., Belladelli F., Del Giudice F., Glover F., Eisenberg M.L.
Embase
Journal of Urology. 209(1) (pp 253-260), 2023. Date of Publication: 01 Jan 2023.

[Article]
AN: 2022035718
Purpose:Priapism is a debilitating condition that affects sexual function. As a majority of cases are idiopathic, investigators have hypothesized underlying vascular dysfunction which may predispose men to priapism. We sought to determine if men are at risk for other sequelae of vascular dysfunction such as cardiovascular and thromboembolic disease after a priapism event.Materials and Methods:Using a large commercial insurance claims data warehouse, we evaluated all men (age >=20) with a diagnosis of priapism from 2003-2020 and matched them to a cohort of men with other urological disorders of sexual dysfunction (erectile dysfunction, Peyronie's disease, and premature ejaculation). We identified incident disease (cardiovascular disease, heart disease, embolism, thrombosis, cerebrovascular disease) for all cohorts. Result(s):A total of 10,459 men with priapism were identified and were matched to men with erectile dysfunction, Peyronie's disease, or premature ejaculation. The mean age was 51.1 years old. Men with priapism showed increased incidence of heart disease, both ischemic (HR 1.24, 95% CI 1.09-1.42) and other heart disease (HR 1.24, 95% CI 1.12-1.38) in the years following the priapism diagnosis. Incident cerebrovascular disease was also more likely in men with a history of priapism (HR 1.33, 95% CI 1.15-1.55). Men requiring treatment for ischemic priapism had a higher hazard of cardiovascular and cerebrovascular disease. In addition, men with more priapism episodes had a higher rate of cardiovascular disease and thromboembolic events. Conclusion(s):Men with priapism are at increased risk for cardiovascular and cerebrovascular events in the years following a priapism.

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Year of Publication
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17.

Stuttering Priapism.
Abdeen BM, Leslie SW
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
StatPearls Publishing. 2022 01.
[Study Guide]
UI: 34662031
Priapism is defined as prolonged and sustained penile erection usually lasting more than three to four hours without the presence of a stimulus. It has been classified into three types: Low-flow or ischemic priapism which is the most common type, high-flow or oxygenated priapism which is

often the result of a penile injury, and recurrent or stuttering priapism which is the least common variety. Stuttering priapism is generally self-limiting and usually lasts less than three to four hours per episode. However, it has the potential to develop into complete ischemic priapism in one-third of the cases, requiring urgent intervention. Ischemic priapism can cause many morbidities including erectile dysfunction, this is why it should be treated within four hours to minimize the chance of developing long-term complications and permanent damage to the erection bodies or corpora. The body of the penis is formed of three parts: the corpora cavernosa, the corpus spongiosum, and the urethra. The penile corpora are vascular beds and sinusoidal spaces supported by smooth muscles, nerves, and capillaries. Blood is supplied from the common penile artery and cavernosal arteries which are branches of the internal pudendal artery. Venous drainage is through the superficial, intermediate, and deep venous systems which drain into the cavernous and the deep dorsal veins. The parasympathetic nerve supply to the penis is through the cavernosal nerves which arise from the pelvic ganglionic plexus. When sexual excitement occurs, the parasympathetic nerves stimulate the release of vasodilating neurotransmitters which relax the intracorporal trabecular smooth muscles which increase sinusoidal compliance resulting in substantial dilation of the arterioles and arteries. This dramatic and substantial increase in blood flow expands the corpora cavernosa until pressure and compression of the subtonic venular plexus decreases venous outflow trapping the blood at maximum capacity inside. The venous outflow stops as the compression builds. The increased hydrostatic pressure inside the inelastic corporal space results in rigidity and a full erection. The process is similar to filling a car tire with 200 lbs per square inch of air pressure. The steel belts in the tire are inelastic so as the tire pressure increases, it becomes harder and more rigid without stretching or enlarging.

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1
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StatPearls Publishing
Year of Publication
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18.

Sickle Cell Hepatopathy.
Samuel SS, Jain N
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
StatPearls Publishing. 2022 01.
[Study Guide]
UI: 34662016
Sickle cell disease (SCD) is a hemoglobinopathy characterized by mutation of the beta-globin chain caused by glutamic acid substituted by valine in the sixth codon, which results in the formation of the mutant sickle cell hemoglobin (HbS) allele ss. This substitution decreases the solubility of the HbS when deoxygenated, causing sickle erythrocytes that cause intravascular occlusion leading to both acute and chronic complications. Acute complications commonly include acute chest syndrome (ACS), strokes, acute anemia, hepatic crisis, acute cholecystitis, and priapism. Chronic complications include chronic kidney disease (CKD), cholelithiasis, viral

hepatitis, pulmonary hypertension, avascular necrosis, and thrombosis, to name a few. Heterozygous individuals for the ss allele carry the sickle cell trait (HbAS) and do not have SCD. However, individuals who are homozygous for the ss allele have sickle cell anemia (SCA). The HbS gene is found in African countries, India, the Caribbean, and Central and South America. In the United States, one in every 360 African American newborns has SCD. Sickle cell hepatopathy (SCH) is an all-encompassing term including acute processes related to sickling causing an acute hepatic crisis, acute intrahepatic cholestasis, acute hepatic sequestration, chronic liver disease, including chronic cholestasis, as well as complications of multiple transfusions including viral hepatitis and iron overload.

Book Title
StatPearls
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1
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StatPearls Publishing
Year of Publication
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19.

Spinal Shock (Nursing).
Ziu E, Mesfin FB, Evans KA
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
StatPearls Publishing. 2022 01.
[Study Guide]
UI: 33760558
Spinal shock is a result of severe spinal cord injury. Spinal shock refers to the muscle weakness and reflex loss seen after spinal cord injury. This "shock" can make the spinal cord appear completely functionless. Loss of reflexes below the lesion, loss of muscle use below the injury, loss of anal sphincter tone, loss of bowel and bladder control, as well as persistent penile erection (priapism) can be seen in spinal shock. Spinal cord injury can be associated with spinal fractures, dislocations, tearing of ligaments, rotational distraction, and tearing of the disc space. If the spinal shock is not associated with significant spinal column injury, the prognosis is more favorable. The overall treatment of patients with significant spinal shock and injury presents a challenge. Aggressive medical management and nursing care can reduce spinal shock effects on the overall functionality of the patient. This chapter review is designed to provide a concise introduction to the care of these patients.

Book Title
StatPearls
Version ID
1
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StatPearls Publishing
Year of Publication
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20.

Penile Injection And Aspiration.
Stormont G, Deibert CM
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
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[Study Guide]
UI: 32491628
Penile injection and aspiration is a bedside procedure used to treat priapism. Priapism is defined as an erection of extended duration (greater than 4 hours) without sexual activity. There are three types of priapism, ischemic, which involves a low flow of blood into the penis; non-ischemic, or high flow priapism caused by increased blood flow into the penis; and stuttering, which is recurrent episodes of ischemic priapism and can be treated as such. Ischemic priapism is an emergency, while non-ischemic is not, due to continued arterial blood flow. Causes of ischemic priapism include medications, recreational drug use, blood dyscrasia, malignancy, fat embolism due, intravenous contrast, neurogenic, hormonal, metabolic disease, and toxin-mediated. Due to the emergent nature of ischemic priapism, prompt diagnosis and reversal are required. The cause of non-ischemic priapism includes trauma, causing unrestricted arterial flow within the corpora. Because of the continued blood flow to the penis, prompt reversal is not necessary.

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StatPearls
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Publisher
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Year of Publication
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21.

Sickle Cell Crisis.
Borhade MB, Kondamudi NP
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UI: 30252320
Sickle cell disease (SCD) is a group of inherited red blood cell disorders affecting about 1 in 500 African American children and 1 in 36,000 Hispanic American children. SCD results in anemia and "sickle cell crisis" (SCC). The main clinical feature of sickle cell disease is the ''acute painful crisis,'' which often requires hospitalization. The term "sickle cell crisis" is used to describe several acute conditions such as the vaso-occlusive crisis (acute painful crisis), aplastic crisis, splenic sequestration crisis, hyperhemolytic crisis, hepatic crisis, dactylitis, and acute chest syndrome. Other acute complications include pneumonia, meningitis, sepsis and osteomyelitis, stroke, avascular necrosis, priapism, and venous thromboembolism.

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Publisher
StatPearls Publishing
Year of Publication
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22.

Sickle Cell Nephropathy.
Aeddula NR, Bardhan M, Baradhi KM
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
StatPearls Publishing. 2022 01.
[Study Guide]
UI: 30252273
Sickle cell disease (SCD), first discovered in West Africa is an autosomal recessive hemoglobin disorder, predominantly affecting persons of African, Mediterranean, Indian, and Middle Eastern descent. It results from the replacement of glutamate for valine at the sixth amino acid of the beta-globin chain. The mutation results in hemoglobin S (HbS) tetramers that accumulate during tissue hypoxia, oxidative stress or dehydration. The accumulation leads to red blood cell sickling, early destruction of erythrocytes, and widespread vaso-occlusive episodes (VOC), subsequently resulting in multiorgan damage. Some of the renal complications, collectively known as sickle cell nephropathy (SCN), include hematuria, hyposthenuria, renal papillary necrosis, proteinuria, renal tubular disorders, acute and chronic kidney injury, sickle cell glomerulopathy, and renal medullary carcinoma. Clinically significant renal involvement occurs more frequently in sickle cell disease than in sickle cell trait or in combined hemoglobinopathies, except renal medullary carcinoma, which appears to be more common among sickle cell trait patients. Natural history of SCD is highly variable with reduced life expectancy with multiorgan damage in symptomatic patients. In general, all patients have a reduced lifespan. Median survival in the United States and Jamaica is 45 to 55 years. Natural history by age in SCD is as follows: Newborn babies are asymptomatic for an initial couple of months, given fetal Hb (HbF) predominance. Early childhood is characterized by episodes of dactylitis, acute chest syndrome (ACS), sepsis, splenic sequestration, and stroke.

Human parvovirus B19 infection can lead to severe and sudden anemia in children and adolescents with SCD as the virus destroys precursors of the red blood cells. After age 5: Classic painful vaso-occlusive crisis (VOC), which increases in frequency with age. Adolescence is associated with nocturnal enuresis, avascular necrosis of the hip, leg ulcerations, delayed puberty, and priapism. After age 25 to 30, the frequency of VOC tends to reduce and is replaced with signs and symptoms of chronic organ damage, including heart failure, pulmonary hypertension, sickle hepatopathy, and sickle cell nephropathy (SCN). The primary cause of death in younger patients is usually infection; whereas, in older patients, the primary cause of death is mostly irreversible organ damage.

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1
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23.

Priapism.
Silberman M, Stormont G, Leslie SW, Hu EW
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Priapism is a disorder in which the penis maintains a prolonged, rigid erection in the absence of appropriate stimulation. Definitions vary regarding duration, but any erection lasting four hours or longer is generally considered priapism. Three broad categories exist for this disease: ischemic, non-ischemic, and recurrent ischemic. Ischemic causes of priapism are a true emergency and require prompt intervention to prevent damage to the penis, which can progress to complete and permanent erectile dysfunction. Emergent management of this disease is directed toward achieving detumescence. Early intervention is essential for the functional recovery of erectile ability. If left untreated, penile corporal tissue necrosis and eventually fibrosis result along with permanent erectile dysfunction.

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1
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Publisher
StatPearls Publishing
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24.

Medication-associated priapism events: validation of findings from the FDA pharmacovigilance database using insurance claim database.
Able C, Kohn JR, Kohn TP
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Year of Publication
2022

25.

External Male Genitalia in Henoch-Schonlein Syndrome: A Systematic Review. [Review]
Montorfani-Janett VML, Montorfani GE, Lavagno C, Gualco G, Bianchetti MG, Milani GP, Lava SAG, Cristallo Lacalamita M
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Children. 9(8), 2022 Jul 30.
[Journal Article. Review]
UI: 36010045
The external genitalia are notoriously implicated in every fifth male with Henoch...Sch..nlein syndrome. Nonetheless, the underlying conditions are poorly categorized. To characterize the involvement of the external male genitalia in this vasculitis, we performed a systematic review of the literature. For the final analysis, we selected 85 reports published between 1972 and 2022,

which reported on 114 Henoch...Sch..nlein cases (... 18 years, N = 104) with a penile (N = 18), a scrotal (N = 77), or both a penile and a scrotal (N = 19) involvement. The genital involvement mostly appeared concurrently with or after the cutaneous features of Henoch...Sch..nlein syndrome, while it preceded the presentation of Henoch...Sch..nlein syndrome in 10 cases. Patients with penile involvement (N = 37) presented with swelling (N = 26), erythema (N = 23), and purpuric rash (N = 15). Most patients were otherwise asymptomatic except for transient micturition disorders (N = 2) or priapism (N = 2). Patients with scrotal involvement (N = 96) presented with pain (N = 85), swelling (N = 79), erythema (N = 42), or scrotal purpura (N = 22). The following scrotal structures were often involved: scrotal skin (N = 83), epididymis (N = 49), and testes (N = 39). An ischemic testicular damage was noted in nine patients (four with torsion and five without). The scrotal skin involvement was mostly bilateral, while that of the epididymis and testis were mostly ($p < 0.0001$) unilateral (with a significant predilection for the left side). In conclusion, this analysis allows for better categorization of the involvement of external male genitalia in Henoch...Sch..nlein vasculitis. Scrotal involvement can result from skin inflammation, epididymitis, orchitis, or testicular ischemia.
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1
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26.

COVID-19 and priapism: An unexplored association.
Lee WG
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Current Urology. 16(4):265-266, 2022 Dec.
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27.

Epidemiology and treatment of priapism in sickle cell disease. [Review]
Idris IM, Burnett AL, DeBaun MR
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Hematology. 2022(1):450-458, 2022 12 09.
[Review. Journal Article. Research Support, Non-U.S. Gov't]
UI: 36485155
Ischemic priapism is a common but underrecognized morbidity affecting about 33% of adult men with sickle cell disease (SCD). The onset of priapism occurs in the prepubertal period and tends to be recurrent with increasing age. Significantly, priapism is associated with an unrecognized high burden of mental duress and sexual dysfunctions. The diagnosis of priapism is clinical. Many episodes of priapism will resolve spontaneously, but when an episode lasts longer than 4 hours, the episode is considered a urologic emergency requiring quick intervention with either corporal aspiration or shunt surgery. Only 3 randomized clinical trials (stilbesterol, ephedrine or etilefrine, and sildenafil) have been conducted for secondary priapism prevention in SCD. All 3 trials were limited with small sample sizes, selection biases, and inconclusive results after completion. The current molecular understanding of the pathobiology of priapism suggests a relative nitric oxide (NO) deficiency secondary to chronic hemolysis in SCD and associated phosphodiesterase type 5 dysregulation. We posit an increase in NO levels will restore the normal homeostatic relationship between voluntary erection and detumescence. Currently, 2 randomized phase 2 trials (1 double-blind, placebo-controlled trial and 1 open-label, single-arm intervention) are being conducted for secondary priapism prevention in men at high risk for recurrent priapism (NCT03938454 and NCT05142254). We review the epidemiology and pathobiology of priapism, along with mechanistic therapeutic approaches for secondary prevention of priapism in SCD.

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28.

Treatment patterns and burden of complications associated with sickle cell disease: A US retrospective claims analysis.
Manwani D, Burnett AL, Paulose J, Yen GP, Burton T, Anderson A, Wang S, Lee S, Saraf SL
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
EJHaem. 3(4):1135-1144, 2022 Nov.
[Journal Article]
UI: 36467832
Complications associated with sickle cell disease (SCD) that are highly impactful for patients but until recently have been less understood include priapism, nephropathy, and neurologic injury. We conducted a retrospective study using US administrative claims data from July 01, 2013 through March 31, 2020 to analyze incidence of these complications, SCD treatment patterns, and healthcare resource utilization (HCRU) and costs among 2524 pediatric and adult patients with SCD (mean [SD] age 43.4 [22.4] years). The most common treatments during follow-up were short-acting opioids (54.0% of patients), red blood cell transfusion (15.9%), and hydroxyurea (11.0%). SCD complications occurred frequently; in the overall population, the highest follow-up incidences per 1000 person-years were for acute kidney injury (53.1), chronic kidney disease (40.6), and stroke (39.0). Complications occurred across all age groups but increased in frequency with age; notably, acute kidney injury was 69.7 times more frequent among ages 65+ than ages 0-15 ($p < 0.001$). Follow-up per-patient-per-month HCRU also increased with age; however, all-cause healthcare costs were similarly high for all age groups and were driven primarily by inpatient stays. Patients with SCD across the age spectrum have a high burden of complications with the use of current treatments, suggesting unmet needs for treatment management.

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29.

SARS-CoV-2: A Novel Precipitant of Ischemic Priapism.
Mascarenhas L, Hron D, Cleveland B, Dahm P, Boothby A
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Federal Practitioner. 39(7):e0286, 2022 Jul.
[Journal Article]
UI: 36425347
Background: Priapism is a disorder that occurs when the penis maintains a prolonged erection in the absence of appropriate stimulation. Conditions that result in hypercoagulable states and hyperviscosity are associated with ischemic priapism. COVID-19 is increasingly associated with coagulopathy. To date, there are 6 reported cases of priapism occurring in patients with COVID-19, 5 occurring in the setting of critical illness.
Case Presentation: We present a case of ischemic priapism which we suspect resulted from COVID-19-associated coagulopathy in a patient without severe COVID-19 presentation.
Conclusions: Although there have been only a handful of reported cases of COVID-19-associated coagulopathy leading to ischemic priapism, it is possible that the true incidence is much higher. While our case highlights the importance of considering COVID-19 infection in the differential diagnosis of ischemic priapism, more research is needed to understand incidence and definitively establish a causative relationship.

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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9648577
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30.

Global Perspective on the Management of Peyronie's Disease. [Review]
Moises da Silva GV, Davila FJ, Rosito TE, Martins FE
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Frontiers in Reproductive Health. 4:863844, 2022.
[Journal Article. Review]
UI: 36303674
Introduction: Peyronie's disease is the disease that results in an alteration in the curvature of the penis, which can lead to a shortening of length, pain in erection, or difficulties in penetration, thus leading the patient to psychological alterations due to loss of functionality such as aesthetic alteration. That is why there are several studies to define the best form of treatment, which currently continues to be the first choice surgical treatment.
Objective: We present the most recommended therapies for Peyronie's disease and suggest an algorithm as a guide to direct therapy.
Methods: We used the PubMed platform to review the literature related to Peyronie's disease. Various editorials were reviewed as well as original articles and reviews focusing on the various treatments as well as their indications and results.
Results: Peyronie's disease in which conservative or drug treatment does not have a response, surgical treatment with corporoplasty, penile prosthesis implantation or both may be indicated. Corporoplasty refers to both the plication of the tunica albuginea as well as the incision of the tunica with the placement of a graft. An accurate history should always be carried out to identify erectile dysfunction as well as to be able to guide you on the repercussions of the treatment. If refractory erectile dysfunction is present, placement of a penile prosthesis with or without further adjunctive straightening maneuvers is recommended. We reviewed the indications, advantages, disadvantages, and results of the available techniques, and proposed a surgical treatment algorithm.
Conclusion: Penile shortening procedures are usually indicated in curvatures <60degree, in penises with adequate length. Partial excision/incision and grafting are indicated for curvatures >60degree, hourglass or hinge deformities, and short penises, if the patient's erectile function is adequate. The presence of "borderline" erectile function and/or ventral curvature tilts the choice toward shortening procedures, and refractory erectile dysfunction is an indication for penile prosthesis placement. An accurate risk/benefit assessment of the individual patient as well as meticulous patient counseling are critically important.

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31.

Recent advances in understanding and treating priapism. [Review]
Alnajjar HM, Muneer A
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Faculty Reviews. 11:23, 2022.
[Journal Article. Review]
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Priapism is a rare condition that can lead to long-term erectile dysfunction if left untreated. It is one of the few urological emergencies that require prompt medical intervention. Priapism refers to a penile erection that lasts for more than 4 hours and is unrelated to sexual stimulation or orgasm. The aims of immediate intervention for ischaemic priapism are to resolve the painful erection and preserve the cavernosal smooth muscle function. The aim of this review is to evaluate the latest advances in the management of priapism. Despite the continuous challenge in providing an optimal treatment for this rare urological condition, our understanding and management of it have been advanced by decades of clinical and basic science research. Proximal shunts (Quackels or Grayhack) are no longer routinely performed. Distal shunt procedures are currently the most commonly used techniques. A novel penoscrotal decompression technique has recently been described. Ischaemic priapism can be managed conservatively in most cases with the preservation of erectile function. In cases where ischaemic priapism has persisted for more than 36 hours, the majority will develop erectile dysfunction. Early penile prosthesis with thorough patient counselling should be considered in such cases. In some cases of long-standing non-ischaemic priapism, patients can develop fibrosis within the distal corpora, and, therefore, early treatment with super-selective embolisation is required to prevent this.

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32.

Management of acute sickle cell priapism in an African (Togo) pediatric department includes conservative measures and intracavernous epinephrine which is safe and efficacious.
Guedenon KM, Fiawoo M, Akolly DAE, Akpako E, Esso B, Dossou FC, Gbadoe AD
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
EJHaem. 3(3):628-635, 2022 Aug.
[Journal Article]
UI: 36051024
Priapism is a well-known urologic complication of sickle cell anemia. This study describes the results of a protocol for the treatment of acute priapism by intracavernous injection of epinephrine due to unavailability of etilefrine. A descriptive cross-sectional study of 18 cases of acute priapism in sickle cell patients treated in the pediatric department of the Sylvanus Olympio CHU from January 1 to December 31, 2020. The average age was 21.7 +/- 7.7 years, the youngest patient was 8 and the oldest was 32 years old. Students represented 61.1% of the patients. The hemoglobin profiles were homozygous SS (n = 14) and double heterozygous SC (n = 4). Most of the crisis (83.3%) occurred at night. Most of the patients (66.7%) came to the hospital before the sixth hour of crisis, one patient came by the 48th hour. Walking was the most self-relief method tried by patients (67%). It was followed by a cold penile bath, attempted urination, body bath, and lastly lukewarm bath. Fourteen patients had a history of chronic intermittent priapism. The average pain intensity was 9.5 +/- 0.9 with restlessness (33.3%) and crying (33.3%). Fifteen patients were treated upon admission with an intracavernosal injection of epinephrine, and three patients were first drained. Thirteen patients achieved remission immediately, while five patients required a second injection and only one had to be drained before remission. Tolerance was good. One patient had a borderline systolic blood pressure. One erectile weakness case was noticed and no cases of sexual impotence. Epinephrine by intracavernosal injection is an efficient treatment for acute priapism in sickle cell patients. Epinephrine, which has a good tolerance in pediatric and young adult patients, should be used in lieu of etilefrine due to its unavailability in areas where it is unavailable.

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33.

Use of penile shear wave elastosonography for the diagnosis of Peyronie's Disease: a prospective case-control study.
Trama F, Illiano E, Iacono F, Ruffo A, di Lauro G, Aveta A, Crocetto F, Manfredi C, Costantini E
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Basic & Clinical Andrology. 32(1):15, 2022 Aug 16.
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UI: 35971058
BACKGROUND: To evaluate the stiffness of the tunica albuginea (TA), we used a new noninvasive diagnostic technique called shear wave elastography (SWE). We determined whether SWE values are correlated with the degree of penile curvature, the time of disease onset, and pain severity experienced by patients during erection. This study analyzed the elasticity of the TA of patients with Peyronie's disease compared to that of the control group. We also analyzed any correlations between the stiffness of the cavernous bodies and the degree of curvature, time from diagnosis to curvature onset, and erectile pain severity. This was a prospective case-control study involving 100 men enrolled from September 2020 to August 2021. Participants were divided into group A (case group, n = 50), which included men with PD, with or without pain, and with penile curvature, or group B (control group, n = 50), which included healthy patients older than 18 years who visited the urology clinic for reasons other than PD. The medical history was collected for all patients who also underwent objective examination, B-mode ultrasound evaluation, and SWE. The International Index of Erectile Function (IIEF-15) visual analog scale (VAS) questionnaire was administered to all participants.
RESULTS: There were no significant between-group differences regarding age, weight, and height ($p > 0.05$); however, there was a significant difference in the stiffness values ($p < 0.05$). An inverse correlation was observed between stiffness and the VAS score ($p < 0.0001$). A positive correlation was observed between the degree of curvature ($p < 0.0001$) and the time of curvature onset ($p < 0.0001$). The IIEF-15 scores were poorer in group A than in group B ($p < 0.0001$).
CONCLUSION: SWE is an inexpensive, noninvasive method that can be used to measure the stiffness of PD patients.

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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9380314
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ReSUMe: CONTEXTE: Pour evaluer la rigidite de la tunique albuginee (TA), nous avons utilise une nouvelle technique de diagnostic non invasive, appelee elastographie par ondes de cisaillement (EOC). Nous avons determine si les valeurs de EOC etaient correlees avec le degre de courbure du penis, le moment d'apparition de la maladie de Lapeyronie (MP) et la gravite de la douleur ressentie par les patients pendant l'erection. Cette etude a analyse l'elasticite de la TA des patients atteints de MP par rapport a celle d'un groupe temoin. Nous avons egalement recherche toute correlation entre la rigidite des corps caverneux et le degre de courbure, le temps ecoule entre le diagnostic et l'apparition de la courbure, et la gravite de la douleur erectile. Il s'agit d'une etude cas-temoins prospective impliquant 100 hommes enroles de septembre 2020 a aout 2021. Les participants ont ete assignes au groupe A (cas, n = 50), qui comprenait des hommes atteints de MP, avec ou sans douleur, et presentant une courbure du penis, ou au groupe B (temoins, n = 50), qui comprenait des patients en bonne sante ages de plus de 18 ans qui venaient a la clinique d'urologie pour des raisons autres que la MP. Les antecedents medicaux ont ete recueillis pour tous les patients qui ont egalement subi un examen objectif, une evaluation echographique en mode B et une EOC. Le questionnaire de l'echelle visuelle analogique (EVA) de l'Indice international de la fonction erectile (IIEF-15) a ete administre a tous les participants. ReSULTATS: Il n'y avait pas de differences significatives entre les groupes en ce qui concerne l'age, le poids et la taille ; toutefois, il y avait une difference significative dans les valeurs de rigidite ($p<0,05$). Une correlation inverse a ete observee entre la rigidite et le score EVA ($p<0,0001$). Une correlation positive a ete observee entre le degre de courbure ($p<0,0001$) et le moment de l'apparition de la courbure ($p<0,0001$). Les scores IIEF-15 etaient plus faibles dans le groupe A que dans le groupe B ($p<0,0001$). CONCLUSIONS: L'elastographie par ondes de cisaillement (EOC) est une methode peu couteuse et non invasive qui peut etre utilisee pour mesurer la rigidite des patients atteints de MP.
Language: French
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34.

A rare case of penile schwannomatosis presenting with painful nocturnal penile tumescence.
Tow CM, Tang J, Chun CM, Chien JLK

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Basic & Clinical Andrology. 32(1):4, 2022 Mar 21.
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UI: 35313799
BACKGROUND: Penile schwannoma is a rare tumor. They commonly present as an asymptomatic, painless and slow growing mass. Other presentations include sexual dysfunction, most commonly dyspareunia, followed by erectile dysfunction, abnormal penile curvature or pain with ejaculation.
CASE PRESENTATION: A 26-year-old male presented atypically with painful nocturnal penile tumescence, along with multiple nodules over the dorsal penis. Excision of multiple penile tumors under general anaesthesia was performed and histopathologic examination revealed benign schwannoma.
CONCLUSION: Our hypothesis is that the schwannoma lies along the axis of the dorsal penile nerve, and compression of this nerve occurs during his erection causing pain. However, there are limited presentations of painful erections in penile schwannomas, and we hope that future studies can help confirm this theory.

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ABSTRAITE: CONTEXTE: Le schwannome penien est. une tumeur rare. Il se presente generalement comme une masse asymptomatique, indolore et a croissance lente. D'autres presentations incluent la dysfonction sexuelle, le plus souvent la dyspareunie, suivie de la dysfonction erectile, de la courbure anormale du penis ou de la douleur a l'ejaculation.
PReSENTATION DU CAS: Un homme de 26 ans s'est. presente de facon atypique avec une tumescence penienne nocturne douloureuse, ainsi que de multiples nodules sur la face dorsale du penis. L'excision de plusieurs tumeurs du penis a ete realisee sous anesthesie generale et un examen histopathologique a revele un schwannome benin.CONCLUSION: Notre hypothese est. que le schwannome se trouve localise le long de l'axe du nerf penien dorsal, et que la compression de ce nerf se produit pendant l'erection, constituant la source des douleurs. Cependant, il existe peu de presentations d'erections douloureuses dans les schwannomes peniens, et nous esperons que de futures etudes pourront aider a confirmer cette theorie.
Language: French
Year of Publication
2022

35.

Efficacy of Low-Intensity Extracorporeal Shock Wave Therapy for the Treatment of Chronic Pelvic Pain Syndrome IIIb: A Prospective-Randomized, Double-Blind, Placebo-Controlled Study.
Kim KS, Choi YS, Bae WJ, Cho HJ, Ha US, Hong SH, Lee JY, Ahn ST, Moon DG, Kim SW
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
The World Journal of Mens Health. 40(3):473-480, 2022 Jul.
[Journal Article]
UI: 34448374

PURPOSE: There is no definite treatment method for chronic pelvic pain syndrome (CPPS). The purpose of this study was to compare and assess the effectiveness and safety of low-intensity extracorporeal shockwave therapy (Li-ESWT) versus placebo treatment in CPPS IIIb patients.
MATERIALS AND METHODS: Thirty participants with CPPS IIIb were included and randomized in this prospective, double-blind, placebo-controlled study. Li-ESWT was performed at the perineum without anesthesia once per week for 8 weeks. CPPS-related symptoms were evaluated using the National Institutes of Health-chronic prostatitis symptom index (NIH-CPSI). Pain and erectile function were appraised using the Visual Analogue Scale (VAS) and International Index of Erectile Function-Erectile Function (IIEF-EF), respectively. The Global Efficacy Assessment Question (GEAQ) was also assessed. The parameters were evaluated immediately after the last Li-ESWT treatment and 4 weeks after Li-EWST treatment.
RESULTS: Fifteen subjects each in the Li-ESWT and placebo groups completed this study. Amelioration of NIH-CPSI total, pain, and quality of life score in the Li-ESWT group was found compared to the placebo group (p=0.002, 0.02, 0.001, respectively). Improvement of the VAS score was observed in the Li-ESWT group (p=0.002). The differences in the GEAQ "Yes" responses were also significant in the Li-ESWT group. No patients experienced side effects related to ESWT during therapeutic period or follow-up duration.
CONCLUSIONS: Results indicated that Li-ESWT improved the NIH-CPSI score, pain, and the quality of life in CPPS IIIb patients. Li-ESWT could be an effective alternative treatment modality for CPPS IIIb.

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36.

Go the Distance: Reproductive Health Care for People with Sickle Cell Disease. [Review]
Pecker LH, Kuo KHM
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Hematology - Oncology Clinics of North America. 36(6):1255-1270, 2022 12.
[Journal Article. Review. Research Support, N.I.H., Extramural. Research Support, Non-U.S. Gov't]
UI: 36400542
This overview of reproductive and sexual health care concerns for people with sickle cell disease (SCD) addresses clinical concerns that can be complex and are inherently multidisciplinary. Clinicians must be prepared to initiate reproductive health care discussions, as these intimate concerns may not be volunteered by patients. SCD is associated with delayed onset of puberty, sickle pain during menstruation, disease-specific contraceptive considerations, high-risk pregnancy, priapism, erectile dysfunction, and offspring who inherit a hemoglobinopathy trait from affected parents. Reproductive health considerations are underrecognized, undertreated, and understudied. They need attention in primary care and specialty SCD, urology, and obstetrics and gynecology clinics.
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Year of Publication
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37.

Clinical Vignettes Part I. [Review]
Levy JA, Burnett AL, Minniti CP, Ennis W, Vittal A, Heller T, Kleiner D, Thein SL
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Hematology - Oncology Clinics of North America. 36(6):1187-1199, 2022 12.
[Journal Article. Review]
UI: 36400538
Patients with sickle cell disease and/or (rarely) trait are at increased risk for developing recurrent episodes of priapism, also known as stuttering priapism, and major ischemic priapism. Treatment of acute ischemic priapism is reactive; whereas ideal management consists of preventative approaches to ultimately promote the best improvement in patient's quality of life. Leg ulcers in patients with sickle cell disease (SCD) are quite common, with ~20 % of patients with HBSS reporting either having an active or a past ucler. They can be confused with venous ulcers, with lower extremity hyperpigmentation confounding further the diagnosis. Several factors believed to contribute to the development of leg ulcers in patients with SCD are discussed in this article. Sickle cell liver disease (SCLD) occurs because of a wide variety of insults to the liver that happen during the lifetime of these patients. SCLD includes a range of complications of the hepatobiliary system and is increasing in prevalence with the aging adult sickle population. Liver nodular regenerative hyperplasia (NRH) is more common than realized and underappreciated as a diagnosis and requires liver biopsy with reticulin staining. Undiagnosed, the insidious damage from liver NRH can lead to noncirrhotic portal hypertension or cirrhosis.

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Levy, Jason A, Burnett, Arthur L, Minniti, Caterina P, Ennis, William, Vittal, Anusha, Heller, Theo, Kleiner, David, Thein, Swee Lay
Year of Publication
2022

38.

Complex Penile Surgery: Plication, Grafting, and Implants. [Review]
Lee Z, Shen J, Wessells H
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Urologic Clinics of North America. 49(3):419-435, 2022 Aug.
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UI: 35931434

Surgical treatments for Peyronie's disease and erectile dysfunction are generally straightforward and associated with excellent outcomes. However, severe (>60degree) and multidirectional curvature, hourglass deformity, severe penile shortening, and ossified plaque may complicate surgery in patients with Peyronie's disease. Similarly, a history of priapism, prior implant infection, and penile injury can pose challenges to successful implant surgery secondary to severe corporal fibrosis. Thus, when these pathophysiological processes cause severe fibrosis and loss of function of the tunica albuginea and deep cavernosal spaces, adjunctive reconstructive techniques are necessary. Herein, we integrate the literature regarding surgical management of complex Peyronie's disease and erectile dysfunction with emphasis on plication, grafting, and implants to achieve satisfactory outcomes across the full range of etiology and degree of surgical complexity.

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1
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Year of Publication
2022

39.

Resveratrol-nitric oxide donor hybrid effect on priapism in sickle cell and nitric oxide-deficient mouse.
Pinheiro AK, Pereira DA, Dos Santos JL, Calmasini FB, Alexandre EC, Reis LO, Burnett AL, Costa FF, Silva FH
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
PLoS ONE [Electronic Resource]. 17(6):e0269310, 2022.
[Journal Article. Research Support, Non-U.S. Gov't]
UI: 35653352
BACKGROUND: Children and adult with sickle cell disease (SCD) display priapism associated with low nitric oxide (NO) bioavailability and oxidative stress in penis.
AIM: This study aimed to evaluate the effects of hybrid compound RVT-FxMe, derived from resveratrol bearing a NO-donor subunit, on two murine model that display priapism phenotype, SCD transgenic mice and endothelial NO synthase gene-deficient (eNOS-/-) mice.
METHODS: Wild-type, SCD, and eNOS-/- mice were treated with RVT-FxMe (25 mg/kg/d, 2 weeks).
OUTCOMES: Hematological parameters, concentration-response curves to acetylcholine (ACh) and sodium nitroprusside (SNP), as well as to electrical field stimulation (EFS), were obtained in mice corpus cavernosum strips.
RESULTS: Corpus cavernosum relaxations to SNP and EFS were increased in eNOS-/- group, which were normalized by RVT-FxMe treatment. SCD mice exhibited an excessive CC relaxant

response induced by ACh, EFS and SNP RVT-FxMe treatment did not change the increased relaxant responses to ACh, EFS and SNP in corpus cavernosum from SCD group.
CLINICAL TRANSLATION: Excess of plasma hemoglobin in SCD may interfere in pharmacological activity of NO donors compounds.
STRENGTH/LIMITATIONS: While mechanistic data with promising potential is showed, the current study is not without limitations. RVT-FxMe effects in the mid- and long-term warrant complementary studies.
CONCLUSION: Treatment with RVT-FxMe reversed the enhanced NO-cGMP-mediated CC relaxations in eNOS-/- mice, but not in SCD mice; it is likely that excess of plasma hemoglobin in SCD mice act to inactivate NO before it reaches soluble guanylyl cyclase, avoiding restoration of NO bioavailability in penis.
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40.

Rare emergency in children: Priapism and stepwise treatment approach. Cocukluk caginin nadir bir acili: Priapizm ve basamakli tedavi yaklasimi. <Cocukluk caginin nadir bir acili: Priapizm ve basamakli tedavi yaklasimi.>
Karagozlu Akgul A, Ucar M, Ozcakir E, Balkan E, Kilic N

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Ulusal Travma ve Acil Cerrahi Dergisi = Turkish Journal of Trauma & Emergency Surgery: TJTES. 28(4):464-470, 2022 Apr.
[Journal Article]
UI: 35485519
BACKGROUND: Priapism is a rare condition in children and the treatment algorithm is controversial in this age group. Herein, we report eight cases with low-flow priapism and our stepwise treatment approach in light of literature.
METHODS: We present a simple stepwise treatment for low-flow priapism including five steps. Step 1: Cold compress and analgesia while evaluation the priapism and its etiology. Step 2: Corporal aspiration and adrenaline infusion in the ward. Step 3: Modified Winter shunt in the same place. Step 4: Ketamine application and caudal block in the operating room. Step 5: Sapheno-cavernous (Grayhack) shunt. Eight cases with low-flow priapism were reviewed retrospectively. Symptoms, duration of tumescence, the interventions, and step that provide detumescence were recorded.
RESULTS: The mean age of patients was 8.5 years (1-17 y). The median time of the priapism before admission was 15 h (4-165 h). The etiological factors were sickle cell disease, hemodialysis due to chronic renal failure, and factor V Leiden mutation in three patients. Detumescence was achieved in one patient at Step 2, in two patients at Steps 3, 4, and 5, respectively. Rigidity of cavernous body was observed in one patient in long-term follow-up.
CONCLUSION: Low-flow priapism is a urological emergency that may cause erectile dysfunction. Treatment options should be selected according to a protocol that prevents time loss and avoids more invasive treatment in unnecessary situations. Our algorithm with simple nature and its steps from less invasive to more invasive procedures may be an alternative for the treatment of low-flow priapism.
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Year of Publication
2022

41.

Ultrasound-Guided Compression Method Effectively Counteracts Russell's Viper Bite-Induced Pseudoaneurysm.
Senthilkumaran S, Miller SW, Williams HF, Vaiyapuri R, Savania R, Elangovan N, Thirumalaikolundusubramanian P, Patel K, Vaiyapuri S

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Toxins. 14(4), 2022 04 06.
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UI: 35448869
Russell's viper (Daboia russelii), one of the 'Big Four' venomous snakes in India, is responsible for the majority of snakebite-induced deaths and permanent disabilities. Russell's viper bites are known to induce bleeding/clotting abnormalities, as well as myotoxic, nephrotoxic, cytotoxic and neurotoxic envenomation effects. In addition, they have been reported to induce rare envenomation effects such as priapism, sialolithiasis and splenic rupture. However, Russell's viper bite-induced pseudoaneurysm (PA) has not been previously reported. PA or false aneurysm is a rare phenomenon that occurs in arteries following traumatic injuries including some animal bites, and it can become a life-threatening condition if not treated promptly. Here, we document two clinical cases of Russell's viper bites where PA has developed, despite antivenom treatment. Notably, a non-surgical procedure, ultrasound-guided compression (USGC), either alone, or in combination with thrombin was effectively used in both the cases to treat the PA. Following this procedure and additional measures, the patients made complete recoveries without the recurrence of PA which were confirmed by subsequent examination and ultrasound scans. These data demonstrate the development of PA as a rare complication following Russell's viper bites and the effective use of a simple, non-surgical procedure, USGC for the successful treatment of PA. These results will create awareness among healthcare professionals on the development of PA and the use of USGC in snakebite victims following bites from Russell's vipers, as well as other viper bites.
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42.

Priapism caused by partial deficiency of tetrahydrobiopterin through hypofunction of the sympathetic neurons in sepiapterin reductase gene-disrupted mice.
Sumi-Ichinose C, Suganuma Y, Kano T, Ikemoto K, Ihira N, Ichinose H, Kondo K
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Journal of Inherited Metabolic Disease. 45(3):621-634, 2022 05.
[Journal Article. Research Support, Non-U.S. Gov't]
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6R-L-erythro-5,6,7,8-tetrahydrobiopterin (BH4) is an essential cofactor for aromatic L-amino acid hydroxylases, including tyrosine hydroxylase (TH), alkylglycerol monooxygenase, and three types of nitric oxide (NO) synthases (NOS). Sepiapterin reductase (SPR) catalyzes the third step of BH4 biosynthesis. SPR gene-disrupted (Spr-/-) mice exhibit a dystonic posture, low body weight, hyperphenylalaninemia, and unstable hypertension with endothelial dysfunction. In this study, we found that Spr-/- mice suffered from a high incidence of severe priapism. Their erections persisted for months. The biopterin, BH4, and norepinephrine contents, and TH protein levels in the penile tissue of Spr-/- mice without and with priapism were significantly reduced compared to those of Spr+/+ mice. In contrast, their neural NOS (nNOS) protein levels were increased, and the cyclic guanosine monophosphate (cGMP) levels were remarkably elevated in the penises of Spr-/- mice with priapism. The symptoms were relieved by repeated administration of BH4. The biopterin, BH4, and norepinephrine contents were increased in penile homogenates from BH4-supplemented Spr-/- mice, and the TH protein levels tended to increase, and their nitrite plus nitrate levels were significantly lower than those of vehicle-treated Spr-/- mice and were approximately the same as vehicle- and BH4-supplemented Spr+/+ mice. Thus, we deduced that the priapism of Spr-/- mice is primarily caused by hypofunction of the sympathetic neurons due to cofactor depletion and the loss of TH protein and, further, dysregulation of the NO/cGMP signaling pathway, which would be caused by disinhibition of nNOS-containing neurons and/or abnormal catabolism of cyclic nucleotides is suggested.

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Year of Publication
2022

43.

Holistic profiling of the venom from the lethal spider Phoneutria nigriventer by combining high-throughput ion channel screens with venomics.
Cardoso F.C., Walker A.A., King G.F., Gomez M.V.
Embase
bioRxiv. (no pagination), 2022. Date of Publication: 18 Nov 2022.
[Preprint]
AN: 2022242841
Spider venoms are a unique source of bioactive peptides, many of which display remarkable biological stability and neuroactivity. Phoneutria nigriventer, often referred to as the Brazilian wandering spider, banana spider or "armed" spider, is endemic to South America and amongst the most dangerous venomous spiders in the world. There are 4,000 envenomation accidents with P. nigriventer each year in Brazil, which can lead to symptoms including priapism, hypertension, blurred vision, sweating, and vomiting. In addition to its clinical relevance, P. nigriventer venom contains peptides that provide therapeutic effects in a range of disease models. In this study, we explored the neuroactivity and molecular diversity P. nigriventer venom using fractionation-guided high-throughput cellular assays coupled to proteomics and multi-pharmacology activity to broaden the knowledge about this venom and its therapeutic potential and provide a proof-of-concept for an investigative pipeline to study spider-venom derived neuroactive peptides. We coupled proteomics with ion channel assays using a neuroblastoma cell line to identify venom compounds that modulate the activity of voltage-gated sodium and calcium channels, as well as the nicotinic acetylcholine receptor. Our data revealed that P. nigriventer venom is highly complex compared to other neurotoxin-rich venoms and contains potent modulators of voltage-gated ion channels which were classified into four families of neuroactive peptides based on their activity and structures. In addition to the reported P. nigriventer neuroactive peptides, we identified at least 27 novel cysteine-rich venom peptides for which their activity and molecular target remains to be determined. Our findings provide a platform for studying the bioactivity of known and novel neuroactive components in the venom of P. nigriventer and other spiders and suggests that our discovery pipeline can be used to identify ion channel-targeting venom peptides with potential as pharmacological tools and to drug leads.

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Publisher
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44.

Safety and Efficacy of Phenylephrine Administration for the Treatment of Ischemic Priapism: An Opportunity for Quality Improvement in Periprocedural Safety Assessment.
Scarberry K., Deebel N.A., Dutta R., Matz E., Terlecki R.P.
Embase
Urology. 169 (pp 115-119), 2022. Date of Publication: November 2022.
[Article]
AN: 2020220582
Objective: To determine the safety and efficacy of hourly, high dose phenylephrine (>1000 mug) for acute ischemic priapism (AIP) through monitoring adverse hemodynamic events amongst risk profiles.
Method(s): An IRB-approved retrospective review of patients with AIP from 2010 to 2020. Patients were stratified to a low or high dose phenylephrine group based on cumulative, hourly dose of <=1000 mug and > 1000 mug respectively and examined for successful resolution of their AIP. The safety profile of phenylephrine for patients at risk for adverse hemodynamic events was examined.
Result(s): A total of 123 patients were identified with a median age of 40 (range: 7-76) years with median time from AIP onset to presentation of 11 (2-168) hours. A total of 97 men received phenylephrine (78.9%) and detumescence was achieved nonoperatively in 62 of these men (63.9%) with a mean priapism duration of 8.7 hours. Those resolving with phenylephrine administration had a mean duration of 8.8 +/- 5.6 vs 57.3 +/- 37.1 hours without resolution P < .001. Among low and high dose phenylephrine groups (500 and 2000 mug respectively), the median duration of AIP was 10 and 12 hours respectively without a difference in AIP resolution (P >. 05). Twenty-one patients (17.1%) were deemed at risk for phenylephrine complication of which 4 (4.1%) had phenylephrine discontinued due to hemodynamic changes.
Conclusion(s): Nonoperative resolution of AIP with phenylephrine does not appear to be dose-dependent and hemodynamic changes secondary to phenylephrine administration may be underreported. Future work should utilize standardized risk assessment and periprocedural monitoring for hemodynamic change.

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Publisher
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45.

The 10-year priapism experience: identifying clearer targets for intervention.
Howland R.J., Daignault-Newton S., Blair Y.A.
Embase
Translational Andrology and Urology. 11(11) (pp 1495-1502), 2022. Date of Publication: November 2022.
[Article]
AN: 2022596681
Background: There is a paucity of data on the clinical experience of priapism. Moreover, little work has explored differences in practice patterns between urologists and emergency medicine (EM) physicians. Our primary objective was to understand the priapism patient population and identify targets that may guide clinical translational efforts.
Method(s): A retrospective chart review was performed on two priapism datasets from June 2008-July 2018-one focused on patients managed by urology and another on patients managed exclusively by EM physicians. Primary areas of interest included the duration of priapism and acute interventions during the consultation. Time to presentation, prior interventions and evaluation was also documented.
Result(s): Over the course of 10 years, there were 396 encounters for priapism in 95 unique patients. Urology was consulted 199 times in 83 unique patients and EM physicians managed 197 encounters in 15 unique patients. In the urology cohort, median duration of priapism was 6 hours, and 72% of patients required further intervention. For the EM cohort, median duration of priapism was 4 hours and 89% of patients required further intervention. Amongst all patients, nine patients presented 4 or more times for a total of 294 encounters.
Conclusion(s): Urology and EM managed a similar number of encounters, but EM patients had a shorter duration of priapism. Understanding the role of the EM physician and the urologist can help tailor joint curriculum efforts for initial priapism management while focusing on more complex management for urology trainees. A small proportion of patients accounted for the majority of visits secondary to recurrent ischemic priapism indicating a need to target prevention of these episodes on an outpatient basis.

Status
Embase
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Publisher
AME Publishing Company
Year of Publication
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46.

Sickle cell disease in gulf cooperation council countries: a systematic review.
Abu-Shaheen A., Dahan D., Henaa H., Nofal A., Abdelmoety D.A., Riaz M., AlSheef M., Almatary A., AlFayyad I.
Embase
Expert Review of Hematology. 15(10) (pp 893-909), 2022. Date of Publication: 2022.
[Review]
AN: 2019657139
Introduction: Evidence related to the national burden of Sickle Cell Disease (SCD) in Gulf Cooperation Council (GCC) largely fragmented. Thus, the aim of this study is to systemically

review studies from GCC countries to assess the epidemiological profile of SCD. Areas covered: We searched combinations of key terms in MEDLINE/PubMed, CINAHL, and EMBASE. We selected relevant observational studies reporting the frequency, incidence, prevalence, risk factors, mortality rate, and complications of SCD among the GCC population. Studies restricted to laboratory diagnostic tests, experimental and animal studies, review articles, case reports and series, and conference proceedings and editorials were excluded. A total of 1,347 articles were retrieved, out of which 98 articles were found to be eligible and included in the study. The total number of participants from all the included studies was 3,496,447. The prevalence of SCD ranged from 0.24%-5.8% across the GCC and from 1.02%-45.8% for the sickle cell trait. Consanguineous marriage was a risk factor for likely giving children affected with hemoglobinopathies. Expert opinion: The prevalence of SCD and its complications vary among GCC. Because of the high prevalence of SCD and its complications, health authorities should focus on more rigorous prevention and treatment strategies.

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Publisher
Taylor and Francis Ltd.
Year of Publication
2022

47.

Propofol-Associated Priapism.
Okoli U., Singh H., Jani C., Franco R., Barash M., Alhariri H.E.
Embase
American journal of therapeutics. (no pagination), 2022. Date of Publication: 17 Nov 2022.
[Article]
AN: 640243582
PMID
36730546 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36730546]
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Publisher
NLM (Medline)
Year of Publication
2022

48.

Management of Mental Health in Cystic Fibrosis.
Bathgate C.J., Hjelm M., Filigno S.S., Smith B.A., Georgiopoulos A.M.
Embase
Clinics in Chest Medicine. 43(4) (pp 791-810), 2022. Date of Publication: December 2022.
[Review]
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Publisher
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49.

Penile Fractures: The Successful Outcome of Immediate Surgical Intervention.
Shah N., Khan I.U., Aslam R., Latif A.
Embase
Pakistan Journal of Medical and Health Sciences. 16(12) (pp 21-23), 2022. Date of Publication: December 2022.
[Article]
AN: 2022280355
Aim: To determine the results of early surgical repair in patients who initially report with a penis fracture. Study design: Retrospective Study Place of study & duration: General Surgery Department Hayatabad Medical Complex Peshawar from January 2020 to December 2021. Methodology: 42 patients with penile fractures who presented to the emergency room of the Hayatabad Medical Complex in Peshawar were included in this retrospective analysis. A clinical diagnosis was made. There was no radiological analysis done. All patients had primary suturing for the tunica tear and underwent postoperative monitoring for 4 months.
Result(s): All patients underwent surgery within 24 hours of the injury. The most common cause of injury was sexual intercourse 35(83.3%) followed by 3(7.1%) masturbation, 2(4.8%) rolling over in bed and 2(4.8%) during "routine stretching." Every patient consistently reported hearing a

cracking sound along with a severe pain, erection loss, deformity, discolouration, and edoema. Only 3 patients had blood at the external meatus. No extravasation was detected by ascending urethrography. There were 20(47.6%) proximal injuries, 16(38%) midshaft injuries and 6(14.3%) distal injuries.
Conclusion(s): An acceptable complication rate and satisfactory postoperative results are associated with early surgical intervention for penile fracture. Early diagnosis and surgical intervention are essential for a positive result and minimal complications.

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Publisher
Lahore Medical And Dental College
Year of Publication
2022

50.

Urological Society of Australia and New Zealand (USANZ) and Australasian Chapter of Sexual Health Medicine (AChSHM) for the Royal Australasian College of Physicians (RACP) clinical guidelines on the management of erectile dysfunction.
Chung E., Lowy M., Gillman M., Love C., Katz D., Neilsen G.
Embase
Medical Journal of Australia. 217(6) (pp 318-324), 2022. Date of Publication: 19 Sep 2022.
[Article]
AN: 2018878852
Introduction: These clinical practice recommendations by the Urological Society of Australia and New Zealand (USANZ) and the Australasian Chapter of Sexual Health Medicine (AChSHM) for the Royal Australasian College of Physicians (RACP) provide evidence-based clinical guidelines on the management of erectile dysfunction (ED) in Australia. Main recommendations: A comprehensive clinical history and a tailored physical examination are essential (Level of evidence [LoE] 3; GRADE B). Laboratory testing should include fasting glucose, lipid profile and total testosterone level (LoE 3; GRADE A). Specialised diagnostic tests are recommended in selected cases and the patient should be counselled accordingly (LoE 4; GRADE B). Lifestyle changes and optimisation of existing medical conditions should accompany all ED treatment regimens (LoE 1; GRADE A). Oral phosphodiesterase type 5 inhibitor (PDE5i) is an effective first line medical therapy (LoE 1; GRADE A). Intracavernosal injections and vacuum erection devices are recommended as second line therapy (LoE 1; GRADE B). A penile prosthesis implant can be considered in men who are medically refractory or unable to tolerate the side effects of medical therapy (LoE 4; GRADE B). Pro-erectile regenerative therapy remains largely experimental (LoE 3; GRADE B). Changes in management as a result of these guidelines: Modification of lifestyle behaviour, management of reversible risk factors and optimisation of existing medical conditions remain pivotal, and existing standard ED therapies are often effective and safe following cardiovascular risk stratification. Caution should be exercised on the use of regenerative technology in ED due to unknown long term outcomes.

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Publisher
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51.

Small Intestinal Submucosa for corporeal body grafting in patients with proximal hypospadias and severe chordee: Long term follow-up assessing erectile function and genital self-perception.
Guevara C.G., Suarez M.C., Raymo A., Ransford G.A., Nassau D.E., Alam A., Labbie A.S., Castellan M.A., Gosalbez R.
Embase
Journal of Pediatric Urology. 18(6) (pp 758.e1-758.e7), 2022. Date of Publication: December 2022.
[Article]
AN: 2019735258
Background: Proximal hypospadias and severe ventral chordee are often challenging to repair. To preserve penile length in chordee repair, Small Intestinal Submucosa (SIS) corporal grafting is often performed with potential long-term complications including recurrent curvature and erectile dysfunction (ED). There is a paucity of data evaluating sexual function in mid, late and post-pubertal patients.
Objective(s): We aimed to assess long-term outcomes of genital self-perception and erectile function in mid, late and post-pubertal patients who underwent single-layer (1-ply) SIS corporal body grafting for correction of severe chordee. Study design: Patients with proximal hypospadias who underwent correction of severe chordee using SIS grafting between 2001 and 2015 were retrospectively identified. Patients were evaluated for erectile and sexual function using the modified erection hardness score (mEHS) and the modified sexual health inventory for men (mSHIM). Perceived function and straightness were measured with Hypospadias Objective Scoring Evaluation (HOSE). Penile self-perception was assessed using the Pediatric Penile Perception Score (PPPS). Results were compared to an age-matched healthy control group. Categorical variables were analyzed using Fisher's exact test, and continuous variables using paired and unpaired t-test and ANOVA.
Result(s): Nineteen patients with proximal hypospadias who underwent correction of severe chordee using SIS grafting and 18 controls participated in the study with a median age of 17 years for both groups. In the mEHS, 12 (63.2%) hypospadias-patients and 14 (87.5%) controls rated their erections as completely hard and very rigid. In the mSHIM, 1 (5.2%) hypospadias-patient was classified as having moderate ED. A total of 16 hypospadias-patients (84%) and 16 controls (88.9%) reported being very satisfied or satisfied with the straightness of their penis. No significant difference was observed in the mEHS, mSHIM and PPPS between groups ($p < 0.05$).

The straightness of the erection was rated lower by participants, than by the pediatric urologist. In the HOSE, 12 (63.2%) hypospadias-patients and 16 (88.9%) controls obtained an acceptable score.
Discussion(s): Our findings indicate favorable long-term outcomes in ED and genital self-perception; only 5% of our population reported having a mild-moderate to moderate presentation of ED, and there were no reports of severe ED. The overall PPPS satisfaction rates were statistically similar for the control and hypospadias groups. The small sample population limits the significance of our findings.
Conclusion(s): Corporal body grafting with 1-ply SIS suggests positive long-term outcomes in genital self-perception and erectile function, with mid, late and post-pubertal patients who underwent hypospadias repair having comparable results to age-matched healthy controls. [Table presented]

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Publisher
Elsevier Ltd
Year of Publication
2022

52.

Schizophrenia.
Crawford P., Go K.V.
Embase
American Family Physician. 106(4) (pp 388-396), 2022. Date of Publication: October 2022.
[Article]
AN: 2021954293
Schizophrenia is the most common psychotic mental disorder, and those affected have two to four times higher mortality than the general population. Genetic and environmental factors increase the risk of developing schizophrenia, and substance use disorder (particularly cannabis) may have the strongest link. Schizophrenia typically develops in young adulthood and is characterized by the presence of positive and negative symptoms. Positive symptoms include hallucinations, delusions, and disorganized speech. Negative symptoms include blunted affect, alogia, avolition, asociality, and anhedonia. Symptoms must be present for at least six months and be severe for at least one month to make a diagnosis. Because schizophrenia is debilitating, it should be treated with antipsychotics, and early treatment decreases long-term disability. Treatment should be individualized, and monitoring for effectiveness and adverse effects is important. Patients with a first episode of psychosis who receive a formal diagnosis of schizophrenia should be treated in a coordinated specialty care program. Second-generation

antipsychotics are the preferred first-line treatment because they cause fewer extrapyramidal symptoms. Patients with schizophrenia who are treated with second-generation antipsychotics are at increased risk of cardiovascular disease and should receive at least annual metabolic screening and counseling with interventions to prevent weight gain and encourage smoking cessation. Treatment-resistant schizophrenia should be treated with clozapine. Adjunctive treatments include electroconvulsive therapy, antidepressants, and cognitive behavior therapy for psychosis. Family and social support are keys to improved outcomes.

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36260895 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36260895]
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Publisher
American Academy of Family Physicians
Year of Publication
2022

53.

Surgical Outcome and Complication of Penile Fracture.
Khan S.A., Khan M.S., Ahmad Z., Shahzad I., Abdullah, Ayaz M.M.
Embase
Pakistan Journal of Medical and Health Sciences. 16(10) (pp 982-984), 2022. Date of Publication: October 2022.
[Article]
AN: 2021974942
Objective: The aim of current study is to determine the causes, symptoms of penile fracture and post-operative outcomes.
Study Design: Prospective study Place and Duration: This study was conducted at multi centers at DHQ Teaching Hospital, KDA, Kohat and DHQ Hospital Batkhela during the period from February, 2022 to July, 2022.
Method(s): Total 30 patients had penile fracture were presented in this study. Included cases were aged between 20-50 years. After receiving informed written permission, detailed demographic information about the enrolled patients was compiled, including age, body mass index, place of residence, and marriage status. Causes and clinical features of fracture were assessed. Patients were underwent for surgery and success rate was observed. Post-treatment rate of complications among enrolled cases were also calculated. We used SPSS 22.0 version to analyze complete data Results: Included patients had mean age 35.7+/-12.32 years with mean BMI 24.7+/-4.31 kg/m2. Majority of the cases were married 26 (86.7%) and rest were unmarried 4 (13.3%). 12 (40%) patients had urban residency and majority were had rural 18 (60%). Most common cause of fracture was coital 20 (66.7%), followed by masturbation in 6 (20%) and 4 (13.3%) patients had manipulation during sleep. Deformity, swelling, detumescence and crackling sound was the most common symptoms. Right corpus was the most common tunical tear 24 (80%) and most common site was proximal 22 (73.3%). Success rate was found among 26 (86.7%) cases. Post-operatively complications were found among 5 (16.7%) cases in which plaques/ nodules, curvature, erectile dysfunction, pain and swelling were included.
Conclusion(s): For the purposes of this study, we found the penis fracture to be a rather simple condition to diagnose. Cavernosography may be used to confirm a diagnosis if necessary. Penile

fractures may be successfully treated with immediate primary surgical repair, resulting in normal erection without substantial sequelae. Short hospital stays and fast restoration of sexual function are common outcomes of this procedure.

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Embase
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Publisher
Lahore Medical And Dental College
Year of Publication
2022

54.

Effects of long term sildenafil on the acute phase of Peyronie's disease in a combination treatment.
Topcuoglu M., Cakan M.
Embase
Archivio Italiano di Urologia e Andrologia. 94(3) (pp 319-322), 2022. Date of Publication: 2022.
[Article]
AN: 2021996432
Objectives: The aim of this study was to Summary investigate the impact of the addition of 50 mg daily sildenafil to pentoxifylline-colchicine combination therapy on the Peyronie's plaque features in patients with the acute phase of Peyronie's disease (PD).
Method(s): In this retrospective and non-randomized clinical study, patients were divided into 2 groups as group 1; (n = 107) who received colchicine and pentoxyfillin plus 50 mg daily oral sildenafil, and as group 2; (n = 79) who received only colchicine and pentoxyfillin. Patients were compared in terms of degree of curvature, pain in erection and erectile function at the baseline and at 6-month follow up. Pain in erection and erectile function were evaluated by visual Analogue Scale (EF-VAS), and the shortened version of the International Index of Erectile Function (IIEF-5). Improvement in the degree of curvature and change in EF-VAS scores were primary endpoints of the study. Change in IIEF-5 score was the secondary endpoint of the study.
Result(s): The two groups were statistically similar in terms of demographics and baseline features of PD. A statistically significant reduction in degree of curvature and EF-VAS scores was shown in group 1 compared to group 2.There was also a significantly higher IIEF-5 score in group 1 compared to group 2. No significant side effects were detected in both groups during treatment period.
Conclusion(s): Adding sildenafil to pentoxifylline-colchicine combination treatment seems to improve PD related symptoms in the acute phase PD. PDE5i may contribute to relieve the Peyronie's symptoms in ED patients through their antifibrotic effects.

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Publisher
Page Press Publications
Year of Publication
2022

55.

Platelet-rich plasma in patients affected with Peyronie's disease.
Achraf C., Abdelghani P.A., Jihad P.E.A.
Embase
Arab Journal of Urology. (no pagination), 2022. Date of Publication: 2022.
[Article]
AN: 2019737735
Objectives: The objective of our study is to discover and evaluate the effects of repeated intralesional injections inside the tunica albuginea of platelet-rich plasma (PRP) in the treatment of Peyronie's disease (PD).
Method(s): As part of a prospective study over 12 months from February 2020 until February 2021, on Sixty-five patients with Peyronie's disease, and penile curvature between 25 and 45degree. Patients were stratified into two groups, the first with a curvature between 25 and 35degree and the second between 35 and 45degree. Gathered data included patient-demographics, Injection technique, outcomes: both quantitative (curvature assessments) and qualitative (state of erectile function, pain during intercourse), and complications. Patients in both groups received an average of 6.1 injections of PRP during the study period. Angulation was significantly improved in both groups an average final improvement of 16.88degree (SD = 3.35) ($p < 0.001$) in the first group and 17.27degree (SD = 4.22) ($p < 0.001$) in the second group. Pain during sex decreased from 70.7% to 34.25%, and 55.5% of patients had easier sexual intercourse. The positive results of our series of treatment for Peyronie's disease by injection of platelet-rich plasma are encouraging both methodologically (simplicity) and clinical (safety and efficacy) as well as patient satisfaction.

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Publisher
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56.

Early versus delayed penile prosthesis insertion for refractory ischemic priapism.
Salman B., Elsherif E., Elgharabawy M., Badawy A.

Embase
Arab Journal of Urology. (no pagination), 2022. Date of Publication: 2022.
[Article]
AN: 2019596812
Objectives: Penile prosthesis insertion is a well-established therapeutic option in refractory ischemic priapism but there is a lack of standardization regarding the timing of surgery, the type of prosthesis (malleable or inflatable), as well as the possible complications. In this study, we retrospectively compared early versus delayed penile prosthesis insertion in patients with refractory ischemic priapism.
Method(s): 42 male patients who presented with refractory ischemic priapism during the period between January 2019 and January 2022 were included in this study. All patients had malleable penile prosthesis insertion by four highly experienced consultants. Patients were divided into two groups based on the time of the prosthesis insertion. 23 patients had immediate insertion of the prosthesis within the first week of the onset of priapism while the remaining 19 patients had delayed prosthesis insertion three months or later after the onset of priapism. The outcome as well as the intra- and the postoperative complications were recorded.
Result(s): Postoperative complications such as prosthesis erosion and infection were higher among the early insertion group while the delayed insertion group had higher incidence of intraoperative complications such as corporal perforation and urethral injury. The insertion of the prosthesis was much more difficult among the delayed insertion group due to fibrosis which made dilatation of the corpora very difficult. The length and the width of the penile implant were significantly higher among the early insertion group as compared to the delayed insertion group.
Conclusion(s): Early penile prosthesis insertion for refractory ischemic priapism is a safe and effective treatment option as delayed prosthesis insertion is more difficult and challenging due to corporal fibrosis and is associated with higher complication.

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Year of Publication
2022

57.

Surgical and minimally invasive treatment of ischaemic and non-ischaemic priapism: a systematic review by the EAU Sexual and Reproductive Health Guidelines panelt.
Milenkovic U., Cocci A., Veeratterapillay R., Dimitropoulos K., Boeri L., Capogrosso P., Cilesiz N.C., Gul M., Hatzichristodoulou G., Modgil V., Russo G.I., Tharakan T., Omar M.I., Bettocchi C., Carvalho J., Yuhong Y., Corona G., Jones H., Kadioglu A., Martinez-Salamanca J.I., Verze P., Serefoglu E.C., Minhas S., Salonia A.
Embase
International Journal of Impotence Research. (no pagination), 2022. Date of Publication: 2022.
[Review]
AN: 2019277545
Surgical treatments for ischemic priapism (IP) include shunts or penile implants. Non-ischemic priapism (NIP) is usually the result of penile/perineal trauma causing an arterial fistula and embolisation may be required. We conducted a systematic review on behalf of the EAU Sexual

and Reproductive health Guidelines panel to analyse the available evidence on efficacy and safety of surgical modalities for IP and NIP. Outcomes were priapism resolution, sexual function and adverse events following surgery. Overall, 63 studies (n = 923) met inclusion criteria up to September 2021. For IP (n = 702), surgery comprised distal (n = 274), proximal shunts (n = 209) and penile prostheses (n = 194). Resolution occurred in 18.7-100% for distal, 5.7-100% for proximal shunts and 100% for penile prostheses. Potency rate was 20-100% for distal, 11.1-77.2% for proximal shunts, and 26.3-100% for penile prostheses, respectively. Patient satisfaction was 60-100% following penile prostheses implantation. Complications were 0-42.5% for shunts and 0-13.6% for IPP. For NIP (n = 221), embolisation success was 85.7-100% and potency 80-100%. The majority of studies were retrospective cohort studies. Risk of bias was high. Overall, surgical shunts have acceptable success rates in IP. Proximal/venous shunts should be abandoned due to morbidity/ED rates. In IP > 48 h, best outcomes are seen with penile prostheses implantation. Embolisation is the mainstay technique for NIP with high resolution rates and adequate erectile function.

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58.

Conservative and medical treatments of non-sickle cell disease-related ischemic priapism: a systematic review by the EAU Sexual and Reproductive Health Panel.
Capogrosso P., Dimitropolous K., Russo G.I., Tharakan T., Milenkovic U., Cocci A., Boeri L., Gul M., Bettocchi C., Carvalho J., Kalkanli A., Corona G., Hatzichristodoulou G., Jones H.T., Kadioglu A., Martinez-Salamanca J.I., Modgil V., Serefoglu E.C., Verze P., Salonia A., Minhas S.
Embase
International Journal of Impotence Research. (no pagination), 2022. Date of Publication: 2022.
[Review]
AN: 2018730959
Conservative and medical treatments are considered the first step in ischemic priapism (IP) management, although there is no clear evidence regarding their efficacy. We conducted a systematic review on behalf of the EAU Guidelines panel on Sexual and Reproductive health to analyse the available evidence on the efficacy and safety of conservative and medical treatment for non-sickle cell disease-related IP. Databases searched for relevant literature investigating efficacy and safety of conservative measures and medical treatment for IP included Medline, EMBASE, Cochrane Libraries and clinicaltrial.gov published up to September 2021. Overall, 41 retrospective, 3 prospective single-arm studies and 3 randomized controlled trials met the inclusion criteria. Intracavernous injection with sympathomimetic (ICIs) agents were the most frequently utilized treatment with efficacy ranging from 0 to 100% of cases. The combination of ICIs with corporeal aspiration with or without irrigation with saline was successful in 70 to 100% of cases. Oral treatment with beta2 receptor agonist (e.g., terbutaline) showed mild to moderate efficacy. Conservative methods including ice pack, exercise, cold enema and ejaculation depicted lower effectiveness in resolving priapism (1-55%). Longer time interval from the onset to the resolution of IP was associated with higher rate of erectile dysfunction at follow-up (30-70%), especially after 24 h.

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59.

What is the effectiveness of surgical and non-surgical therapies in the treatment of ischemic priapism in patients with sickle cell disease? A systematic review by the EAU Sexual and Reproductive Health Guidelines Panel.
Luca B., Veeratterapillay R., Modgil V., Omar M.I., Bettocchi C., Carvalho J., Jones T.H., Martinez-Salamanca J.I., Salonia A., Minhas S., Bettochi C., Corona G., Salamanca J.I.M., Kadioglu A., de Carvalho J.P.P., Jones H., Verze P., Serefoglu E.C., Capogrosso P., Boeri L., Cocci A., Dimitropoulos K., Falcone M., Gul M., Hatzichristodoulou G., Kalkanli A., Milenkovic U., Morgado A., Russo G.I., Tharakan T., Czeloth K., Ager M.
Embase
International Journal of Impotence Research. (no pagination), 2022. Date of Publication: 2022.
[Review]
AN: 2018457576
Sickle cell disease (SCD) is an inherited hemoglobin disorder characterized by the occlusion of small blood vessels by sickle-shaped red blood cells. SCD is associated with a number of complications, including ischemic priapism. While SCD accounts for at least one-third of all priapism cases, no definitive treatment strategy has been established to specifically treat patients with SC priapism. The aim of this systematic review was to assess the efficacy and safety of contemporary treatment modalities for acute and stuttering ischemic priapism associated with SCD. The primary outcome measures were defined as resolution of acute priapism (detumescence) and complete response of stuttering priapism, while the primary harm outcome was as sexual dysfunction. The protocol for the review has been registered (PROSPERO Nr: CRD42020182001), and a systematic search of Medline, Embase, and Cochrane controlled trials databases was performed. Three trials with 41 observational studies met the criteria for inclusion in this review. None of the trials assessed detumescence, as a primary outcome. All of the trials reported a complete response of stuttering priapism; however, the certainty of the evidence was low. It is clear that assessing the effectiveness of specific interventions for priapism in SCD, well-designed, adequately-powered, multicenter trials are strongly required.

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60.

Sex steroid priming in short stature children unresponsive to GH stimulation tests: Why, who, when and how.
Partenope C., Galazzi E., Albanese A., Bellone S., Rabbone I., Persani L.
Embase

Frontiers in Endocrinology. 13 (no pagination), 2022. Article Number: 1072271. Date of Publication: 29 Nov 2022.
[Review]
AN: 2020575071
Despite decades of experience, the diagnosis of growth hormone deficiency (GHD) remains challenging, especially in peripubertal children. Failure to respond to GH stimulation tests (GHSTs) is needed to confirm GHD, but long-standing controversies regarding the number of tests needed and the interpretation of GH peaks are still a matter of debate worldwide. Diagnostic workup is even more problematic in short children with slow growth and delayed sexual development: they often exhibit low GH peaks under GHST, which often normalize as puberty progresses. Consequently, this transient suboptimal response to GHST may result in GH overtreatment, carrying both health and economic concerns. Considering the complex and bound link between GH axis and sex steroids, the use of sex steroid priming prior to GHST might be helpful in peripubertal setting. However, its use is still controversial. There is no consensus regarding patient selection, timing, dose, and preparation of sex steroids. In this review, we aim to overview the use of sex steroid priming in clinical practice, highlighting the need to develop appropriate guidelines in order to overcome diagnostic pitfalls in peripubertal age.

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61.

Role of Oxidative Stress in Peyronie's Disease: Biochemical Evidence and Experiences of Treatment with Antioxidants.
Paulis G., De Giorgio G., Paulis L.
Embase
International journal of molecular sciences. 23(24) (no pagination), 2022. Date of Publication: 15 Dec 2022.
[Review]
AN: 639848058
BACKGROUND: Peyronie's disease (PD) is a chronic inflammatory condition affecting adult males, involving the tunica albuginea of the corpora cavernosa of the penis. PD is frequently associated with penile pain, erectile dysfunction, and a secondary anxious-depressive state. The etiology of PD has not yet been completely elucidated, but local injury is generally recognized to be a triggering factor. It has also been widely proven that oxidative stress is an essential, decisive component in all inflammatory processes, whether acute or chronic. Current conservative medical treatment comprises oral substances, penile injections, and physical therapy. AIM: This article

intends to show how antioxidant therapy is able to interfere with the pathogenetic mechanisms of the disease.
METHOD(S): This article consists of a synthetic narrative review of the current scientific literature on antioxidant therapy for this disease.
RESULT(S): The good results of the antioxidant treatment described above also prove that the doses used were adequate and the concentrations of the substances employed did not exceed the threshold at which they might have interacted negatively with the mechanisms of the redox regulation of tissue.
CONCLUSION(S): We believe new, randomized, controlled studies are needed to confirm the efficacy of treatment with antioxidants. However, we consider the experiences of antioxidant treatment which can already be found in the literature useful for the clinical practice of urologists in the treatment of this chronic inflammatory disease.
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62.

Clinical and laboratory characterization of adult sickle cell anemia patients in Kinshasa.
Lumbala P.K., Mbayabo G., Ngole M.N., Lumaka A., Race V., Matthijs G., Van Geet C., Lukusa P.T., Devriendt K., Mikobi T.M.
Embase
PLoS ONE. 17(12 December) (no pagination), 2022. Article Number: e0278478. Date of Publication: December 2022.
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AN: 2021832501
Background Sickle cell anemia (SCA) is a monogenic hemoglobinopathy associated with severe acute and chronic complications, with the highest incidence worldwide in Sub-Saharan Africa. The wide variability in clinical manifestations suggest that a uniform response to hydroxurea may not be attained. In view of a potential treatment with hydroxyurea (HU), we assessed the variability of clinical and hematological manifestations in a cohort of adults with SCA in Kinshasa, capital of the DR Congo in Central Africa. Methods A cross-sectional study was conducted in a hospital dedicated to SCA management in Kinshasa. Clinical history of patients was recorded, a complete physical examination performed. The diagnosis was confirmed by means of DNA analysis. A full blood count and hemolysis markers were measured. The severity of the disease was evaluated by means of a previously reported score. Results The study group consisted of 166 genetically confirmed SCA patients. The SCA severity was mild in 28.9%, moderate in 64.5% and severe in 6.6%. The disease severity score increased with patient's age (p <= 0.001). The severity was higher in males compared to females (p = 0.012). In males, the severity score was correlated with the presence of priapism (p = 0.045), a manifestation not previously incorporated in the severity score. The severity score was inversely correlated with the fetal hemoglobin (HbF) rate (p = 0.005). Malnutrition (BMI <18.5 kg/m2) was present in 47% of patients and was related to the male sex, hip disease (aOR 3.11; p = 0.019) and severe phenotype (aOR 3.53; p = 0.012).

Leg ulcers were more frequent in males than in females (p = 0.001; OR 24.3) and were correlated with the number of days of hospitalization (p = 0.029). Hip disease was related to the increasing age (p = 0.008). Conclusion In this selected, hospital-based populations of adults with SCA, severe disease was rare, which may be due to survival bias. However, two thirds had moderate severity of the disease, mostly with a low HbF, and they may benefit from HU treatment. In the Central-African setting the separation between vaso-occlusive and hyperhemolytic sub-phenotypes was not applicable.

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63.

Platelet volume parameters as a tool in the evaluation of acute ischemic priapism in patients with sickle cell anemia.
Adawi E.A., Ghanem M.A.
Embase
Archivio Italiano di Urologia e Andrologia. 94(2) (pp 217-221), 2022. Date of Publication: 30 Jun 2022.
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AN: 2019434701
Objective: This study aimed to evaluate the predictive value of platelet volume indices (PVIs), such as mean platelet volume (MPV), platelet distribution width (PDW), and plateletcrit (PCT), as prognostic parameters of detumescence in acute ischemic priapism (IP) patients with sickle cell anemia (SCA) in steady-state who received intracavernosal injections of phenylephrine with aspiration and saline irrigation.
Method(s): Fifty-six SCA patients with acute IP and 54 healthy male control subjects were included in the research. Priapism was diagnosed by penile Doppler ultrasound and corporal blood gas tests before intervention. Measurements of PVIs (MPV, PDW, and PCT) and TLC were ordered for all participants. Additionally, the duration of priapism was recorded. The area under the curves was calculated by receiver operating characteristic (ROC) regression analysis.

Result(s): The detumescence rate was 71.4% after the intervention. Compared to the control group, priapic SCA patients showed significantly higher PLT (p = 0.011), MPV (p = 0.002), PDW (p = 0.032), PCT values (p = 0.022), and TLC (p = 0.027). Higher MPV, PDW, and PCT values were observed in unsuccessful detumescence patients compared to the resolution group (p < 0.05). Statistically significant cutoff values for persistent priapism were measured by ROC as PLT: >= 254x103/microL; MPV: >= 13.2 fL; PDW: >= 15.6 fL; PCT: >= 24%; and TLC >= 8.5x103/L. Priapism duration of <= 17.9 hours was significantly related to detumescence rate (p = 0.000). Multivariable logistic regression analysis showed that priapism duration and higher MPV are prognostic parameters for detumescence in SCA.
Conclusion(s): The higher MPV and duration of priapism can be used as parameters for evaluating detumescence outcomes in steady-state SCA with acute IP.

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64.

Effects of Electroacupuncture with Different Waveforms on Chronic Prostatitis/Chronic Pelvic Pain Syndromes: A Randomized Controlled Trial.
Li Z., Liu J., Liu P., Zhang Y., Han W.
Embase
Contrast Media and Molecular Imaging. 2022 (no pagination), 2022. Article Number: 6866000. Date of Publication: 2022.
[Article]
AN: 2019495630
Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is a common disorder in adult men. Evidence has demonstrated that acupuncture is effective for treating CP/CPPS. Electroacupuncture (EA) is a combination of traditional acupuncture and electrical stimulation, and the waveform is one of the key factors influencing EA effects. Different waveforms contain different stimulating parameters, thus generating different effects. However, the effects of different waveforms of EA on CP/CPPS remain unclear and there is no recommended standard for the application of EA waveforms. At the same time, the waveform prescription of CP/CPPS is also different, so exploring the influence of different waveforms on CP/CPPS patients will also provide a certain treatment basis for clinical treatment. A total of 108 eligible patients were recruited from the Seventh People's Hospital affiliated to the Shanghai University of Traditional Chinese Medicine from March 18, 2021, to January 31, 2022, according to inclusion and exclusion criteria. All subjects were randomly divided into three groups (continuous wave 4 Hz, continuous wave 20 Hz, and extended wave 4/20 Hz) in a ratio of 1: 1: 1. Patients in all three groups were treated for the same duration of 20 minutes, with intervention twice a week for 4 weeks. The changes in chronic prostatitis index (NIH-CPSI), erectile function index 5 (IIEF-5), Hospital Anxiety and Depression Scale (HADS), and NIH-CPSI response rate in three groups were compared after the intervention, and the occurrence of adverse events in patients during treatment was observed. After 4 weeks of treatment, the CP/CPPS response rates were 66.7%, 62.5%, and 88.2% in the 4 Hz, 20 Hz, and 4/20 Hz groups, respectively. The reaction rate of CP /

CPPS in 4 / 20 Hz group was higher than that in 4 Hz group and 20 Hz group. (P<0.05). During treatment, the difference between NIH-CPSI scores between 4 Hz and 4/20 Hz was insignificant (P>0.05). NIH-CPSI scores were lower in the 4/20 Hz group than in the 4 Hz and 20 Hz groups (P<0.05). After treatment, there was no significant difference in the pain and discomfort subscales (P>0.05) between the 4 Hz and 20 Hz groups and there were significantly lower pain and discomfort scores in the 4/20 Hz group (P<0.05) compared to the 4 Hz and 20 Hz groups. There was no significant difference in the reduction of urination symptoms and quality of life among the three groups (P>0.05). Compared with before treatment, IIEF-5 scores of the three groups were improved (P<0.05). After treatment, there was no significant difference between the IIEF-5 scores in 4 Hz and 20 Hz (P>0.05), while the IIEF-5 score in 4/20 Hz was significantly higher than that in 4 Hz and 20 Hz, and the change was significant (P<0.05). The HADS scores decreased in all the three groups (P<0.05), but there was no significant difference in HADS scores between the three groups (P>0.05). Adverse events were mild and transient, and no serious adverse events occurred in each group. Both the expansive and continuous waveforms of EA can effectively alleviate symptoms such as prostatitis, erectile dysfunction, anxiety, and depression in patients with CP/CPPS. Expansion waves are superior to continuous waves in improving erectile function and pain symptoms in chronic prostatitis and can be used as a preferred waveform for the treatment of CP/CPPS. Trial Registration. This trial is registered with Chinese Clinical Trial Registry, ChiCTR2100044418.

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65.

Phenotypic screening of 1,953 FDA-approved drugs reveals 26 hits with potential for repurposing for Peyronie's disease.
Ilg M.M., Lapthorn A.R., Ralph D.J., Cellek S.
Embase
PloS one. 17(12) (pp e0277646), 2022. Date of Publication: 2022.
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AN: 639763577
Drug repurposing has been shown to bring safe medications to new patient populations, as recently evidenced by the COVID-19 pandemic. We investigated whether we could use phenotypic screening to repurpose drugs for the treatment of Peyronie's disease (PD). PD is a fibrotic disease characterised by continued myofibroblast presence and activity leading to formation of a plaque in the penile tunica albuginea (TA) that can cause pain during erection,

erectile dysfunction, and penile deformity. PD affects 3-9% of men with treatment options limited to surgery or injection of collagenase which can only be utilised at late stages after the plaque is formed. Currently there are no approved medications that can be offered to patients presenting with early disease before the formation of the plaque. Drug repurposing may therefore be the ideal strategy to identify medical treatments to address this unmet medical need in early PD. We used primary human fibroblasts from PD patients in a phenotypic screening assay that measures TGF-beta1-induced myofibroblast transformation which is the main cellular phenotype that drives the pathology in early PD. A library of FDA-approved 1,953 drugs was screened in duplicate wells at a single concentration (10 muM) in presence of TGF-beta1. The myofibroblast marker alpha-SMA was quantified after 72h incubation. A positive control of SB-505124 (TGF-beta1 receptor antagonist) was included on each plate. Hits were defined as showing >80% inhibition, whilst retaining >80% cell viability. 26 hits (1.3%) were identified which were divided into the following main groups: anti-cancer drugs, anti-inflammation, neurology, endocrinology, and imaging agents. Five of the top-ten drugs that increase myofibroblast-transformation appear to act on VEGFR. This is the first phenotypic screening of FDA-approved drugs for PD and our results suggest that it is a viable method to predict drugs with potential for repurposing to treat early PD.

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66.

Urethral rupture concomitant with penile fracture does not adversely affect functional outcomes.
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Embase
Urologia. (pp 3915603221141171), 2022. Date of Publication: 14 Dec 2022.
[Article]
AN: 639794249
INTRODUCTION: The aim of this study was to identify possible risk factors for urethral rupture and to evaluate the effect of urethral rupture repair on long-term functional outcomes and complications. MATERIALS AND METHODS: The medical records of consecutive penile fracture patients were retrospectively reviewed. Penile fracture patients with and without urethral rupture were compared according to demographics, clinical and intraoperative findings. Comparisons of postoperative functional results of the groups were performed using the 5-item version of the International Index of Erectile Function (IIEF-5) and the International Prostate Symptom Score (IPSS). Finally, among them, long-term penile complications including penile curvature, painful erection, palpable nodule, and paresthesia were assessed.
RESULT(S): Fifty-three patients participated. Patients with urethral rupture (n=8) were older (44.50+/-10.69, 36.58+/-10.33years, p=0.052). There was no significant difference in fracture

etiology (p=0.64). Urethral bleeding was present only in patients with urethral rupture (p<0.001). Although no bilateral corpus cavernosum rupture was encountered in penile fracture patients without urethral rupture, this rate was significantly higher in those with urethral rupture at a rate of 62.5% (p<0.001). The time from surgical repair to sexual activity was similar in both groups (p=0.66). There was no significant difference in IPSS and IIEF-5 scores, the presence of erectile dysfunction and complication rates (p>0.05).
CONCLUSION(S): Older age is a possible risk factor for a concomitant urethral rupture with penile fracture and it seems to be associated with urethral bleeding and bilateral corpus cavernosum involvement. Additionally, urethral rupture repair neither adversely affected functional outcomes nor increased penile complication rates.
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67.

A Modified Bilateral Scrotal Flap for Penile Skin Defect Repair.
Yao H., Zheng D., Xie M., Mao Y., Wan X., Ni J., Wang Z.
Embase
Journal of visualized experiments : JoVE. (189) (no pagination), 2022. Date of Publication: 18 Nov 2022.
[Article]
AN: 639705600
Skin shortages and scar contractures are common complications following penile trauma and tumor surgery, resulting in significant pain and erectile dysfunction. Currently, skin grafts and scrotal flaps are widely used to reconstruct skin shortages. However, various limitations still exist; for instance, the skin graft may cause severe scarring in patients, and the traditional scrotal flap usually requires a two-stage procedure due to the large skin defect. To treat the shortage of foreskin, a modified bilateral scrotal pedicled flap is used. In this procedure, flaps located on each side of the midline of the scrotum, which was pedicled from the anterior scrotal artery, are harvested. Subsequently, these bilateral scrotal flaps, like a butterfly, can successfully cover the foreskin defect. In this study, seven patients underwent this procedure, and satisfactory outcomes were obtained. Only two patients developed necrosis in some small areas of the flaps, which were recovered after wound care. Postoperative penile length significantly increased compared to the preoperative status in both flaccid and erectile states. We believe that modified bilateral scrotal flaps are a simple and effective solution to penile skin shortages and scar contractures.
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68.

Fertility preservation for pediatric patients with hemoglobinopathies: Multidisciplinary counseling needed to optimize outcomes.
Bedrick B.S., Kohn T.P., Pecker L.H., Christianson M.S.
Embase
Frontiers in Endocrinology. 13 (no pagination), 2022. Article Number: 985525. Date of Publication: 24 Oct 2022.
[Review]
AN: 2019979233
Hemoglobinopathies are autosomal recessive disorders that occur when genetic mutations negatively impact the function of hemoglobin. Common hemoglobinopathies that are clinically significant include sickle cell disease, alpha thalassemia, and beta thalassemia. Advancements in disease-modifying and curative treatments for the common hemoglobinopathies over the past thirty years have led to improvements in patient quality of life and longevity for those who are affected. However, the diseases, their treatments and cures pose infertility risks, making fertility preservation counseling and treatment an important part of the contemporary comprehensive patient care. Sickle cell disease negatively impacts both male and female infertility, primarily by testicular failure and decreased ovarian reserve, respectively. Fertility in both males and females with beta thalassemia major are negatively impacted by iron deposition due to chronic blood transfusions. Hematopoietic stem cell transplant (HSCT) is currently the only curative treatment for SCD and transfusion dependent beta thalassemia. Many of the conditioning regimens for HSCT contain chemotherapeutic agents with known gonadotoxicity and whole-body radiation. Although most clinical studies on toxicity and impact of HSCT on long-term health do not evaluate fertility, gonadal failure is common. Male fertility preservation modalities that exist prior to gonadotoxic treatment include sperm banking for pubertal males and testicular cryopreservation for pre-pubertal boys. For female patients, fertility preservation options include oocyte cryopreservation and ovarian tissue cryopreservation. Oocyte cryopreservation requires controlled ovarian hyperstimulation (COH) with ten to fourteen days of intensive monitoring and medication administration. This is feasible once the patient has undergone menarche. Follicular growth is monitored via transvaginal or transabdominal ultrasound, and hormone levels are monitored through frequent blood work. Oocytes are then harvested via a minimally invasive approach under anesthesia. Complications of COH are more common in patients with hemoglobinopathies. Ovarian hyperstimulation syndrome creates a greater risk to patients with underlying vascular, pulmonary, and renal injury, as they may be less able to tolerate fluids shifts. Thus, it is critical to monitor patients undergoing COH closely with close collaboration between the hematology team and the reproductive endocrinology team. Counseling patients and families about future fertility must take into consideration the patient's disease, treatment history, and planned treatment, acknowledging current knowledge gaps.

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Publisher
Frontiers Media S.A.
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69.

Stuttering interventions for children, adolescents, and adults: a systematic review as a part of clinical guidelines.
Laiho A., Elovaara H., Kaisamatti K., Luhtalampi K., Talaskivi L., Pohja S., Routamo-Jaatela K., Vuorio E.
Embase
Journal of Communication Disorders. 99 (no pagination), 2022. Article Number: 106242. Date of Publication: 01 Sep 2022.
[Review]
AN: 2018902977
Introduction: Stuttering may have a holistic effect on the quality of life of a person who stutters by limiting participation in social situations, resulting in feelings of isolation and frustration, leading to difficulties in education and employment and increasing the likelihood of mental health problems. Even young children who stutter may have negative experiences of speaking. Therefore, it is important to treat stuttering behavior effectively in both children and adults. The purpose of this paper was to systematically review group and case studies about the effectiveness of behavioral stuttering interventions to provide evidence-based guidelines for clinicians.
Method(s): Systematic data retrieval was conducted in four electronic databases (PsycINFO, CINAHL, PubMed, Cochrane). The assessment of search results was conducted according to predetermined inclusion and exclusion criteria by two independent judges. The methodological quality of each paper was assessed using strict criteria to include only high-quality research.
Result(s): The search revealed 2293 results, and 38 papers (systematic reviews N=3, group design studies N=21 and case studies N=14) with acceptable methodological quality were included. The data show that there is most evidence about the treatment of early childhood stuttering, very little evidence about school-aged children and some evidence about adults. The most convincing evidence is about the Lidcombe Program in the treatment of young children who stutter, but also other methods have promising evidence. Our data imply that in the treatment of adults who stutter, holistic treatments may influence speech fluency and overall experience of stuttering behavior. Speech restructuring treatments may have a positive effect on overt characteristics of stuttering, but not on covert stuttering behavior.
Conclusion(s): The results of this review agree with earlier reviews about the treatment of young children. However, due to different inclusion criteria, this review also shows the benefits of holistic treatment approaches with adults and adolescents.

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(Routamo-Jaatela, Vuorio) Private Practice
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70.

Sex as an Independent Risk Factor for Venous Thromboembolism in Sickle Cell Disease: A Cross-Sectional Study.
Roe A.H., Mcallister A., Kete C., Pishko A., Whitworth H., Schreiber C.A., Sayani F.A.
Embase
Journal of Women's Health. 31(10) (pp 1467-1471), 2022. Date of Publication: 01 Oct 2022.
[Article]
AN: 2021288831
Venous thromboembolism (VTE) affects up to 25% of individuals with sickle cell disease (SCD), but risk factors are not well characterized. We sought to measure the prevalence of VTE among SCD patients in our health system and to describe the relationship between medical history, biological sex, and VTE. We performed a retrospective chart review of SCD patients who visited an outpatient hematology clinic within Penn Medicine between June 2014 and June 2019. Demographics and medical history were compared across those with and without a history of VTE. We developed a logistic regression model to describe factors independently associated with VTE. Of 597 patients with SCD who were identified, 147 (24.6%) had a history of VTE; 100 were female and 47 were male. In the regression model, female sex was independently associated with history of VTE (odds ratio 1.91, 95% confidence interval 1.26-2.91), as were pulmonary hypertension, hydroxyurea use, and history of stroke. Among females only, 49.7% were parous and 18.8% had used oral contraceptives, and these proportions did not differ by history of VTE. One-quarter of the SCD patients in our health system had a history of VTE, confirming significantly higher rates than in the general population. Females had twice the odds of VTE compared to males, highlighting an important sex disparity in SCD disease outcomes and raising questions regarding optimal pregnancy and contraceptive care for females with SCD.

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71.

Testosterone replacement therapy and erectile dysfunction.
Onyeji I.C., Clavijo R.I.
Embase
International Journal of Impotence Research. 34(7) (pp 698-703), 2022. Date of Publication: November 2022.
[Review]
AN: 2014681309
Testosterone (T) deficiency and erectile dysfunction (ED) are independently functionally and socially impairing, and their concurrence in men can be challenging to treat. Successful management requires an understanding of the mechanisms through which T underlies normal erectile function. While the literature elucidating some of these mechanisms is vast (e.g., androgen regulation of the activity of nitric oxygen synthase and phosphodiesterase type 5) for others it is scarce (e.g., catalysts of castration-induced corporal fibrosis). The randomized controlled trial data for the efficacy of T replacement as mono- or combination therapy to treat ED has been conflicting. Positive results were frequently not clinically meaningful. Meta-analyses have been helpful in illuminating trends that seem to be promising. Consensus is still lacking in several areas, such as the threshold of low T severity for which replacement therapy is most beneficial; the timing for initiating combination therapy; and the duration of treatment.

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Publisher
Springer Nature
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72.

Audit of clinical and laboratory parameters of hemoglobin SS patients in a Nigerian teaching hospital.
Akingbola T.S., Aworanti O.W., Ogundeji S.P.
Embase
Annals of Medicine. 54(1) (pp 2921-2928), 2022. Date of Publication: 2022.
[Article]

AN: 2020096983
Background: The burden of Sickle cell anaemia (SCA) is huge in Sub Sahara Africa as it affects 1-2% of the population. HbSS impacts negatively on the quality of life of the sufferers. The clinical manifestations start between 3 and 5 months of life as a result of reduction in foetal hemoglobin.
Objective(s): This study describes the clinical and laboratory characteristics of HbSS patients at presentation in steady state, vaso-occlusive and hemolytic crises states.
Material(s) and Method(s): This was a cross sectional, analytical study. Ninety HbSS participants were divided into three groups; steady state, hemolytic and vaso-occlusive crises with 30 individuals in each group. The survey contained sections on bio-data and past medical history obtained from the patients' notes and results of laboratory tests. Data were analysed using SPSS version 23.0. Results were considered statistically significant if $p < 0.05$.
Result(s): Ninety participants were analysed in this study. The mean age of the participants was 29.4 +/- 8.9 years. Only one-third of the participants were diagnosed within the first year of age. Forty-seven (52.2%) participants have steady state haematocrit in the range of 21-25%. All the participants experienced bone pain in a year, about 25% of these participants had more than three episodes of pain per year. There was a statistically significant difference in the mean values of PCV ($p <.001$), WBC ($p <.001$), platelet ($p =.008$), ANC ($p <.001$), ALC ($p <.001$), AMC ($p <.001$), reticulocyte count and ISC % among the different categories.
Conclusion(s): This study established the fact that only a minority of the SCD patients are diagnosed in the first year of life and vaso-occlusive crisis is the most frequent reason for hospital presentation. We therefore recommend the institutionalisation by government policy, neonatal screening programme in Nigeria.KEY MESSAGES The study highlight delay in early diagnosis of SCA due to unavailability of neonatal diagnosis program in our setting. Bone pain remains the major cause of presentation for SCA and most patients presented after a day of onset of pain to the hospital.

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Taylor and Francis Ltd.
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73.

Priapism or Prolonged Erection: Is 4 - 6 Hours of Cavernous Ischemia the Time Point of Irreversible Tissue Injury?.
Dekalo S., Stern N., Broderick G.A., Brock G.
Embase
Sexual Medicine Reviews. 10(4) (pp 660-668), 2022. Date of Publication: October 2022.
[Review]
AN: 2019897525

Introduction: Ischemic priapism remains a significant cause of morbidity among men. To date, the precise time when penile ischemia results in permanent, non-reversible cavernosal smooth muscle injury, compromising subsequent erectile integrity, remains ill-defined.
Objective(s): To review the medical literature pertaining to ischemic priapism, focusing on factors that predict the exact timeline of irreversible cavernous tissue injury.
Method(s): A comprehensive literature search was performed. Our search included both publications on animal models and retrospective clinical series through January 2022. Articles were eligible for inclusion if they contained original data regarding nonreversible tissue injury on histology and/or provided a timeline of erectile function loss or preservation and had full text available in English.
Result(s): Innovative studies in the 1990s using invitro models with strips of rabbit, rat, canine and monkey corpus cavernosal tissue demonstrated that anoxia eliminated spontaneous contractile activity and reduced tissue responsiveness to electrical field stimulation or pharmacological agents. The same models demonstrated that the inhibitory effects of field stimulated relaxation, were mediated by nitric oxide. Subsequent studies using similar models demonstrated that exposure of corpus cavernosum smooth muscle to an acidotic environment impairs its ability to contract. A pH of 6.9 was chosen for these experiments based on a case series of men with priapism, in whom a mean pH of 6.9 was measured in corporal blood after 4-6 hours of priapism. Invivo animal studies demonstrated that after erection periods of 6-8 hours, microscopy shows sporadic endothelial defects but otherwise normal cavernous smooth muscle. In these studies, greater durations of ischemic priapism were shown to result in more pronounced ultrastructural changes and presumably irreversibility. In studies involving human corporal tissues, samples were obtained from men who had experienced priapism for at least 12 hours. Overall, erectile function outcome data is deficient in priapism reporting, especially within treatment windows less than 6 hours. Some reports on ischemic priapism have documented good erectile function outcomes with reversal by 12 hours.
Conclusion(s): Based on our extensive review of animal models and clinical reports, we found that many clinical papers rely on the same small set of animal studies to suggest the time point of irreversible ischemic damage at 4-6 hours. Our review suggests an equal number of retrospective clinical studies demonstrate that ischemic priapism reversed within 6-12 hours may preserve erectile function in many patients. Dekalo S, Stern N, Broderick GA, et al. Priapism or Prolonged Erection: Is 4 - 6 Hours of Cavernous Ischemia the Time Point of Irreversible Tissue Injury? Sex Med Rev 2022;10:660-668.

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74.

Does SARS-CoV-2 Affect Male Urogenital System?.
Balawender K., Pliszka A., Krowiak A., Sito M., Grabarek B.O., Boron D.

Embase
Current Pharmaceutical Biotechnology. 23(15) (pp 1792-1799), 2022. Date of Publication: 2022.
[Short Survey]
AN: 2018391744
Background: Widely known facts about Sars-Cov-2 infection's impact on urogenital system may play a relevant role in under-standing, diagnosing, and preventing male urological disorders. Sars-CoV-2 attacks the vascular endothelium of the entire organism; therefore, infection complications are visible in various organs. Relatively small number of original studies are available on Sars-CoV-2 infection and the effect on the reproductive system and fertility in men. The vast majority of publications focus only on discussing the effects of COVID-19 infection on just one aspect of male urology or fertility.
Objective(s): The aim of this review was to present the current understanding of the effects of COVID-19 infection on the male genitourinary system in the context of nephrological and reproductive system complications in men, considering the potential pathomechanisms causing significant nephrological disorders in the course of viral infection, as well as long-term effects of Sars-CoV-2 infection. We tried to make clinicians aware of urogenital complications in the course of COVID-19 occurrence and encourage them to create preventive procedures.
Method(s): The article presented has been classified by us as "review". Of course, when searching for publications and making their critique, we focused primarily on the words: "Sars-CoV-2", "male urogenital system", "male infertility", "lower urinary tract symptoms". Therefore, there was no explicit and rigorous work selection methodology. Search strategies were based on the experience of the authors of the work. In order to select articles for the systematic review, literature searches were conducted on PubMed (https://pubmed.ncbi.nlm.nih.gov) using the following keywords: "Sars-CoV-2" AND "male urogenital system" OR "male infertility" The search results were retrieved and manually screened for duplicate removal. Then abstracts and titles were checked for relevance. The articles were selected if they met the following inclusion criteria: human studies, focus on Sars-CoV-2 and male urogenital system or male infertility, published from 2020 to 2021, written in English, free full-text available. We included clinical trials, meta-analyses, randomized controlled studies, reviews, systematic reviews.
Result(s): After the literature search, a total of 267 articles were retrieved, including 153 reviews, 53 systematic reviews, and 61 original articles. Eventually, after abstract and title screening, 2 original articles, 29 reviews, and 8 systematic reviews were accepted. In our review paper, we presented data from 2 systematic reviews, 17 reviews, 2 meta-analyses, 1 case study, and 18 original articles, including 3 animals studies, 2 in vitro studies, and 14 human studies.
Conclusion(s): Serious concerns for urologists among COVID-19 patients should be mainly orchitis, male infertility, priapism, erectile dysfunction, and lower urinary tract symptoms. It seems that the conclusions drawn should be treated with caution because, as mentioned above, in a pandemic, urinary complications are underdiagnosed and there are too few clinical trials and case reports.

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Bentham Science Publishers
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75.

Post-Priapism Erectile Dysfunction Rates and Associated Factors in Adult Patients at a National Referral Hospital.
Mararo P.M., Ndaguatha P., Mwika P., Opot E.N.
Embase
Annals of African Surgery. 19(4) (pp 207-211), 2022. Date of Publication: 2022.
[Article]
AN: 2021155603
Background: Priapism is prolonged penile tumescence that goes on for 4 hours unassociated with sexual stimulation, and can lead to erectile dysfunction (ED).
Method(s): Using a cross-sectional study, 78 adult male patients managed with priapism at a national referral hospital were interviewed. Data were analyzed using Stata 16.
Result(s): Seventy-seven (98.7%) participants had ischemic priapism, while only one had a non-ischemic type. The median duration of symptoms before presentation was 72 hours, [mean 112 hours (range 12- 720)]. The prevalence of ED after priapism was 100% compared with 74.4% before priapism. Forty-six patients (59%) developed severe ED. Longer duration of presentation (p = 0.001) and treatment method used, including T shunt (p = 0.014), Winter (p = 0.003), and Burnett (p = 0.048), were significantly associated with ED.
Conclusion(s): Priapism contributes to significant sexual morbidity with patients presenting late for treatment, worsening the ED after priapism. Some medical conditions and surgical treatment methods are associated with ED. Public health awareness is needed to promote early presentation and training of clinicians on effective early management of priapism.

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Publisher
Surgical Society of Kenya
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76.

Chronic Primary or Secondary Noninflammatory Musculoskeletal Pain and Disrupted Sexual Function and Relationships: A Systematic Review.
Briggs A.M., Slater H., Van Doornum S., Pearson L., Tassone E.C., Romero L., Chua J., Ackerman I.N.
Embase
Arthritis Care and Research. 74(6) (pp 1019-1037), 2022. Date of Publication: June 2022.
[Article]
AN: 2015407740

Objective: Evidence points to the impact of chronic musculoskeletal pain conditions on sexual function, yet there is little systematic appraisal and synthesis of evidence examining these associations across noninflammatory conditions. We aimed to systematically review evidence surrounding the association between chronic primary and chronic secondary musculoskeletal pain with intimate relationships and sexual function.
Method(s): Four electronic databases were searched from January 1, 1990 to September 5, 2019 for cross-sectional or prospective epidemiologic and qualitative studies among cohorts with chronic primary or secondary noninflammatory musculoskeletal pain, defined by International Classification of Diseases, Eleventh Revision classification criteria.
Result(s): Fifty-one eligible studies were included (46 quantitative, 3 qualitative, 2 mixed-methods designs). Sample sizes ranged from 13 to 12,377 and mean age from 32.6 to 69.2 years. Cross-sectional controlled cohort studies consistently reported poorer sexual function outcomes among cohorts with pain relative to comparison groups. Of 15 studies reporting outcomes for the Female Sexual Function Index, 14 demonstrated mean scores of <=26.55 for the pain group, indicating sexual dysfunction. In 4 studies reporting the International Index of Erectile Function, the pain cohorts demonstrated consistently lower mean subscale scores and the erectile function subscale scores were <=25.0, indicating erectile dysfunction. Three key themes emerged from a meta-synthesis of qualitative studies: impaired sexual function; compromised intimate relationships; and impacts of pain on sexual identity, body image, and self-worth.
Conclusion(s): Sexual dysfunction and negative impacts on intimate relationships are highly prevalent among people with chronic noninflammatory musculoskeletal pain. Consideration of these associations is relevant to the delivery of holistic, person-centered musculoskeletal pain care.

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77.

PIVET-ED: A Prospective, Randomised, Single-Blinded, Sham Controlled Study of Pelvic Vein Embolisation for Treatment of Erectile Dysfunction.
Moriarty H.K., Kavnoudias H., Blecher G., Zia A., Clements W., Goh G.S., Ellis S.J., Phan T.
Embase
CardioVascular and Interventional Radiology. 45(2) (pp 155-161), 2022. Date of Publication: February 2022.
[Article]
AN: 2014714426
Purpose: Erectile Dysfunction (ED) is defined as the inability to obtain or maintain an erection firm enough for satisfactory sexual performance and affects the quality of life of over 50% of men aged over 40 years. Venogenic ED is elucidated as a cause in a subgroup of patients. The study aims to investigate the clinical success, technical success, safety and durability of venous embolisation for management of venogenic ED.
Method(s): After providing informed consent, and subsequent to confirmation of venogenic ED by Doppler ultrasound (dUS) and cavernosography, 80 men referred for cavernosography and pelvic vein embolisation, will undergo randomisation by a computer system either to treatment or sham groups. Efficacy will be assessed using dUS and a validated questionnaire, the International Index of Erectile Function (IIEF). Pharmacologic agents used during the trial will be recorded. The primary outcome of PiVET-ED is to establish clinical success at 3 and 6 months post venous embolisation, as defined by end diastolic velocity in the cavernosal artery < 5 cm/s with dUS and by a > 4-point improvement in IIEF. Durability of the embolisation procedure will be assessed annually to 5 years. Quality of life will be assessed at all study time points using the 36-Item Short Form Survey (SF-36).
Discussion(s): The PiVET-ED trial is a prospective, randomised, single-blinded, single centre, sham controlled study, which aims to establish the safety, efficacy and durability of pelvic vein embolisation for the treatment of venogenic erectile dysfunction. Clinical registration: Australian New Zealand Clinical Trials Registry ACTRN12620001023943, 08/10/2020.

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Publisher
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Clinical Trial Number
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78.

Is urgent surgical management necessary for priapism in pediatric patients with hematologic conditions?.
Patel S.R., Reddy A., Dai M., Passoni N., Khera M., Koh C.J.
Embase
Journal of Pediatric Urology. 18(4) (pp 528.e1-528.e6), 2022. Date of Publication: August 2022.
[Article]
AN: 2019268368
Introduction: Acute priapism is usually considered a medical emergency that warrants prompt urologic evaluation and treatment. Efforts have been made to determine the optimal management strategy for pediatric priapism.
Objective(s): The aim of this study is to assess differences in conservative, minimally-invasive, and operative management of acute priapism in the pediatric population. Study design: A retrospective study of pediatric patients with acute priapism from 2015 to 2021 at a single tertiary care children's hospital was conducted. Conservative, minimally-invasive, and operative approaches for the priapism episodes during these hospital encounters were analyzed.
Result(s): Thirty-nine patients were identified with a total of 61 cases of acute pediatric priapism were evaluated in the study period. Eight-three percent of patients were African-Americans, and 72% of patients had a history of sickle cell disease. Oxygen therapy (P = 0.001) and hydration with intravenous fluids (P = 0.00318) were more commonly utilized for hematologic-associated cases compared to other etiologies. For priapism episodes of hematologic etiology, 18 (40.0%) and 18 (40.0%) patients received phenylephrine injection and aspiration/irrigation (e.g., minimally-invasive therapy), respectively, while for the other causes of priapism, three (18.8%) and four (25.0%) received phenylephrine injection and aspiration/irrigation (e.g., minimally-invasive), respectively. Conservative and minimally-invasive treatment resulted in complete resolution of priapism in 27 (60%) and 16 (35.5%) patients with hematologic-associated priapism while 12 (75%) and 1 (6.3%) patients with other etiologies had resolution of priapism with conservative and minimally-invasive treatment, respectively. One patient received shunting in the hematologic group while two patients received shunting in the non-hematologic group (P = 0.1031).
Discussion(s): Hematologic disorders are the most common causes of priapism in children and adolescents. An overwhelming majority of priapism events in the pediatric population can be managed with conservative therapies including oxygenation and intravenous hydration as well as minimally-invasive procedures such as corporal aspiration, irrigation and/or injections. The utilization of corporal shunting, anesthesia, and hospital resources is infrequently necessary for pediatric priapism episodes.
Conclusion(s): While urgent surgical management is often performed in the adult population, a minimally-invasive management strategy can be implemented in the pediatric population where an extended period of conservative management that avoids operative management and general anesthesia is effective. [Table presented]

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Publisher
Elsevier Ltd
Year of Publication

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79.

3D-printed procedural task trainer for the aspiration of penile corpus cavernosa in ischaemic priapism.
Harvey S.B., Bezzina A.J., Mac Partlin M., Caldwell J., Short L.
Embase
Emergency medicine Australasia : EMA. (no pagination), 2022. Date of Publication: 09 Nov 2022.
[Article]
AN: 639487121
OBJECTIVE: The development and initial clinical assessment of a novel 3D-printed procedural task trainer for the aspiration of penile corpus cavernosa in ischaemic priapism.
METHOD(S): A task trainer for the aspiration of penile corpus cavernosa was designed and manufactured using commercially available 3D printing equipment. The trainer was assessed in two separate training sessions led by faculty investigators. Participants in the sessions were asked to complete a post-procedure survey with regards to the utility and realism of the task trainer.
RESULT(S): The participants (n = 14) covered a broad spectrum of clinician types. The trainer was perceived by the participants as being anatomically realistic, and especially while under drapes provided a reasonable facsimile of real clinical setup. The trainer proved resilient to multiple attempts at aspiration by multiple participants.
CONCLUSION(S): Participant and facilitator feedback indicates that the task trainer is a useful platform to train for what is a low frequency, but high stakes, procedure. Small numbers of participants preclude statistical rigour and certainty regarding overall performance of the trainer. However, the uniformity in the responses would suggest that this is indeed a task trainer that is 'fit for purpose'.

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36351564 [https://www.ncbi.nlm.nih.gov/pubmed/?term=36351564]
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Article-in-Press
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Publisher
NLM (Medline)
Year of Publication
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80.

Incidence and predictors of priapism events in sickle cell anemia: a diary-based analysis.
Idris I.M., Abba A., Galadanci J.A., Aji S.A., Jibrilla A.U., Rodeghier M., Kassim A., Burnett A.L., DeBaun M.R.
Embase
Blood Advances. 6(20) (pp 5676-5683), 2022. Date of Publication: 25 Oct 2022.
[Article]
AN: 2020914193
We conducted one of the first prospective studies to test the hypothesis that the clinical history of priapism underestimates priapism incidence compared with a priapism pain diary. Eligibility criteria were men with sickle cell anemia (SCA) between 18 and 40 years of age who have had at least 3 episodes of priapism in the past 12 months. Seventy-one men with SCA completed the diary for at least 3 months. The first 3 months of the priapism diary were included in the analysis. A total of 298 priapism episodes were recorded, and 80% (57 of 71) of the participants had at least 1 priapism event. Priapism severity was reported in the range of moderate to the worst imaginable pain in 81.5% (263 of 298), and a total 57 participants (80%) had a median pain rating of 6 (interquartile range: 5-8) on a scale from 1 to 10. The monthly incidence rate of priapism per participant based on history versus self-report pain diary was 2.0 (95% confidence interval, 1.9-2.1) and 1.4 (95% confidence interval, 1.2-1.6), respectively (P < .001). For participants that had a prior priapism episode, 80% had another episode during the 3-month interval follow-up. The median time to that second episode was 27.5 days. Major priapism occurred in 9.9% of episodes and was associated with the sum of all prospective priapism events. Men with SCA and at least 3 priapism episodes in the past 12 months are at significant risk for recurrent priapism in the following 3 months.

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Publisher
American Society of Hematology
Year of Publication
2022

81.

Socioeconomic Disparities and Risk Factors in Patients Presenting With Ischemic Priapism: A Multi-Institutional Study.
Patel P.M., Slovacek H., Pahouja G., Patel H.D., Cao D., Emerson J., Kansal J., Prebay Z., Medairos R., Doolittle J., Bresler L., Levine L.A., Guise A., Bajic P.
Embase
Urology. 163 (pp 50-55), 2022. Date of Publication: May 2022.
[Article]
AN: 2014072345
Objectives: To evaluate contemporary clinical presentations of priapism, their association with socioeconomic characteristics, and the role of prescribing providers in priapism episodes in a large cohort of patients managed at 3 major academic health systems.
Method(s): We identified all consecutive patients presenting with ischemic priapism to the emergency departments of three major academic health systems (2014 -2019). Demographic characteristics, priapism etiologies, and clinical management were evaluated. Univariable and multivariable analyses were used to assess the contribution of socioeconomic characteristics and the role of prescribing providers in priapism episodes.
Result(s): We identified 102 individuals with a total of 181 priapism encounters. Hispanic race, lower income quartile, sickle-cell disease, and illicit drug use were associated with increased risk of recurrent episodes. Of ICI users, 57% received their prescriptions from non-urological medical professionals (NUMPs); the proportion with recurrent episodes was higher for NUMPs compared to urologists (24% vs 0%, P = 0.06) with no demographic differences identified between patients treated by either group.
Conclusion(s): Socioeconomic disparities exist among patients presenting with recurrent episodes of priapism, potentially highlighting systemic issues with access to care and patient education. With most patients who developed ischemic priapism from ICI being prescribed these medications by NUMPs, further investigation is required to elucidate the prescribing and counseling patterns of these providers. Increased awareness of disparities and complications may improve patient safety.

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Publisher
Elsevier Inc.
Year of Publication
2022

82.

The COVID-19 pandemic - what have urologists learned?.
Ebner B., Volz Y., Mumm J.-N., Stief C.G., Magistro G.
Embase
Nature Reviews Urology. 19(6) (pp 344-356), 2022. Date of Publication: June 2022.
[Review]

AN: 2015616429
On 11 March 2020, the WHO declared the coronavirus disease 2019 (COVID-19) outbreak a pandemic and COVID-19 emerged as one of the biggest challenges in public health and economy in the twenty-first century. The respiratory tract has been the centre of attention, but COVID-19-associated complications affecting the genitourinary tract are reported frequently, raising concerns about possible long-term damage in these organs. The angiotensin-converting enzyme 2 (ACE2) receptor, which has a central role in severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) invasion, is highly expressed in the genitourinary tract, indicating that these organs could be at a high risk of cell damage. The detection of SARS-CoV-2 in urine and semen is very rare; however, COVID-19 can manifest through urological symptoms and complications, including acute kidney injury (AKI), which is associated with poor survival, severe structural changes in testes and impairment of spermatogenesis, and hormonal imbalances (mostly secondary hypogonadism). The effect of altered total testosterone levels or androgen deprivation therapy on survival of patients with COVID-19 was intensively debated at the beginning of the pandemic; however, androgen inhibition did not show any effect in preventing or treating COVID-19 in a clinical study. Thus, urologists have a crucial role in detecting and managing damage of the genitourinary tract caused by COVID-19.

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Publisher
Nature Research
Year of Publication
2022

83.

Puberty induction with recombinant gonadotropin: What impact on future fertility?. Induction de la puberte par les gonadotrophines recombinantes: quel impact sur la fertilite ulterieure ? <Induction de la puberte par les gonadotrophines recombinantes: quel impact sur la fertilite ulterieure ?.>
Lambert A.S., Bouvattier C.
Embase
Annales d'Endocrinologie. 83(3) (pp 159-163), 2022. Date of Publication: June 2022.
[Article]
AN: 2018222292
Congenital hypogonadotropic hypogonadism (CHH) is a group of rare diseases characterized by inadequate secretion of the gonadotropins LH (luteinizing hormone) and FSH (follicle stimulating hormone) during the physiological activation periods of the gonadotropic axis. The disease? (anomaly) is present from fetal life and usually persists throughout life. Clinically, hypogonadotropic hypogonadism is associated with neonatal clinical signs (micropenis, cryptorchidism in boys in about half of the cases). The diagnosis is sometimes only evoked in the presence of an absence or arrest of pubertal maturation in the adolescent, which is often poorly tolerated physically and psychologically. Different therapeutic options for pubertal induction have been described, but we lack the necessary larger randomized trials to define the best approaches

for both sexes. Historically, congenital hypogonadotropic hypogonadism diagnosed at puberty is treated with testosterone injections. These injections allow the development of secondary sexual characteristics, without an increase in testicular volume in severe forms (FSH deficiency), and a pubertal statural peak. During the last twenty years, studies have underlined the beneficial role of recombinant gonadotropins to induce puberty in this population for future fertility. This is what we will develop.

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Publisher
Elsevier Masson s.r.l.
Year of Publication
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84.

Imaging of clinically silent rectoprostatic hematoma in MRI guided in-bore prostate biopsy.
Garmer M., Hoffmann C., Gronemeyer D., Wagener B., Kamper L., Haage P.
Embase
Scientific reports. 12(1) (pp 1840), 2022. Date of Publication: 03 Feb 2022.
[Article]
AN: 637168945
MR imaging provides awareness for rectoprostatic hematomas as a complication in prostate biopsy. We evaluated the frequency and size of clinically silent bleeding after in-bore MRI-guided prostate biopsy according to documentation in MRI. From 2007 until 2020 in-bore MRI-guided prostate biopsy was performed in 283 consecutive patients with suspected prostate cancer. Interventional image documentation was reviewed for rectoprostatic hematomas and rectal blood collections in this retrospective observational single-center study. Correlation to patient characteristics was analyzed using a multivariable logistic regression model. 283 consecutive patients with a mean age of 66+/-8 years were included. We diagnosed bleeding complications in 41 (14.5%) of the patients. Significant rectoprostatic hematomas were found in 24 patients. Intra-rectal blood collections were observed in 16 patients and one patient showed bleeding in the urinary bladder. The volume of rectoprostatic hematomas was determined with a median of 7.5 ml (range 2-40 ml, IQR 11.25). We found no correlation between the presence of a rectoprostatic hematoma and malignant findings, patient position in biopsy, number of cores, age, prostate volume nor PSA density (p>0.05). Rectoprostatic hematomas and rectal blood collections are rare complications after in-bore MR-guided prostate biopsy. MR imaging provides benefits not only for lesion detection in prostate biopsy but also for the control of bleeding complications, which can be overlooked in standard TRUS biopsy. Their significance in pain, erectile dysfunction, and urinary retention remains to be investigated.

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Publisher
NLM (Medline)
Year of Publication
2022

85.

A retrospective study of risk factors of stroke or pathological transcranial doppler ultrasonography in Children with Sickle Cell Disease in Jeddah, Saudi Arabia.
Al-Harbi I., Algiraigri A., Khaldi S., Albogmi R., Asiri S., Alogaibi W.
Embase
Journal of Applied Hematology. 13(2) (pp 84-90), 2022. Date of Publication: April-June 2022.
[Article]
AN: 638873047
INTRODUCTION: Sickle cell disease (SCD) is an autosomal recessive disorder characterized by hemolytic anemia with abnormal red blood cells. Stroke is a devastating complication of SCD. In Saudi Arabia, there is a high incidence of children with SCD who have had stroke. No studies have been conducted to look at the risk factors. In this review, we aim to explore these risk factors. METHODOLOGY: In this retrospective cohort, individuals between 0 and 18 years old, diagnosed with SCD and had either a stroke, or pathological transcranial Doppler ultrasonography (TCD) result (cerebral blood velocity >=200 cm/second or repeated borderline result >170 cm/second) were included. 38 cases were assessed. The parents were interviewed regarding patients personal, social, and family history. Medical and laboratory data were obtained from medical records.
RESULT(S): Females were more affected (20/38). Most children are of an average socioeconomic status (20/38 compared to only 12/38 with poor socioeconomic status). Parental education inversely correlated with the risk of stroke/pathological TCD. The most common presentation of stroke was weakness (9/38), followed by headache (5/38). History of a prior stroke was found to be significant at 15.8%. The Cooperative Study of SCD found that leukocytosis is associated with an increased risk of stroke. In contrary, our review showed an average white blood cell count of 13.01 (+/5.36), HbS concentration at the onset of stroke, and/or pathological TCD of 66.23% (+/20.11). The most common artery involved was the middle cerebral artery.
CONCLUSION(S): Stroke is very prevalent in children with SCD in Saudi Arabia. A striking finding was that parental education inversely correlated with the risk; therefore, improving the awareness level of SCD among parents is crucial. Wide implementation of TCD as a screening tool and improving compliance with TCD may lead to reduce the risk. We encourage Saudi researchers to focus on central nervous system complications in children with SCD.

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Publisher
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Year of Publication
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86.

Coronavirus disease 2019 (COVID-19) and priapism: An unexplored association.
Malinga D.M., Laher A.E., McDowall J., Adam A.
Embase
Current Urology. 16(2) (pp 55-62), 2022. Date of Publication: 01 Jun 2022.
[Article]
AN: 2020580431
Background: Coronavirus disease 2019 (COVID-19) has an established impact on multiple organ systems, including the vascular and urogenital systems. Vascular effects may include venous thromboembolic disease, which could theoretically be a precursor to priapism-a urological emergency defined as an abnormal condition of prolonged penile erection lasting >4 hours. To better explore this association, we critically appraised all the published COVID-19 cases associated with priapism.
Material(s) and Method(s): After PROSPERO registration (CRD42021245257), a systematic search of Google Scholar, Scopus, Embase, Web of Science, PubMed, Cumulative Index to Nursing and Allied Health Literature, Global Index Medicus, and Cochrane Database of Systematic Reviews was performed using specific search terms. The following study metadata were extracted: age, requirement for respiratory support, cavernous blood gas findings, management of priapism, and patient outcomes.
Result(s): Fifteen single-patient case reports were included in this review. Of these, all of the patients presented with ischemic priapism, 9 patients (60.0%) were >60 years of age, 4 (26.7%) reported more than a single episode of priapism, 11 (73.3%) presented with pneumonia, 8 (53.3%) required mechanical ventilation, D-dimer was elevated in 5 of the 6 (83.3%) patients in whom this was reported, and among the 13 patients in whom mortality was reported, 4 (30.8%) died.
Conclusion(s): Early reports suggest a prognostic relationship between COVID-19 and coexisting priapism. However, owing to commonalities in their pathophysiology and the small dataset reported in the literature, the probable association between COVID-19 and priapism is still theoretical. Further research is needed to confirm this association.

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Publisher
Lippincott Williams and Wilkins
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87.

A Retrospective Case Series in Fournier's Disease: And Its Emergency Management et Grafting Technique for Penis Coverage.
Tripodi D., Guastafierro A., Gagliardi F., Amabile M.I., Lori E., Cirocchi R., Pironi D., Forte F., Cannistra C., Sorrenti S.
Embase
Emergency Medicine International. 2022 (no pagination), 2022. Article Number: 6710777. Date of Publication: 2022.
[Article]
AN: 2020567851
Fournier's gangrene is a necrotizing soft tissue infection of the genital, perineal, and perirectal areas. A primary isolated involvement of the penis is rare, but it can be affected in some circumstances. The purpose of this case series is to present the findings of our thirteen years' experience in the reconstruction of the penis in Fournier's gangrene and our full-thickness grafting technique to cover the penis rod. We retrospectively reviewed patient data who underwent a penis reconstruction following Fournier's gangrene in 2018. The data was analyzed to report the estimated percentage of complications, of patients with primary or secondary gangrene of the penis, the number of reinterventions, and finally the percentage of deaths or recovery. 23 patients underwent reconstruction with our technique of full-thickness skin graft. In all cases, the skin graft was harvested from the upper arm with an arrow shape mark. No further penile revision surgery was required, and neither patient complained about retraction, nor traction, or pain during erection. The donor site healed without any complications. We believe that the coverage of the penis using our grafting technique is safe, easily reproducible, and demonstrates excellent esthetic and functional results.

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Embase
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Publisher
Hindawi Limited
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2022

88.

Is recreational use of sildenafil a new trend?.
Nazir M.H., Ahmad M., Azeem S.

Embase
Annals of Medicine and Surgery. 82 (no pagination), 2022. Article Number: 104659. Date of Publication: October 2022.
[Article]
AN: 2020283696
Status
Embase
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Publisher
Elsevier Ltd
Year of Publication
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89.

Intravascular hemolysis leads to exaggerated corpus cavernosum relaxation: Implication for priapism in sickle cell disease.
Iacopucci A.P.M., da Silva Pereira P., Pereira D.A., Calmasini F.B., Pittala V., Reis L.O., Burnett A.L., Costa F.F., Silva F.H.
Embase
FASEB Journal. 36(10) (no pagination), 2022. Article Number: e22535. Date of Publication: October 2022.
[Article]
AN: 2019343819
Patients with sickle cell disease (SCD) display priapism. Clinical studies have shown a strong positive correlation between priapism and high levels of intravascular hemolysis in men with SCD. However, there are no experimental studies that show that intravascular hemolysis promotes alterations in erectile function. Therefore, we aimed to evaluate the corpus cavernosum smooth muscle relaxant function in a murine model that displays intravascular hemolysis induced by phenylhydrazine (PHZ), as well as the role of intravascular hemolysis in increasing the stress oxidative in the penis. Corpus cavernosum strips were dissected free and placed in organ baths. Acetylcholine and electrical field stimulation (EFS)-induced corpus cavernosum relaxations in vitro were obtained. Increased corpus cavernosum relaxant responses to acetylcholine and EFS were observed in the PHZ group. Protein expression of heme oxygenase-1 increased in the corpus cavernosum of the PHZ group, but PDE5 protein expression was not modified. Preincubation with the heme oxygenase inhibitor 1 J completely reversed the increased relaxant responses to acetylcholine and EFS in PHZ mice. Protein expression of NADPH oxidase subunit gp91phox, 3-nitrotyrosine, and 4-hydroxynonenal increased in the corpus cavernosum of the PHZ group, suggesting a state of oxidative stress. Basal cGMP production was lower in the PHZ group. Our results show that intravascular hemolysis promotes increased corpus cavernosum smooth muscle relaxation associated with increased HO-1 expression, as well as increased oxidative stress associated with upregulation of gp91phox expression. Moreover, our study supports clinical studies that point to a strong positive correlation between priapism and high levels of intravascular hemolysis in men with SCD.

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Publisher
John Wiley and Sons Inc
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90.

An overview of emergency pharmacotherapy for priapism.
Graham B.A., Wael A., Jack C., Rohan M.A., Wayne H.J.G.
Embase
Expert Opinion on Pharmacotherapy. 23(12) (pp 1371-1380), 2022. Date of Publication: 2022.
[Article]
AN: 2018286518
Introduction: Priapism is a compartment syndrome, defined as an unwanted penile erection lasting longer than 4 h, unrelated to sexual stimulation, and persistent even after ejaculation/orgasm. Ischemic priapism is considered a urologic emergency requiring time-sensitive management. Studies have documented that untreated priapism is associated with progressive ischemic histological changes in the corpora cavernosa, such as widespread smooth muscle necrosis, blood vessel and nerve attrition, and trabecular fibrosis. Treatment options include conservative management, corporal irrigation, pharmacologic therapy, and surgery. We herein provide an overview of the emergency pharmacology for priapism. Areas Covered: The American Urological Association (AUA) and the European Association of Urology (EAU) both recommend penile aspiration in conjunction with intracavernosal injection of sympathomimetics as the initial management of ischemic priapism. We have performed a retrospective review of the literature from 1914 to 2022 by using PubMed and a review of the treatment guidelines from the AUA and the EAU to discuss the various therapies for ischemic priapism in the emergent setting. Expert Opinion: After a thorough overview of the literature regarding the treatment of ischemic priapism in the emergent setting, we conclude that intracavernosal phenylephrine is superior to other agents due to its demonstrated efficacy and limited systemic side effects.

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Embase
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Publisher
Taylor and Francis Ltd.
Year of Publication
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91.

The International Penile Prosthesis Implant Consensus Forum: clinical recommendations and surgical principles on the inflatable 3-piece penile prosthesis implant.
Chung E., Bettocchi C., Egydio P., Love C., Osmonov D., Park S., Ralph D., Xin Z.C., Brock G.
Embase
Nature Reviews Urology. 19(9) (pp 534-546), 2022. Date of Publication: September 2022.
[Review]
AN: 2017928228
Despite significant scientific advances in the modern three-piece inflatable penile prosthesis implant surgery, it is not without surgical risks and can carry additional cosmetic and psychosocial consequences in poorly selected and consented individuals. To address this problem, an international group of key opinion leaders and high-volume prosthetic surgeons reviewed the current guidelines and clinical evidence, discussed their experiences, and formed a consensus regarding inflatable penile prosthesis surgery. The findings of this consensus panel were presented at the 17th biennial Asia Pacific Society of Sexual Medicine scientific meeting. The experts concluded that proper patient selection, informed consent and strict adherence to safe surgical principles are important to optimize clinical outcomes. Furthermore, most intraoperative complications, if recognized, can be addressed intraoperatively to enable placement of the device at the time of initial surgery. Men with significant corporal fibrosis due to Peyronie's disease, prior prosthesis explantation and priapism, and men who have undergone construction of a neophallus, as well as men who receive concurrent continence surgery, are complex cases requiring additional care and advanced techniques to obtain optimal surgical outcomes. Variability in patient care - in terms of postoperative antibiotic use, pain management, scrotal care, and cycling of the penile prosthesis implant - must be reduced to enable optimization and assessment of outcomes across patient groups.

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Publisher
Nature Research
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92.

Our experience on Fournier's gangrene in a tertiary-stage care center and analysis of its relationship with blood count parameters. Ucuncu basamak bir hastanede Fournier gangrenindeki deneyimlerimiz ve bunun kan sayimi parametreleri ile iliskisinin analizi <Ucuncu basamak bir hastanede Fournier gangrenindeki deneyimlerimiz ve bunun kan sayimi parametreleri ile iliskisinin analizi.>
Topuz B., Sarikaya S., Coguplugil A.E., Yilmaz S., Ebiloglu T., Kaya E., Zor M., Gurdal M.
Embase
Ulusal Travma ve Acil Cerrahi Dergisi. 28(9) (pp 1285-1291), 2022. Date of Publication: September 2022.
[Article]
AN: 2017901050
BACKGROUND: Fournier's gangrene (FG) is rapidly progressing and life-threatening necrotizing fasciitis of genital and perineal regions. The aim of the study was to share our experience with FG and to analyze the relationship of clinical data with whole blood count parameters, inflammation cells, and systemic inflammation markers.
METHOD(S): The digital medical records of the adult patients followed-up and treated with diagnosis of FG between January 2016 to December 2020 were retrospectively analyzed. Data were as age, gender, total length of hospital stay, predisposing factors, etiological factors, total number of debridement's, surgical procedures, and antibiotherapy were collected. Serum glucose levels, complete blood count parameter levels, serum inflammation indicators and C-reactive protein (CRP) levels measured at the initial day of hospital ad-mission, post-debridement 1st and 7th days were measured.
RESULT(S): Thirty-six male patients were included, with a mean age of 56.42 (22-86) years. The most common predisposing factor was diabetes mellitus (n=13; 36.1%). The most frequently seen etiological cause was scrotal abscess (n=19; 52.8%). A statistically significant decrease was found in White blood cell count, neutrophil level, neutrophil-to-lymphocyte ratio (NLR) value and CRP level measured before debridement, post-debridement 1st and 7th days ($p<0.05$). There was a positive correlation between the number of debridement's and age, NLR, platelet-to-lymphocyte ratio, and CRP values at the initial admission time ($p<0.05$).
CONCLUSION(S): The infections of urogenital region are the essential etiological origin of FG. As a rare urological emergency, significant changes were observed in clinical data and blood count parameters during the course of FG.

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Publisher
Turkish Association of Trauma and Emergency Surgery
Year of Publication
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93.

Treatment for Sickle Cell Anemia in Homeopathy.
Sharma B.

Embase
NeuroQuantology. 20(8) (pp 6930-6937), 2022. Date of Publication: July 2022.
[Article]
AN: 2017851382
Sickle cell disease is a rare genetic illness that affects around 1 in 50,000 people in the United States. Hepato-renal-pulmonary-cardiovascular injury are all possible outcomes of this illness. As of 2008, the United Nations voted to designate the 19th of June each year as World Sickle Cell Awareness Day by a resolution. More than 1,20,000 people worldwide have been diagnosed with Sickle Cell Disease, and more than 44,000 are born with sickle cell anaemia. When it comes to treating illness, homoeopathy has always taken a holistic approach. When providing patients with long-term health benefits, there are no known adverse effects. To address the underlying cause and individual vulnerability, homoeopathy gradually minimises the progression and complications of the disease and its symptoms. When a patient receives homoeopathic treatment, their particular constitution is taken into consideration. As a result, homoeopathic treatments can be helpful in minimising the risk of infection. For the most part, this condition is seen in the Indian states of Chattisgarh, Odisha and Maharashtra as well as the states of Madhya Pradesh, Andhra Pradesh, Kerala, and Gujarat. It is possible to cure and even eradicate this condition by early diagnosis, raising public awareness, counselling, and the use of homoeopathic remedies.

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Anka Publishers
Year of Publication
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94.

Herb-drug interactions in neuropsychiatric pharmacotherapy-a review of clinically relevant findings.
Le T.T., McGrath S.R., Fasinu P.S.
Embase
Current Neuropharmacology. 20(9) (pp 1736-1751), 2022. Date of Publication: 01 Sep 2022.
[Article]
AN: 2017712719
The management of neuropsychiatric disorders relies heavily on pharmacotherapy. The use of herbal products as complimentary medicine, often concomitantly, is common among patients taking prescription neuropsychiatric drugs. Herb-drug interaction, a clinical consequence of this practice, may jeopardize the success of pharmacotherapy in neuropsychiatry. Besides the wellknown ability of phytochemicals to inhibit and/or induce drug-metabolizing enzymes and transport proteins, several phytoconstituents are capable of exerting pharmacological effects on the central nervous system. This study reviewed the relevant literature and identified 13 commonly used herbal products-celery, echinacea, ginkgo, ginseng, hydroxycut, kava, kratom, moringa, piperine, rhodiola, St. John's wort, terminalia/commiphora ayurvedic mixture and valerian-which have shown clinically relevant interactions with prescription drugs used in the management of neuropsychiatric disorders. The consequent pharmacokinetic and pharmacodynamic interactions with orthodox medications often result in deleterious clinical consequences. This underscores the importance of caution in herb-drug co-medication.

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95.

Crizanlizumab (adakveodegree) to prevent vaso-occlusive crises in sickle-cell disease.
Anonymous
Embase
Prescrire International. 31(233) (pp 5-8), 2022. Date of Publication: January 2022.
[Article]
AN: 2016967077
NOTHING NEW The only available comparative trial of crizanlizumab (versus placebo) in patients with sickle-cell disease and vaso-occlusive crises failed to provide robust evidence that crizanlizumab tangibly reduces the frequency of vaso-occlusive crises. Nor did it show a reduction in the most serious complications of vaso-occlusive crises. Crizanlizumab appears to mainly carry a risk of gastrointestinal and musculoskeletal disorders, and infusion-related reactions. The risk of haemostatic disorders will need to be monitored. In practice, as of late 2021, the treatments of choice for preventing vaso-occlusive crises due to sickle-cell disease remain hydroxycarbamide, or repeated blood transfusions or exchange transfusions when hydroxycarbamide cannot be used or is insufficiently effective.

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Association Mieux Prescrire
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96.

A Rare Cause of Autoinflation after Penile Prosthesis Insertion: Case Series and Systematic Review.
Lee W.G., Satchi M., Skrodzka M., Papavasileiou G., Ralph D.
Embase
Journal of Sexual Medicine. 19(5) (pp 879-886), 2022. Date of Publication: May 2022.
[Review]
AN: 2016948681

Background: In 2016, we reported the first case of high flow priapism and arteriocavernosal fistula caused by penile prosthesis insertion that mimicked device autoinflation.
Aim(s): To raise awareness amongst implanters, we describe further cases from our institution and perform a systematic review of the literature to understand the rarity of this phenomenon.
Method(s): Patient demographics, management and outcomes were extracted retrospectively. A systematic search of the EMBASE, PubMed and PubMed Central libraries for studies reporting arteriocavernosal fistula mimicking autoinflation since 1946 was performed.
Outcome(s): To identify and report all known cases of high flow priapism and arteriocavernosal fistula presenting as autoinflation of an inflatable penile prosthesis.
Result(s): Four patients in total (median age 56, range 46-60 years) were identified. Catastrophic bleeding (1.8L) occurred during revision surgery for presumed autoinflation in Patient 1 and subsequent ultrasound (US) confirmed a fistula which was embolized. Patient 2 redeveloped autoinflation following revision surgery. Ultrasound confirmed high flow priapism from an arteriocavernosal fistula. Patient 3 underwent penile magnetic resonance imaging (MRI) to investigate autoinflation and residual penile curvature. MRI showed a tumescent penis despite a deflated device and the fistula was embolized successfully. Patient 4 with sleep-related painful erections did not improve following insertion of penile prosthesis. Doppler US identified 2 fistulae that was embolized but with no resolution of symptoms. Subsequent embolization of both common penile arteries were done to control his symptoms. No other publications apart from the published abstract from 2016 reporting patient 1 was found. Clinical Implications: If considered prior to revision surgery, the fistula can be managed safely by minimally invasive percutaneous angioembolisation avoiding surgery which can potentially be associated with significant complications.
Strengths and Limitations: The rarity of this phenomenon was supported by a systematic review. Our study however does present the findings from a small number of patients.
Conclusion(s): Damage to the cavernosal artery during inflatable penile prosthesis insertion can create an arteriocavernosal fistula that mimics autoinflation, leading to catastrophic intra-operative bleeding or unnecessary surgery. Lee WG, Satchi M, Skrodzka M, et al. A Rare Cause of Autoinflation after Penile Prosthesis Insertion: Case Series and Systematic Review. J Sex Med 2022;19:879-886.

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Publisher
Elsevier B.V.
Year of Publication
2022

97.

Review of Ischemic and Non-ischemic Priapism.
Biebel M.G., Gross M.S., Munarriz R.
Embase
Current Urology Reports. 23(7) (pp 143-153), 2022. Date of Publication: July 2022.
[Review]
AN: 2016563778

Purpose of Review: Priapism is a rare condition that has different presentations, etiologies, pathophysiology, and treatment algorithms. It can be associated with significant patient distress and sexual dysfunction. We aim to examine the most up-to-date literature and guidelines in the management of this condition. Recent Findings: Priapism is a challenging condition to manage for urologists, since the etiology is often multi-factorial and the suggested treatment algorithms are based on small studies and expert anecdotal experience, perhaps due to the rarity of the disorder.
Summary: Ischemic priapism of less than 24 h can be managed non-surgically in most cases with excellent results. Ischemic priapism of more than 36 h is frequently associated with permanent erectile dysfunction. Management of prolonged priapism with penile shunting still may result in poor erectile function, so penile prosthesis can be discussed in these scenarios.

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Publisher
Springer
Year of Publication
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98.

Psychometric Impact of Priapism on Lives of Adolescents and Adults with Sickle Cell Anemia: A Sequential Independent Mixed-Methods Design.
Idris I.M., Bonnet K., Schlundt D., Abba A., Galadanci J., Burnett A.L., DeBaun M.R.
Embase
Journal of Pediatric Hematology/Oncology. 44(1) (pp 19-27), 2022. Date of Publication: 01 Jan 2022.
[Article]
AN: 2016531025
Despite priapism being one of the most frequent complications of sickle cell anemia (SCA) in male individuals, little has been reported about the impact of priapism in this population. The authors used a sequential independent mixed-methods design, which used both international multicenter focus group discussions (n = 35) and a quantitative patient-reported outcome measure (n = 131) to determine the impact of priapism on men with SCA in Nigeria and the United States. The authors analyzed data from focus groups using an iterative inductive-deductive approach. Comparison of the Priapism Impact Profile data was done using the Kruskal-Wallis H test. Our result showed that priapism, across cultures, is associated with shame and embarrassment. These emotions interfere with timely clinical and family communication about priapism symptoms and complications. Participants were dissatisfied with the quality of care at emergency facilities. The quality of life and physical wellness of men with SCA-related priapism were significantly different for the 3 groups: (1) priapism condition getting better, (2) priapism condition getting worse, and (3) priapism condition remain the same (P = 0.002 and P = 0.019, respectively). Psychological, sexual, and physical wellbeing are all adversely affected by priapism. Evidence-based methods are necessary for adequate medical, educational, and psychological treatment for recurrent priapism.

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Publisher
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Year of Publication
2022

99.

Differences in polysomnographic, nocturnal penile tumescence and penile doppler ultrasound findings in men with stuttering priapism and sleep-related painful erections.
Johnson M., McNeillis V., Gutbier J., Eaton A., Royston R., Johnson T., Chiriaco G., Walkden M., Ralph D.
Embase
International Journal of Impotence Research. 34(6) (pp 603-609), 2022. Date of Publication: September 2022.
[Article]
AN: 2013440616
Men with Stuttering Priapism (SP) and sleep-related painful erections (SRPE) experience bothersome nocturnal painful erections resulting in poor sleep. The aim of this study is to observe common features and differences between men with SP and SRPE based on polysomnography, nocturnal penile tumescence (NPT), and penile doppler ultrasound (PDU). This is a prospective cohort study of 20 participants divided into two groups (Group 1 = SP [n = 12]; Group 2 = SRPE [n = 8]) with bothersome painful nocturnal erections. All participants were referred to the sleep disorder clinic to be assessed and consented for overnight polysomnography with simultaneous NPT recording and to complete validated sleep, sexual dysfunction and health-related quality of life questionnaires. Unstimulated PDU was also performed. Abnormal Polysomnographic findings (reduced sleep efficiency, total sleep time, and awake after sleep onset) were identified in both groups suggesting poor sleep. Men with SP had significantly longer erections (60.0 vs 18.5; p = 0.002) and took longer to detumesce once awake (25.7 vs 5.4 min; p = 0.001) than men with SRPE. They also had significantly higher peak systolic and end diastolic velocities on unstimulated PDU with an abnormal low resistance waveform identified. No sleep pathology was identified in men with SP. This implies a local (penile) etiology in men with SP. Men with SRPE had a normal resting PDU and abnormal sleep architecture with REM awakenings and significantly more Periodic limb movements (p = 0.04) than men with SP suggesting a central (sleep-related) cause in men with SRPE. Sexual dysfunction and poor HR-QoL was identified on validated questionnaires in both groups. SP and SRPE are rare entities that share similar symptoms (painful nocturnal erections and poor sleep) but dissimilar features of nocturnal erection onset, duration and resolution with different polysomnographic features which may allude to a different pathophysiology.

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Publisher
Springer Nature
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100.

Sickle Cell Disease: A Review.
Kavanagh P.L., Fasipe T.A., Wun T.
Embase
JAMA. 328(1) (pp 57-68), 2022. Date of Publication: 05 Jul 2022.
[Review]
AN: 638446307
Importance: Sickle cell disease (SCD) is an inherited disorder of hemoglobin, characterized by formation of long chains of hemoglobin when deoxygenated within capillary beds, resulting in sickle-shaped red blood cells, progressive multiorgan damage, and increased mortality. An estimated 300000 infants are born annually worldwide with SCD. Most individuals with SCD live in sub-Saharan Africa, India, the Mediterranean, and Middle East; approximately 100000 individuals with SCD live in the US. Observations: SCD is diagnosed through newborn screening programs, where available, or when patients present with unexplained severe atraumatic pain or normocytic anemia. In SCD, sickling and hemolysis of red blood cells result in vaso-occlusion with associated ischemia. SCD is characterized by repeated episodes of severe acute pain and acute chest syndrome, and by other complications including stroke, chronic pain, nephropathy, retinopathy, avascular necrosis, priapism, and leg ulcers. In the US, nearly all children with SCD survive to adulthood, but average life expectancy remains 20 years less than the general population, with higher mortality as individuals transition from pediatric to adult-focused health care systems. Until 2017, hydroxyurea, which increases fetal hemoglobin and reduces red blood cell sickling, was the only disease-modifying therapy available for SCD and remains first-line therapy for most individuals with SCD. Three additional therapies, L-glutamine, crizanlizumab, and voxelotor, have been approved as adjunctive or second-line agents. In clinical trials, L-glutamine reduced hospitalization rates by 33% and mean length of stay from 11 to 7 days compared with placebo. Crizanlizumab reduced pain crises from 2.98 to 1.63 per year compared with placebo. Voxelotor increased hemoglobin by at least 1 g/dL, significantly more than placebo (51% vs 7%). Hematopoietic stem cell transplant is the only curative therapy, but it is limited by donor availability, with best results seen in children with a matched sibling donor. While SCD is characterized by acute and chronic pain, patients are not more likely to develop addiction to pain medications than the general population.
Conclusions and Relevance: In the US, approximately 100000 people have SCD, which is characterized by hemolytic anemia, acute and chronic pain, acute chest syndrome; increased incidence of stroke, nephropathy, and retinopathy; and a life span that is 20 years shorter than the general population. While hydroxyurea is first-line therapy for SCD, L-glutamine, crizanlizumab, and voxelotor have been approved in the US since 2017 as adjunctive or second-

line treatments, and hematopoietic stem cell transplant with a matched sibling donor is now standard care for severe disease.

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Publisher
American Medical Association
Year of Publication
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101.

An update on the management algorithms of priapism during the last decade.
Moussa M., Chakra M.A., Papatsoris A., Dellis A., Peyromaure M., Delongchamps N.B., Bailly H., Roux S., Yassine A.A., Duquesne I.
Embase
Archivio Italiano di Urologia e Andrologia. 94(2) (pp 237-247), 2022. Date of Publication: 2022. [Review]
AN: 2019434702
Priapism is a persistent penile erection lasting longer than 4 hours, that needs emergency management. This disorder can induce irreversible erectile dysfunction. There are three subtypes of priapism: ischemic, non-ischemic, and stuttering priapism. If the patient has ischemic priapism (IP) of less than 24-hours (h) duration, the initial management should be a corporal blood aspiration followed by instillation of phenylephrine into the corpus cavernosum. If sympathomimetic fails or the patient has IP from 24 to 48h, surgical shunts should be performed. It is recommended that distal shunts should be attempted first. If distal shunt failed, proximal, venous shunt, or T-shunt with tunneling could be performed. If the patient had IP for 48 to 72h, proximal and venous shunt or T-shunt with tunneling is indicated, if those therapies failed, a penile prosthesis should be inserted. Non-ischemic priapism (NIP) is not a medical emergency and many patients will recover spontaneously. If the NIP does not resolve spontaneously within six months or the patient requests therapy, selective arterial embolization is indicated. The goal of the management of a patient with stuttering priapism (SP) is the prevention of future episodes. Phosphodiesterase type 5 (PDE5) inhibitor therapy is considered an effective tool to prevent stuttering episodes but it is not validated yet. The management of priapism should follow the guidelines as the future erectile function is dependent on its quick resolution. This review briefly discusses the types, pathophysiology, and diagnosis of priapism. It will discuss an updated approach to treat each type of priapism.

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Publisher
Page Press Publications
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102.

A New Modified Bipedicle Scrotal Skin Flap Technique for the Reconstruction of Penile Skin in Patients with Paraffin-Induced Sclerosing Lipogranuloma of the Penis.
Muranyi M., Varga D., Kiss Z., Flasko T.
Embase
Journal of Urology. 208(1) (pp 171-178), 2022. Date of Publication: 01 Jul 2022.
[Article]
AN: 2018843304
Purpose:We introduce a new modified penile skin reconstruction technique to treat paraffin-induced sclerosing lipogranuloma of the penis.Materials and Methods:From 2017 to 2020, 49 patients underwent the procedure. Complete removal of the lipogranuloma-involved penile skin was performed. A subcutaneous tunnel was then created between a horizontal scrotal incision and a proximal penile circumferential incision. The denuded penis was pulled through the tunnel, and a subcoronal and longitudinal dorsal penile suture line was made. An inverted V-shaped incision was made on the scrotum on the ventral side of the penis, followed by longitudinal closure. Outcomes and complications of the procedure were retrospectively studied. The long-term effect of surgery on sexual function and overall satisfaction was measured using a patient-reported questionnaire, which was completed by 30 patients.
Result(s):The overall complication rate was 26.5%. Clavien-Dindo grade 1, 2, 3a, 3b, 4 and 5 complications occurred in the postoperative period 5, 0, 8, 1, 0 and 0 times, respectively, in 13 patients. Surgery was successful in 27 (90%) patients according to the patient-reported questionnaire. Erectile dysfunction, pain/tension during erection, premature ejaculation and penile lymphedema were observed in 2, 3, 1 and 1 patients, respectively. All patients reported sexual intercourse ability.
Conclusion(s):The type of penile skin reconstruction after the removal of sclerosing lipogranuloma of the penis is controversial. The reconstruction technique presented herein is an effective single-stage treatment option with a high success rate in patients with sclerosing lipogranuloma of the penis with intact scrotal skin.

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Publisher
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Year of Publication
2022

103.

The Diagnosis and Management of Recurrent Ischemic Priapism, Priapism in Sickle Cell Patients, and Non-Ischemic Priapism: An AUA/SMSNA Guideline.
Bivalacqua T.J., Allen B.K., Brock G.B., Broderick G.A., Chou R., Kohler T.S., Mulhall J.P., Oristaglio J., Rahimi L.L., Rogers Z.R., Terlecki R.P., Trost L., Yafi F.A., Bennett N.E.
Embase
Journal of Urology. 208(1) (pp 43-52), 2022. Date of Publication: 01 Jul 2022.
[Article]
AN: 2018843279
Purpose:Priapism is a persistent penile erection that continues hours beyond, or is unrelated to, sexual stimulation and results in a prolonged and uncontrolled erection. Given its time-dependent and progressive nature, priapism is a situation that both urologists and emergency medicine practitioners must be familiar with and comfortable managing.Methodology:A comprehensive search of the literature on acute ischemic priapism and non-ischemic priapism (NIP) was performed by Emergency Care Research Institute for articles published between January 1, 1960 and May 1, 2020. A search of the literature on NIP, recurrent priapism, prolonged erection following intracavernosal vasoactive medication, and priapism in patients with sickle cell disease was conducted by Pacific Northwest Evidence-based Practice Center for articles published between 1946 and February 19, 2021. Searches identified 4117 potentially relevant articles, and 3437 of these were excluded at the title or level for not meeting inclusion criteria. Full texts for the remaining 680 articles were ordered, and ultimately 203 unique articles were included in the report.
Result(s):This Guideline provides a clinical framework for the treatment (non-surgical and surgical) of NIP, recurrent ischemic priapism, and priapism in patients with sickle cell disease. The treatment of patients with a prolonged erection following intracavernosal vasoactive medication is also included. The AUA guideline on the diagnosis of priapism and the treatment of acute ischemic priapism was published in 2021.
Conclusion(s):All patients with priapism should be evaluated emergently to identify the sub-type of priapism (acute ischemic versus non-ischemic) and those with an acute ischemic event should be provided early intervention when indicated. NIP is not an emergency and treatment must be based on patient objectives, available resources, and clinician experience. Management of recurrent ischemic priapism requires treatment of acute episodes and a focus on future prevention of an acute ischemic event. Sickle cell disease patients presenting with an acute ischemic priapism event should initially be managed with a focus on urologic relief of the erection; standard sickle cell assessment and interventions should be considered concurrent with urologic intervention. Treatment protocols for a prolonged, iatrogenic erection must be differentiated from protocols for true priapism.

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104.

REM SLEEP, REM PARASOMNIAS, REM SLEEP BEHAVIOUR DISORDER. REM-ALVAS, REM-PARASOMNIAK, REM-MAGATARTASZAVAR <REM-ALVAS, REM-PARASOMNIAK, REM-MAGATARTASZAVAR.>
Szucs A., Mutti C., Papp A., Halasz P., Parrino L.
Embase
Ideggyogyaszati Szemle. 75(5-6) (pp 171-182), 2022. Date of Publication: 2022.
[Review]
AN: 2018818668
We review the literature on REM parasomnias, and their the underlying mechanisms. Several REM parasomnias are consistent with sleep dissociations, where certain elements of the REM sleep pattern emerge in an inadequate time (sleep paralysis, hypnagogic hallucinations and cataplexy) or are absent/partial in their normal REM sleep time (REM sleep without atonia, underlying REM sleep behavior disorder). The rest of REM parasomnias (sleep related painful erection, catathrenia) may have other still unclear mechanisms. REM parasomnias deserve attention, because in addition to disturbing sleep and causing injuries, they may shed light on REM sleep functions as well as the heterogeneous etiologies of parasomnias. One of them, REM sleep behavior disorder has special importance as a warning sign of evolving neurodegenerative conditions mainly synucleinopathies (some cases synucleinopathies themselves) and it is a model parasomnia revealing that parasomnias may have by autoimmune, iatrogenic and even psychosomatic etiologies.

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35819343 [https://www.ncbi.nlm.nih.gov/pubmed/?term=35819343]
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Publisher
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105.

Complication Rates in Patients Using Intracavernosal Injection Therapy for Erectile Dysfunction With or Without Concurrent Anticoagulant Use-A Single-Center, Retrospective Pilot Study.
Blum K.A., Mehr J.P., Green T., Conroy L., Marino V., Kim D., Panchapakesan K., Murphy L., Panuganti S., Wang R.
Embase
Sexual Medicine. 10(4) (no pagination), 2022. Article Number: 100535. Date of Publication: August 2022.
[Article]
AN: 2018622831
Background: Intracavernosal injection therapy (ICI) is an effective intervention used to treat erectile dysfunction (ED). It has been proposed that caution should be exercised when prescribing ICI to patients currently taking anticoagulants (AC) due to the theoretical increased risk of bleeding, however, there is limited literature describing complication rates of actively anticoagulated patients utilizing ICI.
Aim(s): We sought to determine whether there was a difference in bleeding and other complications in a cohort of patients using ICI therapy with or without concurrent AC use.
Method(s): We reviewed our institutional electronic health record and identified 168 patients who were seen in our clinic from January to August 2020 who had either currently or previously utilized ICI therapy for ED treatment. These patients were surveyed regarding their ICI therapy as well as given the erectile dysfunction inventory for treatment satisfaction questionnaire. Data from 85 patients was obtained; 43 concurrently using AC during ICI therapy and 42 with no AC use. Fisher's exact test for categorical variables and a 2-tailed t-test were used with $P < .05$ considered to be significant.
Outcome(s): Documented bleeding events (eg, bruising, hematoma), complications, and mean erectile dysfunction inventory for treatment satisfaction scores were compared between the 2 groups.
Result(s): There were more absolute bleeding complications in the AC group vs the no AC group, with 3 of 43 AC patients (7%, 95% confidence interval: 2.4-18.6) and 0/42 no AC patients (0%, 95% confidence interval: 0-8.4) experiencing some type of bleeding complication on ICI. However, there was no statistically significant difference found in overall or stratified documented bleeding events and complications between the 2 groups. Clinical Implications: Patients with concurrent AC usage on ICI therapy reported a higher rate of absolute bleeding complications than our non-AC group.
Strengths and Limitations: The strength of this study is addressing question of safety of ICI therapy in patients with concurrent AC usage. Limitations include single-center retrospective study design and underpowered sample size limiting confidence with which conclusions from data should guide future patient counseling regarding ICI risks.
Conclusion(s): Findings from a single-center cohort of patients suggest that ICI therapy may be a safe and effective treatment modality for ED in patients with concurrent anticoagulant usage, however, given the higher rate of absolute bleeding events in our AC cohort, future assessment in a higher-powered study is warranted in determining a more accurate estimation of risk or propensity for bleeding complications in patients on AC using ICI therapy. Blum KA, Mehr JP, Green T, et al. Complication Rates in Patients Using Intracavernosal Injection Therapy for Erectile Dysfunction With or Without Concurrent Anticoagulant Use-A Single-Center, Retrospective Pilot Study. Sex Med 2022;XX:XXXXXX.

Status
Embase

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(Panuganti) Carolina Urology Partners, Gastonia, NC, United States
Publisher
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Year of Publication
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106.

Effect of eculizumab treatment in patients with paroxysmal nocturnal hemoglobinuria with or without high disease activity: Real-world findings from the International Paroxysmal Nocturnal Hemoglobinuria Registry.
Hochsmann B., de Fontbrune F.S., Lee J.W., Kulagin A.D., Hillmen P., Wilson A., Marantz J.L., Schrezenmeier H.
Embase
European Journal of Haematology. 109(3) (pp 197-204), 2022. Date of Publication: September 2022.
[Article]
AN: 2018018273
Background: The effects of eculizumab treatment in paroxysmal nocturnal hemoglobinuria (PNH) patients with or without high-disease activity (HDA), defined by LDH >= 1.5 x ULN and history of major adverse vascular events (MAVEs; including thrombotic events [TEs]); anemia; and/or physician-reported abdominal pain, dyspnea, dysphagia, erectile dysfunction, fatigue, and/or hemoglobinuria, in the International PNH Registry were evaluated.
Method(s): Registry patients were stratified by baseline HDA and eculizumab-treatment status. Longitudinal changes in laboratory and clinical PNH-related endpoints were evaluated using linear mixed models (continuous variables) or Poisson regression (incidence rates).
Result(s): As of May 1, 2017, 3009 patients (HDA/eculizumab-treated, n = 913; HDA/never-treated, n = 651; no-HDA/eculizumab-treated, n = 173; no-HDA/never-treated, n = 1272) were analyzed. Higher proportions of eculizumab-treated patients had HDA and history of MAVEs. In patients with and without HDA, respectively, eculizumab treatment resulted in reductions from baseline for (1) LDH ratio (mean [SD]: -5.3 [4.0] and -2.3 [3.8]); (2) incidence rate ratio (IRR) for MAVEs (-80% and -70%); (3) IRR for TEs (-80% for both); and (4) units of red blood cell transfusions per year (from 6.8 to 2.8 and 3.6 to 2.5 units).
Conclusion(s): Eculizumab treatment in a real-world setting improved outcomes, including substantial decreases in hemolysis, MAVE rates, TEs, and transfusions in PNH patients regardless of HDA.

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Year of Publication
2022

107.

Anatomical classification and clinical application of thoracic paraspinal blocks.
Kim S.H.
Embase
Korean Journal of Anesthesiology. 75(4) (pp 295-306), 2022. Date of Publication: Aug 2022.
[Review]
AN: 2017613975
Various techniques for regional anesthesia and analgesia of the thorax are currently being used in clinical practice. A recent international consensus has anatomically classified paraspinal blocks in the thoracic spinal region into the following four types: paravertebral, retrolaminar, erector spinae plane, and intertransverse process blocks. These blocks have different anatomical targets; thus, the spreading patterns of the injectates differ and can consequently exhibit different neural blockade characteristics. The paravertebral block di-rectly targets the paravertebral space just outside the neuraxial region and has an analgesic efficacy comparable to that of the epidural block; however, there are multiple potential risks associated with this technique. Retrolaminar and erector spinae plane blocks target the erector spinae plane on the vertebral lamina and transverse process, respectively. In anatomical studies, these two blocks showed different injectate spreading patterns to the back muscles and the fascial plane. In cadaveric studies, paravertebral spread was identi-fied, but variable. However, numerous clinical reports have shown paravertebral spread with erector spinae plane blocks. Both techniques have been found to reduce postoperative pain compared to controls; however, the results have been more inconsistent than with the paravertebral block. Finally, the intertransverse process block targets the tissue complex posterior to the superior costotransverse ligament. Anatomical studies have revealed that this block has pathways that are more direct and closer to the paravertebral space than the retrolaminar and erector spinae plane blocks. Cadaveric evaluations have consistently shown promising results; however, further clinical studies using this technique are needed to confirm these anatomical findings.

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Korean Society of Anesthesiologists
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108.

A Review on Phosphodiesterase-5 Inhibitors as a Topical Therapy for Erectile Dysfunction.
Hamzehnejadi M., Ranjbar Tavakoli M., Abiri A., Ghasempour A., Langarizadeh M.A., Forootanfar H.
Embase
Sexual Medicine Reviews. 10(3) (pp 376-391), 2022. Date of Publication: July 2022.
[Review]
AN: 2017566165
Introduction: Due to the prevalence of erectile dysfunction and impotence among men in recent years, several pharmacotherapies have been considered for such problems. Systemic drug therapies in the treatment of erectile dysfunction have significant issues, including drug interactions and contraindications in a wide range of diseases, which makes researchers seek to design drugs and dosage forms with fewer side effects, interactions, and contraindications with maintained efficacy.
Objective(s): 5-Phosphodiesterase inhibitors (5-PDEIs or PDE5Is), previously used systemically to treat erectile malfunction, are now appropriate candidates for topical application with considerable potency and fewer complications.
Method(s): We sought to investigate the recent findings on the current subject in order to provide a comprehensive overview of the issue using an extensive literature search to pinpoint the latest scientific reports on this subject.
Result(s): In the present review, the function of 5-Phosphodiesterase inhibitors as topical formulations was evaluated with details including formulation type, adsorption, and comparative efficacy in all recent studies as an acceptable alternative therapy to systemic drugs.
Conclusion(s): Due to the fact that the influential factors in erectile dysfunction interact with many diseases and delinquent treatments, the use of topical therapeutic agents can be promising in mild to moderate cases. The utilization of 5-PDEIs through novel topical and transdermal drug delivery techniques plays a vital role in improving this effectiveness. Hamzehnejadi M, Tavakoli MR, Abiri A, et al. A Review on Phosphodiesterase-5 Inhibitors as a Topical Therapy for Erectile Dysfunction. Sex Med Rev 2022;10:369-384.

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Year of Publication
2022

109.

Improvement of associated symptoms using combined therapy in 44 patients with sleep-related painful erection during 1-year follow up.
Lu Y., Zhang J., Su H., Xiao Y., Guo B., Li H.
Embase
Andrologia. 54(8) (no pagination), 2022. Article Number: e14472. Date of Publication: September 2022.
[Article]
AN: 2017065680
The current study was aimed at analysing the clinical features and efficacy of combined treatments in patients with sleep-related painful erection (SRPE). Patients who presented with SRPE were continuously enrolled from the outpatient clinic of Peking Union Medical College Hospital from 2015 to 2021. Demographic data, medical history, diagnostics, treatment options and their effectiveness on SRPE in the short and long therapeutic term were recorded. Individually designed combined therapy aimed at controlling SRPE-related symptoms and comorbidities (general health, pain, psychological and sleeping disorders, late-onset hypogonadism, and lower urinary tract symptoms) was used, and the effectiveness was evaluated. In total, 44 patients with an average age of 44.66 +/- 7.96 years were enrolled. The median length of the delay in diagnosis was 1.5 years (range, 1 month to 27 years). Combined treatment aimed at controlling symptoms was used, the mean GAD-7, PHQ-9, PSQI and VAS scores were significantly decreased to 4.25 +/- 3.44, 4.55 +/- 2.86, 7.65 +/- 3.06, and 2.90 +/- 1.89 after treatment for 3 months. Moreover, the VAS ratings were significantly decreased at 1 year of follow-up ($p < 0.001$). SRPE mainly occurred in middle aged males, 79.55% (35/44) patients were more than 40 years old. The prevalence of anxiety, depression, poor sleep and nocturia is high in patients with SRPE. Combined treatments aimed at controlling these symptoms can be more effective.

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Publisher
John Wiley and Sons Inc
Year of Publication
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110.

Pulmonary Vasodilator Therapy in Persistent Pulmonary Hypertension of the Newborn.
Sharma M., Callan E., Konduri G.G.
Embase
Clinics in Perinatology. 49(1) (pp 103-125), 2022. Date of Publication: March 2022.
[Review]
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Clinical Trial Number
https://clinicaltrials.gov/show/NCT01720524 https://clinicaltrials.gov/show/NCT02261883 https://clinicaltrials.gov/show/NCT02951130
Year of Publication
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111.

Association between partial thrombosis of the corpus cavernosum, partial priapism, and hard flaccid syndrome: A scoping review.
Ocampo Florez G.M., Carvajal Obando A., Garcia-Perdomo H.A.
Embase
Andrology. 10(5) (pp 844-851), 2022. Date of Publication: July 2022.
[Review]
AN: 2016415404
Aim: To describe the association between partial thrombosis of the corpus cavernosum, partial priapism, and hard flaccid syndrome.
Method(s): A scoping review was performed according to the recommendations of the Joanna Briggs Institute. Moreover, we performed a search strategy using the MEDLINE, EMBASE, and CENTRAL databases. We included the available information, evaluating the conditions of partial thrombosis of the corpus cavernosum, partial priapism, and hard flaccid syndrome, and their molecular and physiological mechanisms and clinical presentation.
Result(s): We identified 207 articles and chose eight studies published between 2001 and 2021. The total number of patients was 34, and their mean age was 28.2 years. Moreover, in 84% of the studies, the pathophysiology of the events was related to microtrauma or prolonged perineal compression. Additionally, 94.2% of the patients had some degree of erectile dysfunction. In addition, out of all patients, 94% underwent magnetic resonance imaging (MRI). However, patients with hard flaccid syndrome did not show relevant findings in these studies. Conversely,

MRI showed asymmetry in the proximal corpora cavernosa, thrombosed corpus cavernosum segments, and mainly cavernous fibrous septum in patients with partial cavernous thrombosis and partial priapism.
Conclusion(s): Partial thrombosis of the corpus cavernosum, partial priapism, and hard flaccid syndrome occurred more frequently in young patients, possibly related to microtraumas that generate cavernous fibrosis and trigger alterations in the erection of the distal portion of the penis. Additionally, they cause proximal hardening of the pelvis, perineal pain, painful ejaculations, and cavernous asymmetry. Moreover, the imaging characteristics are similar in patients with partial priapism and partial cavernous thrombosis.

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Publisher
John Wiley and Sons Inc
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112.

Allogeneic haematopoietic stem cell transplantation resets T- and B-cell compartments in sickle cell disease patients.
Jarduli-Maciel L.R., de Azevedo J.T.C., Clave E., Costa T.C.D.M., Arruda L.C.M., Fournier I., Palma P.V.B., Lima K.C., Elias J.B., Stracieri A.B.P.L., Pieroni F., Cunha R., Darrigo-Junior L.G., Grecco C.E.S., Covas D.T., Silva-Pinto A.C., De Santis G.C., Simoes B.P., Oliveira M.C., Toubert A., Malmegrim K.C.R.
Embase
Clinical and Translational Immunology. 11(4) (no pagination), 2022. Article Number: e1389. Date of Publication: 2022.
[Article]
AN: 2015929556
Objectives: Allogeneic haematopoietic stem cell transplantation (allo-HSCT) is the only currently available curative treatment for sickle cell disease (SCD). Here, we comprehensively evaluated the reconstitution of T- and B-cell compartments in 29 SCD patients treated with allo-HSCT and how it correlated with the development of acute graft-versus-host disease (aGvHD).
Method(s): T-cell neogenesis was assessed by quantification of signal-joint and beta-chain TCR excision circles. B-cell neogenesis was evaluated by quantification of signal-joint and coding-joint K-chain recombination excision circles. T- and B-cell peripheral subset numbers were assessed by flow cytometry.
Result(s): Before allo-HSCT (baseline), T-cell neogenesis was normal in SCD patients compared with age-, gender- and ethnicity-matched healthy controls. Following allo-HSCT, T-cell neogenesis declined but was fully restored to healthy control levels at one year post-

transplantation. Peripheral T-cell subset counts were fully restored only at 24 months post-transplantation. Occurrence of acute graft-versus-host disease (aGvHD) transiently affected T- and B-cell neogenesis and overall reconstitution of T- and B-cell peripheral subsets. B-cell neogenesis was significantly higher in SCD patients at baseline than in healthy controls, remaining high throughout the follow-up after allo-HSCT. Notably, after transplantation SCD patients showed increased frequencies of IL-10-producing B-regulatory cells and IgM+ memory B-cell subsets compared with baseline levels and with healthy controls.
Conclusion(s): Our findings revealed that the T- and B-cell compartments were normally reconstituted in SCD patients after allo-HSCT. In addition, the increase of IL-10-producing B-regulatory cells may contribute to improve immune regulation and homeostasis after transplantation.

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113.

Effects of plication procedures in special cases of Peyronie's disease: a single-center retrospective study of 72 patients.
Li W.J., Bao J.-W., Guo J.-H., Zheng D.-C., Xie M.-K., Wang Z.
Embase
Asian Journal of Andrology. 24(3) (pp 294-298), 2022. Date of Publication: 01 May 2022.
[Article]
AN: 638008711
General recommendations regarding surgical techniques are not always appropriate for all Peyronie's disease (PD) patients. Therefore, the purpose of this study was to investigate the

effects of plication procedures in PD patients with severe penile curvature and the effects of early surgical correction in patients who no longer have progressive deformities. The clinical data from 72 patients who underwent plication procedures were analyzed in this study. Patients were divided into Groups A and B according to the curvature severity (<=60degree or >60degree) and Groups 1 and 2 according to the duration of disease stabilization (>=3 months or <3 months). At the 1-year follow-up, 90.0% (36/40) and 90.6% (29/32) patients reported complete penile straightening, and 60.0% (24/40) and 100.0% (32/32) patients reported penile shortening in Groups A and B, respectively. No curvature recurrence occurred in any patient, and no significant differences were observed in postoperative International Index of Erectile Function-Erectile Function domain (IIEF-EF), erectile pain, sensitivity, or suture knots on the penis whether such outcomes were grouped according to the curvature severity or the duration of stabilization. However, the duration from symptom onset to surgical management in Group 1 was significantly longer than that in Group 2 (mean +/- standard deviation [s.d.]: 20.9 +/- 2.0 months and 14.3 +/- 1.2 months, respectively, P < 0.001). The present study showed that the plication procedures seemed to be an effective choice for the surgical treatment of PD patients with severe penile curvature. In addition, the early surgical treatment seemed to benefit those patients who already had no erectile pain and no longer exhibited progressive deformity.

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Publisher
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2022

114.

Erectile function outcomes following surgical treatment of ischemic priapism.
Rahoui M., Ouanes Y., Kays C., Mokhtar B., Mrad Dali K., Sellami A., Ben Rhouma S., Nouira Y.
Embase
Annals of Medicine and Surgery. 77 (no pagination), 2022. Article Number: 103696. Date of Publication: May 2022.
[Article]
AN: 2017936786
Introduction: Ischemic Priapism is defined as an abnormally prolonged state of erection, exceeding 6 h, often and irreducible, occurring without any sexual stimulation. Ischemic priapism has a fatal consequence on the sexual function of men if it's not promptly managed. This pathology can cause erectile dysfunction and this can alter the quality of life of patients.
Objective(s): The aim of our study was to determine the factors influencing erectile function after treatment of ischemic priapism.
Patients and Methods: This is a ten-year retrospective, descriptive and analytic study of 40 patients who consulted the urology department at the university hospital center for treatment of ischemic priapism (2010-2019).
Result(s): We included 40 patients in our study. The mean age was 35.2 [18-62]. Duration of priapism varied from 20 to 360 h (mean 76.6). The most common etiology of priapism was sickle cell disease in 65% of cases. The mean preoperative IIEF-5 score was 23 [21-26]. All patients underwent corporal aspiration with an injection of ephedrine, but detumescence was observed in

only 10% of cases. Thirty-six patients had a distal shunt with detumescence in approximately 70% of cases. Eleven patients underwent a distal shunt but seven patients had definitive fibrosis. After the episode of priapism, only eight patients retained normal erectile function. The mean postoperative IIEF-5 score was 14 [7-26]. We noted an improvement in erectile function in 8 patients treated with tadalafil. In multivariate analysis, we have demonstrated that a treatment delay exceeding 48 h, fibrosis and the necessity of a distal shunt significantly affects postoperative erectile function (p = 0.001; p = 0.002; p = 0.002 respectively).
Conclusion(s): According to our study, delayed management exceeding 48 h, fibrosis and the necessity of a surgical distal shunt are three independent factors affecting erectile function after treatment of ischemic priapism.

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Publisher
Elsevier Ltd
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115.

A randomized, placebo-controlled, double-blind trial of canakinumab in children and young adults with sickle cell anemia.
Rees D.C., Kilinc Y., Dampier C., Pace B.S., Kaya B., Trompeter S., Odame I., Mahlangu J., Unal S., Brent J., Grosse R., Fuh B.R., Inusa B.P.D., Koren A., Leblebisatan G., Levin C., McNamara E., Meiser K., Hom D., Oliver S.J.
Embase
Blood. 139(17) (pp 2642-2652), 2022. Date of Publication: 28 Apr 2022.
[Article]
AN: 2017862001
Excessive intravascular release of lysed cellular contents from damaged red blood cells (RBCs) in patients with sickle cell anemia (SCA) can activate the inflammasome, a multiprotein oligomer promoting maturation and secretion of proinflammatory cytokines, including interleukin-1beta (IL-1beta). We hypothesized that IL-1beta blockade by canakinumab in patients with SCA would reduce markers of inflammation and clinical disease activity. In this randomized, double-blind, multicenter phase 2a study, patients aged 8 to 20 years with SCA (HbSS or HbSbeta0-thalassemia), history of acute pain episodes, and elevated high-sensitivity C-reactive protein >1.0 mg/L at screening were randomized 1:1 to received 6 monthly treatments with 300 mg subcutaneous canakinumab or placebo. Measured outcomes at baseline and weeks 4, 8, 12, 16, 20, and 24 included electronic patient-reported outcomes, hospitalization rate, and adverse events (AEs) and serious AEs (SAEs). All but 1 of the 49 enrolled patients were receiving stable background hydroxyurea therapy. Although the primary objective (prespecified reduction of pain) was not met, compared with patients in the placebo arm, patients treated with canakinumab had reductions in markers of inflammation, occurrence of SCA-related AEs and SAEs, and number and duration of hospitalizations as well as trends for improvement in pain intensity, fatigue, and absences from school or work. Post hoc analysis revealed treatment effects on weight, restricted to pediatric patients. Canakinumab was well tolerated with no treatment-related SAEs and no new safety signal. These findings demonstrate that the inflammation associated with SCA can be

reduced by selective IL-1beta blockade by canakinumab with potential for therapeutic benefits. This trial was registered at www.clinicaltrials.gov as #NCT02961218.

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Status
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Publisher
Elsevier B.V.
Clinical Trial Number
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116.

Penile Fracture, Surgical Success and Complications Rate.
Ur Rahman S., Khan N., Khan A., Rashidullah M., Ullah S., Saifullah
Embase
Pakistan Journal of Medical and Health Sciences. 16(2) (pp 923-925), 2022. Date of Publication: February 2022.

[Article]
AN: 2017655947
Objective: The aim of current study is to determine the causes, symptoms of penile fracture and post-operative outcomes.
Study Design: Prospective study Place and Duration: Conducted at Urology department of Miangul Abdulhaq Jehanzeb Kidney, Swat for the duration of one year from 1st January to 31st December, 2020.
Method(s): Total 30 patients had penile fracture were presented in this study. Included cases were aged between 20-50 years. After receiving informed written permission, detailed demographic information about the enrolled patients was compiled, including age, body mass index, place of residence, and marriage status. Causes and clinical features of fracture were assessed. Patients were undergone surgery and success rate was observed. Post-treatment rate of complications among enrolled cases were also calculated. We used SPSS 22.0 version to analyze complete data Results: Included patients had mean age 35.7+/-12.32 years with mean BMI 24.7+/-4.31 kg/m2. Majority of the cases were married 26 (86.7%) and rest were unmarried 4 (13.3%). 12 (40%) patients had urban residency and majority were had rural 18 (60%). Most common cause of fracture was coital 20 (66.7%), followed by masturbation in 6 (20%) and 4 (13.3%) patients had manipulation during sleep. Deformity, swelling, detumescence and crackling sound was the most common symptoms. Right corpus was the most common tunical tear 24 (80%) and most common site was proximal 22 (73.3%). Success rate was found among 26 (86.7%) cases. Post-operatively complications were found among 5 (16.7%) cases in which plaques/ nodules, curvature, erectile dysfunction, pain and swelling were included.
Conclusion(s): For the purposes of this study, we found the penis fracture to be a rather simple condition to diagnose. Cavernosography may be used to confirm a diagnosis if necessary. Penile fractures may be successfully treated with immediate primary surgical repair, resulting in normal erection without substantial sequelae. Short hospital stays and fast restoration of sexual function are common outcomes of this procedure.

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Publisher
Lahore Medical And Dental College
Year of Publication
2022

117.

Prescribing for patients taking antiretroviral therapy.
Hughes Y., Tomlins L., Usherwood T.
Embase
Australian Prescriber. 45(3) (pp 80-87), 2022. Date of Publication: June 2022.
[Article]
AN: 2017040279
Current first-line antiretroviral therapy comprises a combination of drugs that are generally well tolerated. Adverse effects include hypersensitivity reactions, renal and liver toxicity, rhabdomyolysis, hyperlipidaemia, weight gain and neuropsychiatric disorders. Most drug-drug

interactions related to antiretroviral therapy involve drug absorption, metabolism or elimination. Some interactions may increase toxicity or reduce the effectiveness of antiretroviral therapy potentially resulting in treatment failure. Routinely checking for adverse drug effects and potential drug-drug interactions is an important part of the care of people taking antiretroviral therapy. This includes asking about the patient's use of over-the-counter and complementary medicines.

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Publisher
NPS MedicineWise
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118.

Influence of a 12-month supervised, intensive resistance, aerobic and impact exercise intervention on muscle strength in prostate cancer patients undergoing anti-hormone therapy: Study protocol for the randomized, controlled Burgdorf study.
Reimer N., Hafke R., Wrensch M., Horst P., Bloch W., Hahn T., Kirchhoff A., Kluck K.-L., Stein J., Baumann F.T.
Embase
Contemporary Clinical Trials. 114 (no pagination), 2022. Article Number: 106685. Date of Publication: March 2022.
[Article]
AN: 2016948342
Introduction: Reduced testosterone levels due to androgen deprivation therapy (ADT) in prostate cancer patients cause common side effects, such as reduced muscle strength and bone density, increased fat mass, sexual dysfunction and fatigue. Short-term exercise during ADT has proven to be safe and effective in exhibiting a positive impact on body composition, sexual dysfunction and fatigue. However, there are only three randomized controlled trials that investigate one-year supervised impact exercise interventions, none of which examined follow-up effects after the intervention. Therefore, this study will conduct a one-year impact exercise intervention and assess follow-up effects up to one year later.
Material(s) and Method(s): The aim of the randomized, controlled Burgdorf study is to assess the effects of a supervised 12-month intensive multimodal exercise intervention in comparison to a moderate aerobic exercise intervention, on muscle strength in prostate cancer patients receiving ADT. Additionally, quality of life, fatigue, body composition, erectile dysfunction, bone pain, physical activity level, endurance capacity, body-mass-index, waist and hip circumference and prostate-specific antigen- and testosterone levels will be assessed up to one year later.
Discussion(s): The Burgdorf study is the first study to conduct two different one-year supervised exercise interventions, and follow-up with patients for up to one year after the intervention. Results could provide important insights into the long-term effects of interventions on those parameters negatively affected by ADT, which could specify or newly establish care structures.
Trial registration: German Clinical Trials Register, DRKS00009975. Registered 2016-02-09, https://www.drks.de/drks_web/navigate.do?navigationId=trial.HTML&TRIAL_ID=DRKS00009975

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Publisher
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119.

Testosterone Deficiency in Sickle Cell Disease: Recognition and Remediation.
Musicki B., Burnett A.L.
Embase
Frontiers in Endocrinology. 13 (no pagination), 2022. Article Number: 892184. Date of Publication: 03 May 2022.
[Review]
AN: 2016875321
Hypogonadism is common in men with sickle cell disease (SCD) with prevalence rates as high as 25%. Testicular failure (primary hypogonadism) is established as the principal cause for this hormonal abnormality, although secondary hypogonadism and compensated hypogonadism have also been observed. The underlying mechanism for primary hypogonadism was elucidated in a mouse model of SCD, and involves increased NADPH oxidase-derived oxidative stress in the testis, which reduces protein expression of a steroidogenic acute regulatory protein and cholesterol transport to the mitochondria in Leydig cells. In all men including those with SCD, hypogonadism affects physical growth and development, cognition and mental health, sexual function, as well as fertility. However, it is not understood whether declines in physical, psychological, and social domains of health in SCD patients are related to low testosterone, or are consequences of other abnormalities of SCD. Priapism is one of only a few complications of SCD that has been studied in the context of hypogonadism. In this pathologic condition of prolonged penile erection in the absence of sexual excitement or stimulation, hypogonadism exacerbates already impaired endothelial nitric oxide synthase/cGMP/phosphodiesterase-5 molecular signaling in the penis. While exogenous testosterone alleviates priapism, it disadvantageously decreases intratesticular testosterone production. In contrast to treatment with exogenous testosterone, a novel approach is to target the mechanisms of testosterone deficiency in the SCD testis to drive endogenous testosterone production, which potentially decreases further oxidative stress and damage in the testis, and preserves sperm quality. Stimulation of translocator protein within the transduceosome of the testis of SCD mice reverses both

hypogonadism and priapism, without affecting intratesticular testosterone production and consequently fertility. Ongoing research is needed to define and develop therapies that restore endogenous testosterone production in a physiologic, mechanism-specific fashion without affecting fertility in SCD men.

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Publisher
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2022

120.

Sexual Dysfunction Related to Multiple Sclerosis: Literature Review.
Alhazmi S.M.A., Alabbas F.M.A., Alyami H.S.A., Mohammed A.E.E., Omar A.A.F., Ghamri M.S., Alghamdi A.S.S., Alruwaili S.R., Alghamdi O.M., Alshahrani O.M., Alshammari F.H., Abutaleb A.A.H.
Embase
International Journal of Pharmaceutical Research and Allied Sciences. 11(1) (pp 6-10), 2022. Date of Publication: 2022.
[Article]
AN: 2016541344
Multiple sclerosis is a common autoimmune disorder that affects young individuals. Sexual dysfunction among those populations has recently gained the researcher's attention since the finding of the higher prevalence of sexual dysfunction than general populations. Several articles have addressed the causality, but the exact etiology remains unclear. We aimed in this article to review the causality, prevalence, impact, and management of sexual dysfunction in multiple sclerosis. We used the PubMed database and searched for relevant articles on the topic. We used the following MeSh words: Multiple sclerosis, Sexual dysfunction, Erectile dysfunction. Sexual dysfunction is significantly prevalent among multiple sclerosis patients compared to the general population. It leads to impaired self-esteem and affects the sexual quality and overall quality of life. Therefore, due to being underdiagnosed and undertreated condition, the clinician must address this issue with the patient encounter soon after the diagnosis and continue on follow-up visits. Several therapeutic approaches have been proposed, including counseling, pharmacotherapy, and implantable devices.

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Publisher
International Journal of Pharmaceutical Research and Allied Sciences
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121.

Unusually High Prevalence of Stroke and Cerebral Vasculopathy in Hemoglobin SC Disease: A Retrospective Single Institution Study.
Sathi B.K., Yoshida Y., Weaver M.R., Nolan L.S., Gruner B., Balasa V., Altes T., Leiva-Salinas C.
Embase
Acta Haematologica. 145(2) (pp 160-169), 2022. Date of Publication: 01 Mar 2022.
[Article]
AN: 2015618555
Introduction: Unlike homozygous hemoglobin SS (HbSS) disease, stroke is a rare complication in hemoglobin SC (HbSC) disease. However, recent studies have demonstrated a high prevalence of silent stroke in HbSC disease. The factors associated with stroke and cerebral vasculopathy in the HbSC population are unknown.
Method(s): We conducted a retrospective study of all patients with sickle cell disease treated at the University of Missouri, Columbia, over an 18-year period (2000-2018). The goal of the study was to characterize the silent, overt stroke, and cerebral vasculopathy in HbSC patients and compare them to patients with HbSS and HbS/beta thalassemia1 (thal) in this cohort. We also analyzed the laboratory and clinical factors associated with stroke and cerebral vasculopathy in the HbSC population.
Result(s): Of the 34 HbSC individuals, we found that the overall prevalence of stroke and cerebral vasculopathy was 17.7%. Only females had evidence of stroke or cerebral vasculopathy in our HbSC cohort (33.3%, p = 0.019). Time-averaged means of maximum velocities were lower in the HbSC group than the HbSS group and did not correlate with stroke outcome. Among HbSC individuals, those with stroke and cerebral vasculopathy had a marginally higher serum creatinine than those without these complications (0.77 mg/dL vs. 0.88 mg/dL, p = 0.08). Stroke outcome was associated with recurrent vaso-occlusive pain crises (Rec VOCs) (75 vs. 25%, p = 0.003) in HbSC patients. The predominant cerebrovascular lesions in HbSC included microhemorrhages and leukoencephalopathy.
Conclusion(s): There is a distinct subset of individuals with HbSC who developed overt, silent stroke, and cerebral vasculopathy. A female predominance and association with Rec VOCs were identified in our cohort; however, larger clinical trials are needed to identify and confirm specific clinical and laboratory markers associated with stroke and vasculopathy in HbSC disease.

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S. Karger AG
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122.

Tamsulosin and risk of priapism: A causality assessment using Austin Bradford Hill Criteria.
Russom M., Fitsum Y., Debesai M., Russom N., Bahta M.
Embase
Pharmacology Research and Perspectives. 10(2) (no pagination), 2022. Article Number: e00934.
Date of Publication: April 2022.
[Article]
AN: 2015576032
Tamsulosin hydrochloride, a selective alpha-adrenergic blocking agent has been previously associated with priapism. Priapism is a medically serious condition that, if not intervened, can cause permanent erectile dysfunction. This study was conducted to investigate whether the association of tamsulosin and priapism is causal. All currently available evidence such as experimental, biological, toxicological, published studies, and safety data mined from the WHO global pharmacovigilance database was systematically organized into the Austin Bradford Hill causality assessment framework. In the international pharmacovigilance database, a strong association between tamsulosin and priapism (IC025 = 4.1; PRR025 = 19.9; ROR025 = 20) was observed. There were 122 cases of priapism associated with tamsulosin submitted to the database from 23 countries. In 87.7% of the cases, tamsulosin was reported as a 'sole suspect,' and in 50.8%, it was the only drug administered. In several patients, priapism resolved following discontinuation of tamsulosin and recurred after its reintroduction. Both in the published and unpublished data, for majority of the cases, the time to onset of priapism was within few days following the first intake of tamsulosin. Cases of priapism, particularly those published, were consistent in their clinical features with patients experiencing prolonged painful erection that required aspiration of cavernosal blood, irrigation of the corpora cavernosa, and treatment with vasopressors. Other alpha-adrenergic blocking agents that are structurally analogous with tamsulosin have also been associated with priapism. In several cases, tamsulosin was used off-label, for the treatment of ureteral calculi expulsion. Eight patients experienced priapism that ended up with serious complications such as ejaculation disorders and erectile dysfunction. The currently available totality of evidence suggests that the association of tamsulosin and priapism is causal. Healthcare professionals are therefore recommended to cautiously prescribe tamsulosin and ensure that consumers are aware of the potential risk of priapism.

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Publisher
John Wiley and Sons Inc
Year of Publication
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123.

P- and E- selectin in venous thrombosis and non-venous pathologies.
Purdy M., Obi A., Myers D., Wakefield T.
Embase
Journal of Thrombosis and Haemostasis. 20(5) (pp 1056-1066), 2022. Date of Publication: May 2022.
[Review]
AN: 2015408864
Venous thromboembolism is a very common and costly health problem worldwide. Anticoagulant treatment for VTE is imperfect: all have the potential for significant bleeding, and none prevent the development of post thrombotic syndrome after deep vein thrombosis or chronic thromboembolic pulmonary hypertension after pulmonary embolism. For these reasons, alternate forms of therapy with improved efficacy and decreased bleeding are needed. Selectins are a family (P-selectin, E-selectin, L-selectin) of glycoproteins that facilitate and augment thrombosis, modulating neutrophil, monocyte, and platelet activity. P- and E-selectin have been investigated as potential biomarkers for thrombosis. Inhibition of P-selectin and E-selectin decrease thrombosis and vein wall fibrosis, with no increase in bleeding. Selectin inhibition is a promising avenue of future study as either a stand-alone treatment for VTE or as an adjunct to standard anticoagulation therapies.

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https://clinicaltrials.gov/show/NCT03814746
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https://clinicaltrials.gov/show/NCT04053764
https://clinicaltrials.gov/show/NCT04097821
https://clinicaltrials.gov/show/NCT04505774
https://clinicaltrials.gov/show/NCT04611880
https://clinicaltrials.gov/show/NCT04657822
https://clinicaltrials.gov/show/NCT04662931
https://clinicaltrials.gov/show/NCT04682405
https://clinicaltrials.gov/show/NCT04848974
https://clinicaltrials.gov/show/NCT04927247
https://clinicaltrials.gov/show/NCT04935879
https://clinicaltrials.gov/show/NCT04964505
https://clinicaltrials.gov/show/NCT05054543
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124.

Black Americans' willingness to participate in pediatric sickle cell clinical trials: A retrospective, systematic review.
Zanfardino S., Mazziotto V., Bodas P.
Embase
Pediatric Blood and Cancer. 69(5) (no pagination), 2022. Article Number: e29580. Date of Publication: May 2022.
[Review]
AN: 2015104260
Black individuals are underrepresented in randomized clinical trials (RCTs). Willingness to participate is a frequently cited explanation. However, the few studies that have investigated willingness to participate demonstrated no difference between Black individuals and other groups. We sought to measure willingness to participate by focusing on sickle cell disease (SCD), in which approximately 90% of affected individuals are Black. We conducted an analysis of 17 RCTs. A level of clarity was defined and correlated with each article's transparency in reporting patient enrollment data. Calculated measures of acceptance ranged from 32% to 93.5%. Calculated completion rates ranged from 58.8% to 100%. Weighted measures of acceptance and completion were 59.1% and 83.8%, respectively. Our study is limited by focusing solely on studies pertinent to SCD and only a minority of publications reviewed provided sufficient patient enrollment data. Yet, our results suggest that decreased willingness to participate does not account for underrepresentation of Black individuals.

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Publisher
John Wiley and Sons Inc
Year of Publication
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125.

Red blood cell exchange in children with sickle cell disease.
Elenga N., Vantilcke V., Martin E., Cuadro E., Selles P., Basset T.
Embase
International Journal of Hematology. 115(1) (pp 107-113), 2022. Date of Publication: January 2022.
[Article]
AN: 2013759576
The aim of our study was to assess the efficacy of red blood cell exchange (RBCx) using a Spectra Optia automated apheresis system in children with sickle cell disease (SCD). We used automated RBCx to treat acute and chronic complications in 75 children with SCD who had a median age of 10 years [7-13]. We analyzed 649 RBCx sessions. Peripheral venous access was limited in a number of the children, and thus a femoral double-lumen central venous catheter was required. We recommend heparin locking with 500 units in each lumen of the catheter. To prevent complications, we ensured that all patients had achieved a post-RCE HbS level of < 30%. For chronic transfusion, with a post-RCE Hb level of approximately 10-11 g/dL, a blood exchange volume of >= 32 mL/kg, and an interval between each RBCx procedure of <= 30 days, the residual HbS level was maintained below 30%. For acute transfusion, a post-exchange Hb level >= 10 g/dL (p < 0.001) and a total exchange volume >= 35 mL/kg (p = 0.001) were the best way to reduce HbS to < 30%. AUC was 0.84. Our results show that erythrocytapheresis was useful and safe for children with SCD.

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Publisher
Springer Japan
Year of Publication
2022

126.

Long-term outcome of sexual function in sickle cell disease men with ischemic priapism: A systematic review.
Attar F.S., Mohammad M.A., Almoamin H.H.A.
Embase
Journal of Clinical Urology. 15(2) (pp 114-117), 2022. Date of Publication: March 2022.
[Review]
AN: 2011540323
Purpose: The purpose of this study was to have an accurate estimate about the sexual function of sickle cell disease adult men with previous history of recurrent attacks of ischemic priapism in childhood. We assessed the studies for their precise documentation for the erectile function in this group of patients.
Material(s) and Method(s): We performed a systematic review of the literature by querying PubMed, Medline, and Cochrane. We included original studies on adult patients with sickle cell disease and history of ischemic priapism.
Result(s): We identified 15,057 publications, of which 10 met the study inclusion criteria. The incidence of erectile dysfunction was reported up to 69.20% in one study.
Conclusion(s): More extended prospective studies are required as multicenter studies to find the exact incidence of erectile dysfunction in men with sickle cell disease and priapism.
Level of Evidence: Level of evidence is not applicable for this systematic review.

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Publisher
SAGE Publications Ltd
Year of Publication
2022

127.

Quality of life of patients with La Peyronie's disease undergoing local iontophoresis therapy: A longitudinal observational study.
Bolgeo T., Di Matteo R., Gardalini M., Gatti D., Maconi A., Boccafoschi C.
Embase
Archivio Italiano di Urologia e Andrologia. 94(1) (pp 75-79), 2022. Date of Publication: 2022.
[Article]
AN: 2017675305
Objectives: La Peyronie's disease tends to be Summary underdiagnosed and undertreated. In Italy it affects about 7% of the population aged between 50 and 70 years old. The aim of this study is to evaluate the quality of life of patients undergoing iontophoretic therapy with verapamil and treatment outcomes at a two-year interval.
Material(s) and Method(s): This study evaluated 128 patients subjected to treatment cycles over a period of two years. Questionnaires were administered to the patients at the beginning and end of each cycle of iontophoretic therapy in order to monitor the degree of presumed anxiety, depression, pain and the associated quality of life.

Result(s): This prospective descriptive observational study included 128 patients aged between 42 and 74 years presenting pain during erection and/or coital intercourse, which ceased in 108 cases, diminished in 12 and remained present in 4. Concerning the penile deviation, which was present in all patients (128 cases), it disappeared in 6 cases, regressed in 90 cases, while it remained unchanged in 32 cases. As for the plaque consistency on palpation, in 42 patients the plaque was no longer present, in 50 cases the consistency diminished, while in 36 patients it remained unchanged. None of the cases evidenced an aggravation of the clinical condition. 57% of the evaluated patients had high levels of anxiety in the first cycle of iontophoretic sessions and low levels of depression. Anxiety decreased in 32% of cases. Depression was not related to pain but to sexual dysfunction. About 80 % of the patients assessed had an increase in quality of life at the end of the two-year follow-up.
Conclusion(s): In conclusion, it can be claimed that iontophoresis combined with verapamil therapy can improve patients' quality of life and offer them psychophysical well-being and an acceptable sexual relationship, thus decreasing anxiety and depression levels.

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128.

Editorial Comment: Sexual Function Outcomes After Surgical Treatment of Penile Fracture.
Ouanes Y., Saadi M.H., Alouene H.H., Bibi M., Sellami A., Rhouma S.B., Nouira Y., de Castro R.B.
Embase
International Braz J Urol. 48(2) (pp 356-357), 2022. Date of Publication: March 2022.
[Article]
AN: 2017234105
Evidence has shown a trend towards urgent surgical repair of penile fracture (PF) in order to have more adequate functional and cosmetic results in relation to conservative treatment (1). The surgery aims to restore the anatomical and functional integrity of the penis, to avoid complications such as penile curvature, erectile dysfunction (ED), penile plaque and painful erection (2)

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Publisher
Brazilian Society of Urology
Year of Publication
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129.

Small Diameter Penile Implants: A Survey on Current Utilization and Review of Literature.
Campbell S.P., Kim C.J., Allkanjari A., Nose B., Selph J.P., Lentz A.C.
Embase
Sexual Medicine. 10(1) (no pagination), 2022. Article Number: 100458. Date of Publication: February 2022.
[Review]
AN: 2015742073
Background: Inflatable penile prostheses (IPPs) with smaller diameter cylinders have been in use for over 30 years, yet the literature is sparse on their utilization patterns amongst prosthetic surgeons.
Aim(s): To understand current usage of small diameter penile implants (SDPI) among prosthetic surgeons.
Method(s): IRB approval was obtained to conduct a survey of prosthetic surgeons. A 23-question online survey was distributed via email to physician members of the Sexual Medicine Society of North America (SMSNA) and Society of Urologic Prosthesis Surgeons (SUPS). The survey included questions regarding surgeon experience and volume, frequency of SDPI utilization, indications for SDPI, surgical strategy in the setting of SDPI (approach, use of concordant modeling/grafting), reservoir and pump management, and perceived infection risk and patient satisfaction.
Main Outcome Measure(s): SDPI were utilized by the vast majority of respondents in certain clinical situations such as corporal fibrosis or anatomically small corpora, and surgeons have had a favorable experience with these as a final destination implant or as a place-holder until reimplantation with a normal diameter device.
Result(s): Fifty individuals responded to the survey, 48 of whom routinely utilized SDPI. The most common indication for SDPI placement was corporal fibrosis from prior infection, followed by anatomically small corpora and priapism. The most common maximal dilation diameter was 10 mm (47%), an additional 23% of respondents utilized SDPI with 11 mm dilation. 75.4% of respondents sometimes or always intended to upsize to standard diameter cylinders in the future. 68.8% of surgeons routinely counseled patients on the possibility of reduced grith and rigidity with SDPI. Patient satisfaction was perceived to be comparable to standard diameter cylinders in 56.3% of respondents, while the remaining 43.6% believed it to be lower than traditional cylinders. Utilization of SDPI can be an important tool for prosthetic surgeons faced with difficult cases due to corporal fibrosis or small corpora. This survey provides new insight into patterns of SDPI utilization by surgeons. A limitation of the study is that patient satisfaction is indirectly addressed through surgeons' perception and experience, further research will be necessary to include patient questionnaires regarding device satisfaction.
Conclusion(s): SDPI are necessary in certain scenarios that preclude the use of normal diameter cylinders. These implants may offer satisfactory erections, but can also be upsized to standard diameter cylinders in the future. Campbell S.P. et al., Small Diameter Penile Implants: A Survey on Current Utilization and Review of Literature. Sex Med 2021;XX:XXXXXX.

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130.

Phenotypic characterisation and associations of leg ulcers in adult sickle cell patients.
Madu A., Madu K., Anigbogu I., Ugwu A.O., Okwulehie V.A., Ololo U., Ugwu C., Chikezie K.
Embase
Wound Repair and Regeneration. 30(1) (pp 126-131), 2022. Date of Publication: January/February 2022.
[Article]
AN: 2014127652
Sickle leg ulcer (SLU) occurs as a result chronic occlusion of the vasculature with consequent necrosis of the skin and subcutaneous tissue usually in proximity of the malleoli. The description of clinical associations and the simultaneous occurrence of SLU and other complications of SCD compared to the non-SLU patients was the aim of this work. A total of 272 (60.8% males and 39.2% females) patients were captured during this time period out of which 68 (51 males and 17 females) had SLU out of whom 20 patients had bilateral leg ulcers. Prevalence of SLU was 25% and the median age of patients was 25 years, frequency of crisis 2 per annum and 44 (74.6%) had been transfused in the past. Median Hb of the group was 7.6 g/dl and 25% had values lower than 6.5. The occurrence of other complications in SLU patients was as follows; 10 had AVN, 9 priapism, 8 had osteomyelitis, 6 nephropathy, stroke 2, osteoarthritis 4 and cholelithiasis 4. There was a significant relationship between the occurrence of SLU and gender of the patient being more in 67males-Likelihood ratio 4.610 (p = 0.032) and the occurrence of pulmonary hypertension-Likelihood ratio 4.762 (p = 0.029). There was no significant association between the occurrence of SLU and other complications of SCD. Leg ulcer patients have a median age of 25 years with a prevalence of 25% but do not necessarily show other features of severe disease phenotypes. SLU patients were more likely to develop pulmonary hypertension. Further studies on impact of environmental factors on the occurrence of SLU are needed to further evaluate its aetiology.

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131.

Imaging review of penile pathologies encountered in the emergency department.
Albasha H., Wang S.S., Revels J.W., Beckett K., Flink C.C.
Embase
Emergency Radiology. 29(1) (pp 147-159), 2022. Date of Publication: February 2022.
[Review]
AN: 2013839407
While penile pathology is uncommon, prompt diagnosis and treatment of emergent and urgent penile pathology are necessary to prevent complications. This paper will review the imaging findings of the most common critical penile pathologies, including traumatic, vascular, infectious, foreign body-related, and urethral pathology, in addition to penile prosthesis complications. Each entity will be discussed in the context of presentation and treatment and complications of each pathology will be discussed.

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132.

A non-injected opioid analgesia protocol for acute pain crisis in adolescents and adults with sickle cell disease.
Telfer P., Bestwick J., Elander J., Osias A., Khalid N., Skene I., Nzouakou R., Challands J., Barroso F., Kaya B.
Embase
British Journal of Pain. 16(2) (pp 179-190), 2022. Date of Publication: April 2022.

[Article]
AN: 2013354665
Initial management of the acute pain crisis (APC) of sickle cell disease (SCD) is often unsatisfactory, and might be improved by developing a standardised analgesia protocol. Here, we report the first stages in developing a standard oral protocol for adolescents and adults. Initially, we performed a dose finding study to determine the maximal tolerated dose of sublingual fentanyl (MTD SLF) given on arrival in the acute care facility, when combined with repeated doses of oral oxycodone. We used a dose escalation algorithm with two dosing ranges based on patient's weight (<50 kg or >50 kg). We also made a preliminary evaluation of the safety and efficacy of the protocol. The study took place in a large tertiary centre in London, UK. Ninety patients in the age range 14-60 years were pre-consented and 31 treatment episodes were evaluated. The first 21 episodes constituted the dose escalation study, establishing the MTD SLF at 600 mcg (>50 kg) or 400 mcg (<50 kg). Further evaluation of the protocol indicated no evidence of severe opioid toxicity, nor increased incidence of acute chest syndrome (ACS). Between 0 and 6 hours, the overall gradient of reduction of visual analogue pain score (visual analogue scale (VAS)) was 0.32 centimetres (cm) per hour (95% confidence interval (CI) = 0.20 to 0.44, p < 0.001). For episodes on MTD SLF, there was median (interquartile range (IQR)) reduction in VAS score of 2.8 cm (0-4.2) and 59% had at least a 2.6-cm reduction. These results are supportive of further evaluation of this protocol for acute analgesia of APC in a hospital setting and potentially for supervised home management.

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133.

Combination therapy with topical alprostadil and phosphodiesterase-5 inhibitors after failure of oral therapy in patients with erectile dysfunction: a prospective, two-arm, open-label, non-randomized study.
Garrido-Abad P., Senra-Bravo I., Manfredi C., Fernandez-Pascual E., Linares-Espinos E., Fernandez-Arjona M., Varillas-Delgado D., Martinez-Salamanca J.I.
Embase

International Journal of Impotence Research. 34(2) (pp 164-171), 2022. Date of Publication: March 2022.
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AN: 2010234904
Phosphodiesterase type 5 inhibitors (PDE5Is) are the first-line therapeutic option for erectile dysfunction (ED), while second-line therapy includes the alprostadil. Due to the different pharmacodynamic mechanism of PDE5Is and alprostadil, a synergistic action is conceivable when they are administered in combination. The aim of present study was to evaluate the efficacy and safety of combination therapy with PDE5I and topical alprostadil in patients with ED non-responders to PDE5I alone. We designed a prospective, two-arm, open-label, non-randomized study. Patients over 18 years old, with a stable sexual relationship for at least 6 months, and ED non-responders to PDE5I monotherapy were included in the study. At baseline the variables assessed were 5-item version of the International Index of Erectile Function (IIEF-5), and Sexual Encounter Profile Questions 2 and 3 (SEP-2 and SEP-3). In addition, all subjects underwent penile dynamic duplex ultrasonography. All patients were assigned to the monotherapy group (Group A) or combination therapy group (Group B) based on their preference. Topical alprostadil 300 mug/100 mg (Virirec) was the treatment assigned to Group A, while the combination therapy with the last PDE5I taken (at the maximum recommended dose) plus topical alprostadil 300 mug/100 mg (Virirec) was assigned to Group B. After 3 months from assignment to groups were evaluated IIEF-5, SEP-2 and SEP-3 regarding the last sexual intercourse, and Global Assessment Questionnaire-Questions 1 and 2 (GAQ-1 and GAQ-2). All adverse events (AEs) that occurred during the study period were recorded. A total of 170 patients were included in the study (72 in Group A and 98 in Group B). Fifty-two patients were previously treated with sildenafil 100 mg (30.6%), 6 with vardenafil 20 mg (3.5%), 56 with tadalafil 20 mg (32.9%), and 56 with avanafil 200 mg (32.9%). No significant differences among the study groups were found at baseline ($p > 0.05$). The mean IIEF-5 score increased significantly in Group B after treatment compared to baseline (12.4 +/- 3.4 vs. 17.1 +/- 4.5; $p < 0.001$), conversely patients in Group A showed no significant increase (12.2 +/- 2.5 vs. 12.7 +/- 3.1; $p = 0.148$). The number of affirmative responses to SEP-2 was significantly higher after treatment compared to baseline only in Group B (57 vs. 78; $p < 0.001$). The number of affirmative responses to SEP-3 was significantly higher after treatment compared to baseline in both groups ($p < 0.001$). The number of affirmative responses to GAQ-Q1 and GAQ-Q2 was significantly higher in Group B compared to Group A ($p < 0.001$). A total of 59 (34.7%) patients experienced AEs. They were mild, self-limited, and did not cause discontinuation of treatment. No episode of priapism was recorded. No statistically significant difference was recorded between the AEs of the two groups, except for facial flushing that was reported only in Group B ($p = 0.021$). The combination therapy with topical alprostadil and PDE5I seems to be more effective than topical alprostadil alone without worsening the safety of the treatment.

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Publisher
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134.

Multicenter surgical outcomes of penile prosthesis placement in patients with corporal fibrosis and review of the literature.
Krughoff K., Bearelly P., Apoj M., Munarriz N.A., Thirumavalavan N., Pan S., Gross M.S., Munarriz R.M.
Embase
International Journal of Impotence Research. 34(1) (pp 86-92), 2022. Date of Publication: January 2022.
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AN: 2007319069
Penile prosthesis (PP) insertion in the setting of corporal fibrosis can be challenging and a variety of techniques have been described to accomplish this, however the necessity of these maneuvers is debatable. Our objective was to investigate techniques and outcomes of PP placement in patients with corporal fibrosis at tertiary referral centers. Multicenter outcomes of 42 patients (mean age 53.4 +/- 1.9 years) with corporal fibrosis who underwent placement of PP over a 10-year period were reviewed. The most common etiology of corporal fibrosis was prior PP explant due to either infection (40.5%) and/or erosion (16.7%). Fourteen patients (33.3%) had a history of priapism, 5 (11.9%) of which had one or more distal surgical penile shunts. Techniques used for PP placement included: sequential dilation (8-12 mm) with standard dilators in 15 (35.7%), dilation with cavernotomes in 25 (59.5%) and limited sharp corporal excision and dilation with cavernotomes in 1 (2.4%). Narrow cylinders were employed in ten patients (23.8%). Major complications occurred in one patient (2.4%) who underwent explant for infection and distal erosion. Most patients with corporal fibrosis can undergo successful placement of a PP using standard dilators or cavernotomes. Sharp corporal excision and other measures are rarely required.

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Publisher
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135.

A novel method for hemodynamic analysis of penile erection.
Yildirim C., Erturk H., Pekkan K., Deniz S., Serefoglu E.C.
Embase
International Journal of Impotence Research. 34(1) (pp 55-63), 2022. Date of Publication: January 2022.
[Article]
AN: 2006921189
Measurement of blood flow velocity through the cavernosal arteries via penile color Doppler ultrasound (PDUS) is the most common objective method for the assessment of erectile function. However, in some clinical cases, this method needs to be augmented via the invasive intracavernosal pressure (ICP) measurement, which is arguably a more direct index for erectile function. The aim of this study is to develop a lumped parameter model (LPM) of the penile circulation mechanism integrated to a pulsatile, patient-specific, bi-ventricular circulation system to estimate ICP values non-invasively. PDUS data obtained from four random patients with erectile dysfunction are used to develop patient-specific LPMs. Cardiac output is estimated from the body surface area. Systemic pressure is obtained by a sphygmomanometer. Through the appropriate parameter set determined by optimization, patient-specific ICP values are predicted with only using PDUS data and validated by pre- and post-papaverine injection cavernosometry measurements. The developed model predicts the ICP with an average error value of 3 mmHg for both phases. Penile size change during erection is predicted with a ~15% error, according to the clinical size measurements. The developed mathematical model has the potential to be used as an effective non-invasive tool in erectile function evaluation, expanding the existing clinical decision parameters significantly.

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Publisher
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136.

Delayed puberty in boys in central Sweden: An observational study on diagnosing and management in clinical practice.
Rodanaki M., Rask E., Lodefalk M.

Embase
BMJ Open. 12(2) (no pagination), 2022. Article Number: e057088. Date of Publication: 03 Feb 2022.
[Article]
AN: 637160400
Objectives To compare the usefulness of the classical definition of delayed puberty (DP) in boys with puberty nomograms and to describe the management of DP in boys in a hospital-based setting. Study design Observational retrospective multicentre study with a short-term follow-up. Setting and participants Boys diagnosed with DP during 2013-2015 at paediatric departments in four counties in central Sweden. The medical records of 165 boys were reviewed. Primary and secondary outcome measures Number of boys with DP after re-evaluation of the diagnosis according to the classical definition in comparison with puberty nomograms. Description of investigations performed and treatment provided to boys with DP. Results In total, 45 and 58 boys were found to have DP according to the classical definition and the nomograms, respectively. Biochemical and/or radiological testing was performed in 91% of the 58 boys, but an underlying disease was only found in 9% of them. Approximately 79% of the boys received testosterone treatment, either as injections of testosterone enanthate or as testosterone undecanoate. Conclusions Puberty nomograms may be helpful instruments when diagnosing pubertal disorders in boys as they are not limited to an age close to 14 years and also identify boys with pubertal arrest. The majority of boys with DP undergo biochemical or radiological examinations, but underlying diseases are unusual emphasising the need for structural clinical practice guidelines for this patient group.

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137.

Penile Prosthesis Implantation in Refractory Ischaemic Priapism: Patient Selection and Special Considerations.
Capece M., Falcone M., Cai T., Palmieri A., Cocci A., La Rocca R.
Embase
Research and Reports in Urology. 14 (pp 1-6), 2022. Date of Publication: 2022.
[Review]
AN: 2015542773
Ischemic priapism accounts for more than 95% of all priapic episodes. It has to be considered a urological emergency because its time extension may lead to necrosis of smooth muscle cells of the corpora cavernosa, resulting in a complete erectile dysfunction, penile shortening and loss of girth. In the present systematic review, we perform an up-to-date literature search for patients

suffering from refractory ischemic priapism who undergo penile prosthesis implantation with particular interests to the patients characteristics. The conservative management of the priapic episode consists of a sympathomimetic agent in the first istance. Failure or recurrence of priapism following these conservative measures is an indication for surgical management. Shunt procedures between the corpora cavernosa and the neighbouring structures are often used first line; however, in refractory ischemic priapism the success rate is minimal. In such cases (>48 h) an indication of immediate placement of a penile prosthesis could be the best solution.

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138.

Epidemiological aspects of scorpion stings in Algeria: A monocentric retrospective study.
Kerdoun M.A.
Embase
Toxicologie Analytique et Clinique. 34(1) (pp 4-9), 2022. Date of Publication: March 2022.
[Article]
AN: 2014934132
Introduction: Scorpion stings are a real worldwide public health problem, especially in desert regions. North Africa recorded most of the deaths related to scorpion envenomation and Algeria is one of the most affected countries. This work aims to determine the epidemiological characteristics of scorpion stings in the city of Ouargla, south-east of Algeria.
Method(s): A monocentric retrospective study was conducted at Mohamed Boudiaf public hospital, the main hospital structure in Ouargla, from January 1, 2018, to December 31, 2019. Statistical and descriptive analyses were performed using Excel 2019. Statistical significance was determined by P-value < 0.05.
Result(s): The study comprised 1088 stung patients; adults were the most affected (80.70%, n = 878), and the male-to-female ratio was 1.35. A total incidence of 561/100,000 was found. The lower limbs were involved in 51.4% (n = 559) of cases, followed by the upper limbs (45%, n = 490). The majority of stings occurred during the summer season (58.9%, n = 641) and inside dwellings (74.2%, n = 807). Of all patients, 84.93% (n = 924) presented local signs, 14.15% (n = 154) mild general clinical signs, and 0.92% (n = 10) severe systemic symptoms. Symptomatic treatment was recommended systematically and antivenom serum was used in 85% (n = 925) of patients. The lethality rate was calculated as 0.83% (n = 9). Children have higher lethality than adults (p = 0.016).
Conclusion(s): Despite the underreporting of cases, the high incidence of scorpion stings in North Africa suggests the need for adequate awareness campaigns for all age groups of the population to reduce this scourge.

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139.

Penile fracture: Tertiary care center experience and long-term complications after immediate repair.
Bulbul E., Gultekin M.H., Citgez S., Derekoylu E., Demirbilek M., Akkus E., Ozkara H.
Embase
Andrology. 10(3) (pp 560-566), 2022. Date of Publication: March 2022.
[Article]
AN: 2014648531
Background: In the literature, there is not sufficient data on factors affecting the development of complications in patients with penile fracture after early surgical intervention.
Objective(s): To investigate the predictors of long-term complications in patients who underwent immediate surgical repair for penile fracture. Materials/methods: This clinical study included a total of 31 cases of penile fracture in which surgical treatment was performed within the first 24 h and penile fracture was confirmed during the operation. The patients with and without late complications were compared in terms of parameters such as age, tear size of the tunica albuginea of the penis, bilateral involvement of the corpora cavernosa involvement, urethral injuries, and duration from penile fracture to surgery.
Result(s): The median age of the patients was 42 years (interquartile range: 34-51 years). The median time from penile fracture to surgery was 13 h (8-18 h). The median tear size was 16 mm (11-21 mm). Late complications were seen in 13 (41.9%) patients in the post-operative period. Erectile dysfunction developed in five (16.1%) patients in the post-operative period. There was no statistically significant relationship between age, tear size, time from penile fracture to surgery, and bilateral corporeal involvement in terms of erectile dysfunction development. Painful erections, penile deviations, urethral strictures, tunical scars, and re-fracture were the other late complications. There was a significant relationship between the development of any complication and time from penile fracture to surgery ($p = 0.028$) and tear size ($p = 0.031$). In the receiver operating characteristic analysis of complication development, the cut-off value for the time from penile fracture to surgery was 13.5 h. Discussion and conclusion: We found that the longer time interval between penile fracture and surgery worsened the patient outcomes. In addition, tear size was determined to be a predictor for long-term complications. In our opinion, early treatment of penile fracture can prevent severe complications in these cases.

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140.

Efficacy of a cultured conditioned medium of exfoliated deciduous dental pulp stem cells in erectile dysfunction patients.
Koga S., Horiguchi Y.
Embase
Journal of Cellular and Molecular Medicine. 26(1) (pp 195-201), 2022. Date of Publication: January 2022.
[Article]
AN: 2014328416
Majority of current treatment strategies against erectile dysfunction (ED) has been consisted of only a supportive care to sustain enough erection during a sexual intercourse. In this study, we investigated whether the cultured conditioned medium of human exfoliated deciduous dental pulp stem cells (SHED-CM) had an ability to treat ED through fundamentally repairing the pathological damage of vascular endothelial cells of the corpus cavernosum. An open-label pilot study was performed from April 2016 to October 2020. SHED-CM was injected directly into the corpus cavernosum of penis of 38 ED patients who visited our clinic and fulfilled the inclusion criteria. Efficacy was assessed using the simplified International Index of Erectile Function (IIEF-5) questionnaire. The average age and initial IIEF-5 score of the patients enrolled in this study was 56 (31-79) years old and 13.1 (5-20) points, respectively. Medical history revealed 7 patients with diabetes, 7 patients with hypertension and 1 patient with priapism undergone shunt operation. Of these, 37 patients (97.4%) showed an improvement in IIEF-5 of an average of 19.3 (7-25) points or 64.4 (10-300) % increase after three injections of SHED-CM. Eighteen patients (47.4%) achieved more than 21 points (no ED) in IIEF-5. No adverse events were encountered. This is the first clinical report of ED treatment in the literatures evaluating the efficacy of SHED-CM. Treatment with SHED-CM is expected to repair vascular damages of the corpus cavernosum, which are the main cause of ED, and to be widely spread as a fundamental clinical application for ED.

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141.

Pathophysiology and Grayscale Ultrasonography of Penile Corporal Fibrosis.
Kim J., Drury R., Morenas R., Raheem O.
Embase
Sexual Medicine Reviews. 10(1) (pp 99-107), 2022. Date of Publication: January 2022.
[Review]
AN: 2014253200
Introduction: Penile corporal fibrosis may occur secondary to explantation of an infected penile prosthesis, severe penile trauma, refractory low-flow priapism, Peyronie's disease, or chronic intra-cavernous injection of vasoactive drugs. Other etiologies of corporal fibrosis, presenting primarily with erectile dysfunction, can develop in chronic smokers, hypertensive patients, alcoholics, diabetics, and after radical prostatectomy. Corporal erectile tissue fibrosis is a significant pathophysiologic component of erectile dysfunction; however, current ultrasound-based penile imaging protocols do not directly assess it.
Objective(s): To determine if grayscale ultrasonography (US) is a suitable imaging modality to identify and assess penile corporal erectile tissue fibrosis.
Method(s): A PubMed literature review was performed for studies that detailed ultrasonographic methods and findings of pathologies causing penile corporal fibrosis. Our main outcome measure was the ultrasonographic findings of pathologies causing penile corporal fibrosis.
Result(s): Grayscale US demonstrates the capability to detect and localize the fibrotic changes of the corpora cavernosa. Ultrasonographic findings capture penile corporal tissue heterogeneity including diffuse, circumscribed, or localized patterns.
Conclusion(s): Overall, grayscale US may be a useful and convenient imaging modality to assess penile corporal fibrosis secondary to explantation of an infected penile prosthesis, priapism, penile trauma, chronic intra-cavernous injection of vasoactive drugs, diabetes, Peyronie's disease, and vascular disease. While limited by the skill and knowledge of the US operator, the combined knowledge of pathophysiology and US may help clinicians identify and manage the underlying etiology of penile corporal fibrosis. Kim J, Drury R, Morenas R et al. Pathophysiology and Grayscale Ultrasonography of Penile Corporal Fibrosis. Sex Med Rev 2022;10:99-107.

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142.

Practice guideline for pharmacists: The management of late-onset hypogonadism.
Matai A., Abdullahi M., Beahm N.P., Sadowski C.A.
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Canadian Pharmacists Journal. 155(1) (pp 26-38), 2022. Date of Publication: January 2022.
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143.

PHIL (precipitating hydrophobic injectable liquid): retrospective multicenter experience on 178 patients in peripheral embolizations.
Giurazza F., Cionfoli N., Paladini A., Vallone M., Corvino F., Teodoli L., Moramarco L., Quaretti P., Catalano C., Niola R., Lucatelli P.
Embase
La Radiologia medica. 127(11) (pp 1303-1312), 2022. Date of Publication: 01 Nov 2022.
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AN: 638949341
PURPOSE: This study aims to analyze safety and effectiveness of PHIL (Microvention, CA-USA) in peripheral endovascular embolization procedures, both in elective and emergent scenarios.
MATERIALS AND METHODS: This is a multicenter retrospective study, involving 178 patients from five interventional radiology departments from January 2017 to December 2021. Patients treated by an endovascular embolization with PHIL were included; different PHIL viscosities were adopted. Exclusion criteria were: neuroradiological endovascular interventions, other cohesive liquid embolics adopted during the same procedure, follow-up<30 days. Technical success was intended as definitive target vessel occlusion without the need for other embolics after PHIL injection. Clinical success was considered as restoration of hemodynamic status in case of emergent embolization and improvement of clinical conditions in case of elective procedures, without additional interventions at 30 days.
RESULT(S): Sixty-four women and 114 men, mean age 62 years (range 6-91), were evaluated. Sixty-three patients were in elective scenarios (AVMs, type-II endoleaks, tumors, varices, aneurysms, varicoceles) and 115 were in emergent settings (hemorrhage, pseudoaneurysms, hemoptysis, priapism); 190 procedures were performed in 178 patients. Overall technical and clinical success rates were 94.7% and 92.1%, respectively. The complications rate was 7.4% (6 grade-I, 7 grade-III, 1 grade-IV). PHIL-25 was the more adopted viscosity; totally, 311 vials were injected (rate: 1.64 vial/procedure).
CONCLUSION(S): In this series, PHIL proved to be a safe and effective liquid embolic in peripheral embolizations, both in elective and emergent scenarios. The pre-filled syringe preparation allowed operators to use it even when unplanned at beginning of the intervention.

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144.

A systematic review of non-surgical management in Peyronie's disease.
Hayat S., Brunckhorst O., Alnajjar H.M., Cakir O.O., Muneer A., Ahmed K.
Embase
International Journal of Impotence Research. (no pagination), 2022. Date of Publication: 2022.
[Review]
AN: 2019833658
The efficacy of many non-surgical treatments for Peyronie's disease is unclear. This systematic review aims to critically assess the currently available options and provide a recommendation for treatment based on this. A systematic literature search utilising the Medline (Pubmed), Embase, global health and Cochrane library databases was conducted up to May 2021. All randomised controlled trials assessing non-surgical treatment modalities for Peyronie's Disease were included. Individual study risk of bias was evaluated using the Cochrane tool and GRADE was used to assess evidence strength. Outcome measures were the change in penile curvature (degrees), plaque size (volume or size), International Index of Erectile Function score, pain scores and change in penile length. Prospero registration number: CRD42017064618. Amongst the 5549 articles identified, 41 studies (42 reports) were included. Seven different oral treatment options including vitamin E supplementation showed evidence for improving outcomes such as penile curvature and plaque size. Of the intralesional treatments, Collagenase Clostridium Histolyticum showed evidence for improving penile curvature (Range: 16.3-17 degrees, moderate level certainty of evidence). Intralesional Interferon demonstrated some improvement in curvature (Range: 12-13.5 degrees), plaque size (Range: 1.67-2.2 cm2) and pain, whilst intralesional calcium channel blockers such as Verapamil showed variable evidence for changes in the plaque size and pain. Extracorporeal Shockwave Therapy consistently demonstrated evidence for improving penile pain in stable disease, and two mechanical traction devices improved curvature. Iontophoresis, topical medications, and combination therapies did not demonstrate any consistent improvements in outcome measures. Intralesional options demonstrate the best potential. Overall, results varied with few high-quality randomised trials present.

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145.

Surgical tips in difficult penile prosthetic surgery: a narrative review.
Schifano N., Capogrosso P., Cakir O.O., Deho F., Garaffa G.
Embase
International Journal of Impotence Research. (no pagination), 2022. Date of Publication: 2022.
[Review]
AN: 2019662032
Penile prosthesis implantation continues to represent a reliable solution to address erectile dysfunction when oral medications fail, are not tolerated or are contraindicated, and most typically is associated with excellent satisfaction rates and durable results. Despite the dramatic improvements in the prostheses' design, in the surgical instruments and techniques over the years, certain categories of patients still pose a significant surgical challenge. The aim of the current review is to provide a quick and useful practical guidance based on our expertise in the identification and management of the difficult penile prosthesis implantation cases. A narrative review design was here preferred to fulfil our purpose. The search strategy included a range of terms, e.g. penile prosthesis, corporal fibrosis, infection, ischaemic priapism, Peyronie's disease, radical prostatectomy, pelvic surgery. Extensive corporal fibrosis after explantation of an infected device or after prolonged ischaemic priapism may represent the most difficult situations to deal with in penile prosthesis implantation surgery. Penile prosthesis implantation in patients with Peyronie's disease and in those who previously underwent radical prostatectomy also presents with an increased risk of complications. Experienced surgeons need to be able to recognise promptly and manage urethral perforation, cylinder crossover, tunical perforation and erosion, as these complications are more common when dealing with difficult penile prosthesis implantation cases. Applying penile lengthening techniques and principles can be useful in selected cases to ensure better postoperative satisfaction rates, especially in those patients who have experienced a more significant degree of loss of length preoperatively. High-volume-implanting surgeons should always be involved in complex cases to minimise the risk of complications. A thorough preoperative counselling can set realistic patients' expectations in this context, further contributing to postoperative satisfaction.

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146.

Super-selective Gelfoam embolisation in high-flow priapism.
Yap J.D., Power M.A.
Embase
Journal of Medical Imaging and Radiation Oncology. (no pagination), 2022. Date of Publication: 2022.
[Article]
AN: 2019430462
Introduction: High-flow priapism is a rare condition with limited data in the literature, particularly in Australia. There is therefore no clear consensus regarding treatment. We aim to present our institutional network experience in managing this condition over the last decade with super-selective gelatin sponge (Gelfoam) embolisation of the internal pudendal artery.
Method(s): We retrospectively searched for and reviewed the patient records of all cases of priapism encountered within our multicentre institutional network over the last 10 years. Of these, the cases of high-flow priapism treated with embolisation were analysed in depth and compared with the current literature.
Result(s): Overall, 93 patients in our network were diagnosed with priapism from 1 January 2012 to 1 January 2022. And 89 of these patients (96%) had low-flow priapism and four patients (4%) had high-flow priapism. Of these four patients, two were treated within our network with super-selective Gelfoam embolisation of the internal pudendal artery. Following embolisation, both patients achieved rapid detumescence and returned to baseline premorbid erectile function. There was no report of recurrence or erectile dysfunction on follow-up.
Conclusion(s): Super-selective embolisation of the internal pudendal artery should be considered as a treatment option for high-flow priapism, with Gelfoam as an appropriate temporary embolic agent of choice. We show that it was a safe and effective option for the patients treated in this series, enabling quick and long-term return to baseline erectile function. Our results support data provided by the limited number of cases in the literature.

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147.

A Preliminary Study of Short-Term Sexual Function and Satisfaction Among Men Post-Myocardial Infarction.
Smith A.B., Barton D.L., Davis M., Jackson E.A., Smith J., Wittmann D.
Embase
Journal of holistic nursing : official journal of the American Holistic Nurses' Association. 40(3) (pp 208-218), 2022. Date of Publication: 01 Sep 2022.
[Article]
AN: 635874115
Sexuality is an important component of holistic quality of life, and myocardial infarction (MI) negatively influences many aspects of sexuality, including sexual function. However, there is limited literature that examines sexuality beyond the most basic physical components. This pilot study aimed to describe the relationships between the physical, psychologic, and social domains of holistic sexuality at an early timepoint post-MI. Adult men post-MI were mailed self-report surveys at 2 weeks post discharge. Physical domains of sexuality were measured with the arousal, orgasm, erection, lubrication, and pain subscales of the Male Sexual Function Index (MSFI). The social domain utilized the sexual satisfaction subscale of the MSFI. The psychologic domain included the desire subscale of the MSFI and sexual fear (Multidimensional Sexuality Questionnaire). Spearman correlations were estimated to examine associations among the different measurement subscales. Twenty-four men post-MI were analyzed. Average scores on the MSFI were 9.2 (SD 7.7). Desire and satisfaction were the highest scoring subscales among men when compared with other subscales (i.e. erection, lubrication). There was minimal evidence supporting a relationship between sexual fear and function. Additional research is also needed with larger samples, and among women post-MI.
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148.

Medications mostly associated with priapism events: assessment of the 2015-2020 Food and Drug Administration (FDA) pharmacovigilance database entries.
Schifano N., Capogrosso P., Boeri L., Fallara G., Cakir O.O., Castiglione F., Alnajjar H.M., Muneer A., Deho' F., Schifano F., Montorsi F., Salonia A.
Embase
International Journal of Impotence Research. (no pagination), 2022. Date of Publication: 2022.
[Article]
AN: 2017055927
A range of drugs have a direct role in triggering ischaemic priapism. We aimed at identifying: a) which medications are associated with most priapism-reports; and, b) within these medications, comparing their potential to elicit priapism through a disproportionality analysis. The FDA Adverse Event Reporting System (FAERS) database was queried to identify those drugs associated the most with priapism reports over the last 5 years. Only those drugs being associated with a minimum of 30 priapism reports were considered. The Proportional Reporting Ratios (PRRs), and their 95% confidence intervals were computed. Out of the whole 2015-2020 database, 1233 priapism reports were identified, 933 of which (75.7%) were associated with 11 medications with a minimum of 30 priapism-reports each. Trazodone, olanzapine and tadalafil showed levels of disproportionate reporting, with a PRR of 9.04 (CI95%: 7.73-10.58), 1.55 (CI95%: 1.27-1.89), and 1.42 (CI95%: 1.10-1.43), respectively. Most (57.5%) of the reports associated with the phosphodiesterase type 5 inhibitors (PDE5Is) were related with concomitant priapism-eliciting drugs taken at the same time and/or inappropriate intake/excessive dosage. Patients taking trazodone and/or antipsychotics need to be aware of the priapism-risk; awareness among prescribers would help in reducing priapism-related detrimental sequelae; PDE5I-intake is not responsible for priapism by itself, when appropriate medical supervision is provided.

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149.

Essential thrombocythemia complicating hemoglobin SC disease and presenting with priapism.
Nwogbo O.V., Loghavi S.
Embase
Blood. 139(14) (pp 2258), 2022. Date of Publication: 07 Apr 2022.
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Publisher
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150.

A population-based analysis of predictors of penile surgical intervention among inpatients with acute priapism.
Ha A.S., Han D.S., Wallace B.K., Miles C., Raup V., Punjani N., Badalato G.M., Alukal J.P.
Embase
International Journal of Impotence Research. (no pagination), 2022. Date of Publication: 2022.
[Article]
AN: 2015244723
While consensus exists regarding risk factors for priapism, predictors of operative intervention are less well established. We assessed patient and hospital-level predictors associated with penile surgical intervention (PSI) for patients admitted with acute priapism, as well as length of stay (LOS) and total hospital charges using the National Inpatient Sample (2010-2015). Inpatients with acute priapism were stratified by PSI, defined as penile shunts, incisions, and placement of penile prostheses, exclusive of irrigation procedures. Survey-weighted logistic regression models were utilized to assess predictors of PSI. Negative binomial regression and generalized linear models with logarithmic transformation were used to compare PSI to LOS and total hospital charges, respectively. Among 14,529 weighted hospitalizations, 4,953 underwent PSI. Non-Medicare insurances, substance abuse, and >=3 Elixhauser comorbidities had increased odds of PSI. Conversely, Black patients, sickle cell disease, alcohol abuse, neurologic diseases, malignancies, and teaching hospitals had lower odds. PSI coincided with shorter median LOS (adjusted IRR: 0.62; $p < 0.001$) and lower ratio of the mean hospital charges (adjusted Ratio: 0.49; $p < 0.001$). Additional subgroup analysis revealed penile incisions and shunts primarily associated with reduced LOS (adjusted IRR: 0.66; $p < 0.001$) and total hospital charges (adjusted Ratio: 0.49; $p < 0.001$). Further work is required to understand predictors of poor outcomes in these populations.

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151.

Penile Doppler ultrasound study in priapism: A systematic review.
Wakrim S., Ziouziou I., Ralph D., Khabbal Y.
Embase
Progres en urologie : journal de l'Association francaise d'urologie et de la Societe francaise d'urologie. 32(1) (pp 61-69), 2022. Date of Publication: 01 Jan 2022.
[Article]
AN: 635558202
BACKGROUND: Penile Doppler ultrasound (PDU) is suggested to be an alternative to blood gas analysis (BGA) from the corpora cavernosa in differentiating between high- and low-flow priapisms, with limited supportive evidence. AIM: To compare penile Doppler ultrasound study and blood gas analysis in the diagnosis of priapism, through a systematic review of the literature. METHOD(S): Studies were identified by literature search of Medline, Scopus, Cochrane and ClinicalTrials.Gov. Studies were included if their participants had priapism evaluated by Penile Doppler ultrasound, and reported data on the blood gas analysis or pudendal artery angiography (PAA). Two authors independently extracted the articles using predetermined datasets, including indicators of quality.
OUTCOME(S): Correlation of penile Doppler ultrasound with blood gas analysis and pudendal artery angiography.
RESULT(S): Twelve studies were included. Three studies compared Penile Doppler ultrasound to blood gas analysis and pudendal artery angiography. Penile Doppler ultrasound was used as adjunctive to blood gas analysis to differentiate low flow from high flow priapism, guidance for embolization, etiological diagnosis in three studies. Compared to pudendal artery angiography, penile Doppler ultrasound had a sensitivity of 40-100% and a specificity of 73%, to localize vascular injury and anatomical abnormalities (two studies). Penile Doppler ultrasound was also used for the follow-up after the treatment of priapism (two studies). No study reported an impact on functional results or a delay of management due to penile Doppler ultrasound use. CLINICAL TRANSLATION: We reviewed evidence on penile Doppler ultrasound study in priapism. Penile Doppler ultrasound study performance was comparable to blood gas from corpus cavernosum. It is recommended to use doppler as an alternative diagnostic tool. STRENGTHS & LIMITATIONS: Our systematic review had limitations. Firstly, the number of cases in the included studies was small. Secondly, these studies were all retrospective. Lastly, few data were reported with regards

to hemodynamic parameters of penile Doppler ultrasound, and the majority of studies did not describe these in detail.
CONCLUSION(S): Evidence supports that penile Doppler ultrasound is a reliable way for differentiating high-flow and low-flow priapism. We recommend penile Doppler ultrasound study as an alternative of blood gas analysis from corpus cavernosum, especially when the latter is not available.3.

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34229947 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34229947]
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Publisher
NLM (Medline)
Year of Publication
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152.

Non-hormonal Clitoromegaly due to Clitoral Priapism Caused by Appendicitis/Appendectomy.
Gurpinar Tosun B, Karagozlu Akgul A, Almus E, Abidoglu S, Turan S, Bereket A, Guran T
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of clinical research in pediatric endocrinology. 2021 Dec 06.
[Journal Article]
UI: 34866370
Clitoromegaly usually develops due to hyperandrogenism. There are few cases of clitoromegaly described without clinical and biochemical hyperandrogenism. Clitoromegaly due to clitoral priapism and clitoral priapism after appendectomy have not been reported previously. A 7-year-old girl was referred for enlargement of the clitoris. She expressed having a mild, pulsating clitoral pain starting three days after an appendectomy operation. Subsequently, painful swelling and an increase in the size of the clitoris was observed. Her growth and physical examination were normal other than a clitoromegaly. The conditions related to androgen excess were excluded by comprehensive work-up. The color Doppler ultrasound revealed a high peak systolic velocity and resistance in the cavernosal artery consistent with clitoral priapism. The patient's complaints improved significantly with oral pseudoephedrine and intracavernosal aspiration. This unique case shows that clitoral priapism is a rare non-hormonal cause of clitoromegaly and can occur after appendectomy. Pseudoephedrine treatment is helpful in alleviating the symptoms.
Version ID
1
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Authors Full Name

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Year of Publication
2021

153.

High-flow Priapism in Pediatric Population: Case Series and Review of the Literature. Priapismo de alto flujo en poblacion pediatrica: serie de casos y revision de la literatura. <Priapismo de alto flujo en poblacion pediatrica: serie de casos y revision de la literatura.>
Sarrio-Sanz P, Martinez-Cayuelas L, March-Villalba JA, Lopez-Lopez AI, Rodriguez-Caraballo L, Sanchez-Caballero L, Polo-Rodrigo A, Nakdali-Kassab B, Conca-Baenas MA, Gomez-Garberi M, Pacheco-Bru JJ, Perez-Seoane-Ballester H, Perez-Tomas C, Gomez-Perez L, Ortiz-Gorraiz MA, Serrano-Durba A
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Actas Urologicas Espanolas. 2021 Jun 11.
[Journal Article]
UI: 34127286
INTRODUCTION: Priapism is a prolonged erection that lasts longer than four hours. It is a rare pathology in the pediatric population, with an estimation of 0.3-1.5 per 100,000 children per year. The diagnostic sequence includes clinical history, physical examination and penile Doppler ultrasound (PDUS). Puncture of corpora cavernosa is not always necessary to establish the differential diagnosis between high-flow and low-flow priapism. The treatment of choice in pediatric age is not well defined.
PATIENTS AND METHODS: Multicentric, retrospective and descriptive study including patients under 14 years with high-flow priapism between 2010 and 2020.
LITERATURE REVIEW:
RESULTS: A total of seven patients were diagnosed with high-flow priapism. None of them required puncture of the corpora cavernosa. Patients were treated with a conservative management, two patients required superselective arterial embolization due to persistent symptoms.
CONCLUSIONS: High-flow priapism is a very rare entity in pediatric age; therefore, knowing the proper diagnosis and management is crucial. Currently, penile doppler ultrasound is enough for diagnosis in most cases and allows obviating the use of blood gas analysis. Children should be initially treated with a conservative management, reserving embolization for refractory cases.

Version ID

1
Status
Publisher
Authors Full Name
Sarrio-Sanz, P, Martinez-Cayuelas, L, March-Villalba, J A, Lopez-Lopez, A I, Rodriguez-Caraballo, L, Sanchez-Caballero, L, Polo-Rodrigo, A, Nakdali-Kassab, B, Conca-Baenas, M A, Gomez-Garberi, M, Pacheco-Bru, J J, Perez-Seoane-Ballester, H, Perez-Tomas, C, Gomez-Perez, L, Ortiz-Gorraiz, M A, Serrano-Durba, A
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Year of Publication
2021

154.

A case of a high-flow priapism treated with superselective transcatheter embolization.
Cakiroglu B, Kaya C, Aksoy SH
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Urologia (Treviso). 3915603211016116, 2021 May 12.
[Journal Article]

UI: 33977803
High-flow priapism is a rare condition characterized by prolonged and painless erection. It is defined as contusion or thrombosis of the cavernous body of the penis usually secondary to blunt trauma. Due to the rarity of the disease, there is no well-defined consensus about treatment. Conservative treatment is often applied with non-steroidal anti-inflammatory drug. We present a case of 58-year-old man with proximal partial priapism that developed secondary to blunt trauma to the penis. The patient did not benefit from non-steroidal anti-inflammatory drug therapy and then was successfully treated with selective embolization.
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1
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Year of Publication
2021

155.

Emergency department management of ischaemic priapism.
Lawton LD
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Emergency Medicine Australasia. 2021 Mar 23.
[Journal Article]
UI: 33759342
This article reviews the pathophysiology of acute ischaemic priapism, as well as the role of medications as an adjunct to definitive treatment. A clear procedure for aspiration is described.

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1
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Year of Publication
2021

156.

Pathological Significance of Macrophages in Erectile Dysfunction Including Peyronie's Disease. [Review]
Miyata Y, Matsuo T, Nakamura Y, Mitsunari K, Ohba K, Sakai H
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Biomedicines. 9(11), 2021 Nov 10.
[Journal Article. Review]
UI: 34829887
Erectile function is regulated by complex mechanisms centered on vascular- and nerve-related systems. Hence, dysregulation of these systems leads to erectile dysfunction (ED), which causes mental distress and decreases the quality of life of patients and their partners. At the molecular level, many factors, such as fibrosis, lipid metabolism abnormalities, the immune system, and stem cells, play crucial roles in the etiology and development of ED. Although phosphodiesterase type 5 (PDE5) inhibitors are currently the standard treatment agents for patients with ED, they are effective only in a subgroup of patients. Therefore, further insight into the pathological mechanism underlying ED is needed to discuss ED treatment strategies. In this review, we focused on the biological and pathological significance of macrophages in ED because the interaction of macrophages with ED-related mechanisms have not been well explored, despite their important roles in vasculogenic and neurogenic diseases. Furthermore, we examined the pathological significance of macrophages in Peyronie's disease (PD), a cause of ED characterized by penile deformation (visible curvature) during erection and pain. Although microinjury and the subsequent abnormal healing process of the tunica albuginea are known to be important processes in this disease, the detailed etiology and pathophysiology of PD are not fully understood. This is the first review on the pathological role of macrophages in PD.
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1
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PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8615952
Year of Publication
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157.

Peyronie disease: Our first experience with Ducket Baskin tunica albuginea plication (TAP) technique.
Mirza H, Rahmadi R
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
International Journal of Surgery Case Reports. 87:106451, 2021 Oct.
[Journal Article]
UI: 34624830
INTRODUCTION: Peyronie's Disease is a deformity of the penis. Surgical procedure options for Peyronie's disease treatment include grafting (curvature >60degree) or plication (curvature <60degree). This case report emphasizes the curvature degree and therapy options chosen, such as tunica albuginea plication instead of grafting.
CASE PRESENTATION: A 55-year-old male complains about a curved penis during erection. Examination shows penile bending 70degree ventrally with +/-15 cm length and 2x4cm size. The patient underwent Ducket-Baskin tunica albuginea placation (TAP). Postoperative unbent penis size decrement of +/-3 cm, neither pain nor erectile dysfunction felt.
CLINICAL DISCUSSION: Tunica plication is usually recommended in Peyronie's disease patients with curvature less than 60degree, without an hourglass or hinge if grafting is not available. This technique is more simple, safe, the higher success rate of curvature correction (> 80%), low recurrency, low complication rate of penile hypoesthesia (approximately 10%), as well as low risk for postoperative erectile dysfunction.
CONCLUSION: In our case, the tunica albuginea plication technique gives a good outcome in Peyronie's disease reconstruction.

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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8501669
Year of Publication
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158.

A Low-Cost Priapism Detumescence Simulator for Emergency Medicine Residents.
Hampton Z, Meier N, Casey J
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Cureus. 13(6):e15782, 2021 Jun.
[Journal Article]
UI: 34295592
INTRODUCTION: Ischemic priapism is an emergent condition requiring immediate intervention. However, the incidence is estimated to be very low. Given the low incidence of this pathology, some emergency medicine residents do not have the opportunity to perform needle aspiration, the critical procedure to achieve detumescence. We sought to fill this void by creating low-cost, high-fidelity trainers for emergency medicine resident procedural competency.
METHODS: Using items obtained online and through our hospital's simulation department, we created a low-cost priapism trainer from previously described literature. Residents completed a lecture, lab, and short post-course survey regarding helpfulness, realism, prior procedure experience, and future applicability of our training device. Descriptive data were calculated using the median with interquartile range.
RESULTS: The trainer cost roughly $25 to create per unit. All participants rated the trainer a 5 for helpfulness. When asked if the lab appeared realistic, there were overly positive responses with a median of 5 (interquartile range [IQR] 4-5), with every respondent selecting either realistic (4 on the Likert scale) or very realistic (5 on the Likert scale). All participants (100%) agreed that they would recommend the use of this trainer for future medical students and residents.
CONCLUSION: Priapism, specifically ischemic priapism, is truly an emergent condition requiring immediate intervention. The incidence of this condition is low, and some emergency medicine residents may not have the opportunity to perform the procedure during training. Given the need for simulated experiences, we developed a low-cost, high-fidelity trainer that was found to be helpful and realistic to emergency medicine residents. While other models exist, our model minimizes cost while maximizing realism.

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1
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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8292470
Year of Publication
2021

159.

Thalassemia and Priapism: A Literature Review of a Rare Association. [Review]
Sardar S, Ali EA, Yassin MA
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Cureus. 13(4):e14335, 2021 Apr 07.
[Journal Article. Review]
UI: 33972896
Thalassemia is a hematologic disorder caused by genetic mutation resulting in impaired hemoglobin chain production. Patients with thalassemia commonly experience complications such as anemia, blood transfusion-related issues, hepatic or cardiac involvement, and

psychosocial impacts. Rarely, priapism has been associated with thalassemia as an initial presentation or subsequently occurring at any time in the disease course. Our literature review summarizes the reported cases of thalassemia-associated priapism and delves into underlying mechanisms of its pathophysiology and appropriate management.

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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8105192
Year of Publication
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160.

Walking-Evoked Erection in Patients with Lumbar Degenerative Diseases: Eight Cases and Review of the Literature.
Hirota K, Hanakita J, Takahashi T, Kanematsu R, Ueno M, Kasuya H, Minami M
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Asian Spine Journal. 15(2):172-179, 2021 Apr.
[Journal Article]
UI: 32429018
STUDY DESIGN: Narrative review with a case illustration.
PURPOSE: The purpose of this study was to evaluate the pathogenesis and outcome of therapy for walking-evoked erection in patients with lumbar degenerative diseases.
OVERVIEW OF LITERATURE: Cauda equina compression due to lumbar degenerative diseases rarely cause a walking-evoked erection; however, no review has been undertaken of walking-evoked erection in patients with lumbar degenerative diseases.
METHODS: A total of 1,570 male patients with lumbar degenerative diseases, who underwent surgery between April 2003 and June 2017, were evaluated; from these patients, participants with walking-evoked erection were selected. Preoperative clinical data of walking-evoked erection, paresthesia, and bladder and bowel function were assessed. In our study, the neurological status and the erectile function of each participant were retrospectively evaluated before and after surgery using the Japanese Orthopedic Association score and the Overactive Bladder Symptom Score.
RESULTS: Among the 1,570 male patients screened in our department, eight patients (0.51%, 8/1,570) presented with walking-evoked erection accompanied by cauda equina symptoms. In six of the patients, the erectile symptoms were associated with paresthesia in the genitalia or perianal region. Of the six patients evaluated for bladder dysfunction, all were diagnosed with prostatic hyperplasia, while four were diagnosed with an overactive bladder. In all patients, walking-evoked erection disappeared entirely after surgery.
CONCLUSIONS: This study comprises the first review of walking-evoked erection in patients with lumbar degenerative diseases. We speculate that sensory input, such as paresthesia in the

genitalia or perianal region stimulates the pelvic or perineal nerves through the pudendal nerve and induces reflexogenic erections.
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1
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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8055459
Year of Publication
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161.

High-flow priapism in pediatric population: Case series and review of the literature. [Review]
Sarrio-Sanz P, Martinez-Cayuelas L, March-Villalba JA, Lopez-Lopez AI, Rodriguez-Caraballo L, Sanchez-Caballero L, Polo-Rodrigo A, Nakdali-Kassab B, Conca-Baenas MA, Gomez-Garberi M, Pacheco-Bru JJ, Gomez-Perez L, Ortiz-Gorraiz MA, Serrano-Durba A
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Actas Urologicas Espanolas. 45(9):597-603, 2021 Nov.
[Journal Article. Review]
UI: 34688599
INTRODUCTION: Priapism is a prolonged erection that lasts longer than four hours. It is a rare pathology in the pediatric population, with an estimation of 0.3-1.5 per 100,000 children per year. The diagnostic sequence includes clinical history, physical examination and penile Doppler ultrasound (PDUS). Puncture of corpora cavernosa is not always necessary to establish the differential diagnosis between high-flow and low-flow priapism. The treatment of choice in pediatric age is not well defined.
PATIENTS AND METHODS: Multicentric, retrospective and descriptive study including patients under 14 years with high-flow priapism between 2010 and 2020.
LITERATURE REVIEW:
RESULTS: A total of seven patients were diagnosed with high-flow priapism. None of them required puncture of the corpora cavernosa. Patients were treated with a conservative management, two patients required superselective arterial embolization due to persistent symptoms.
CONCLUSIONS: High-flow priapism is a very rare entity in pediatric age; therefore, knowing the proper diagnosis and management is crucial. Currently, penile doppler ultrasound is enough for

diagnosis in most cases and allows obviating the use of blood gas analysis. Children should be initially treated with a conservative management, reserving embolization for refractory cases.

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Authors Full Name
Sarrio-Sanz, P, Martinez-Cayuelas, L, March-Villalba, J A, Lopez-Lopez, A I, Rodriguez-Caraballo, L, Sanchez-Caballero, L, Polo-Rodrigo, A, Nakdali-Kassab, B, Conca-Baenas, M A, Gomez-Garberi, M, Pacheco-Bru, J J, Gomez-Perez, L, Ortiz-Gorraiz, M A, Serrano-Durba, A
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Year of Publication
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162.

Management of Priapism: 2021 Update. [Review]
Ericson C, Baird B, Broderick GA
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Urologic Clinics of North America. 48(4):565-576, 2021 Nov.
[Journal Article. Review]
UI: 34602176

Priapism is defined as a persistent penile erection lasting more than 4 hours. Priapism is a rare condition but when present it requires prompt evaluation and definitive diagnosis. Priapism has 2 pathophysiologic subtypes: ischemic and nonischemic. Ischemic priapism accounts for a majority of cases reported. Ischemic priapism is a urologic emergency and requires intervention to alleviate pain and prevent irreversible damage to erectile tissues. This article highlights current guidelines and the contemporary literature on priapism.

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Year of Publication
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163.

Malignant priapism in metastatic adenocarcinoma of gastrointestinal origin: A 18 F-FDG PET/CT study.
Liu G, Patel M
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Medical Imaging & Radiation Oncology. 65(7):904-906, 2021 Dec.
[Journal Article]
UI: 33634572
Priapism is described as a persistent and non-sexual erection. It is a rare presenting complaint with a wide range of aetiologies. Malignant priapism was first used to describe persistent erections secondary to neoplastic infiltration of the penis by Peacock in 1938.

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Year of Publication
2021

164.

A training model to teach early management of priapism. Modelo de entrenamiento para el manejo precoz del priapismo. <Modelo de entrenamiento para el manejo precoz del priapismo.>
Berridge CT, Kailavasan M, Logan M, Johnson J, Biyani CS, Taylor J
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Actas Urologicas Espanolas. 45(3):220-224, 2021 Apr.
[Journal Article. Research Support, Non-U.S. Gov't]
UI: 33541743
BACKGROUND: Ischaemic priapism is a urological emergency with early treatment required to prevent irreversible loss of erectile function. Corporal aspiration is the first step in management. Currently, there are no satisfactory training models to develop skills in a controlled environment. We have therefore developed a novel training model to teach trainees the steps of penile aspiration in a safe and representative way.
MATERIALS AND METHODS: We have developed a priapism model using an old catheterisation teaching model. Face validity of the model was assessed by participants and experienced urologists teaching on a urology boot camp. All had managed at least 5 cases of actual priapism. Responses were reported using a 5-point Likert Scale. Data were analysed using IBM SPSS Statistics V25. The intra-class correlation was calculated using a <<One-way Random model>>.
RESULTS: Eleven urologists and seven trainees participated in the evaluation. The model appearance was reported as the best simulation trait of the priapism model. Tactile feedback from needle insertion for aspiration was also felt to be realistic with 72.6% reporting it as <<Good>> or <<very good>> and 85.7% reported the model to be realistic for needle insertion. Intra-class correlation amongst experts was 0.552. Majority of trainees (83.3%) reported a realistic simulation. All evaluators agreed or strongly agreed that the model provided a good simulated experience that would be useful in training.
CONCLUSION: Our model provides a realistic simulation of corporal aspiration. It can be used repeatedly. Overall, the proposed model appears to be a promising tool for training junior doctors in the initial management of ischaemic priapism.

Version ID
1
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Year of Publication
2021

165.

Protective effects of dexmedetomidine on ischaemia-reperfusion injury in an experimental rat model of priapism.
Kolukcu E, Parlaktas BS, Kolukcu V, Firat F, Deresoy FA, Katar M, Kuyucu YE, Unsal V
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Andrologia. 53(3):e13985, 2021 Apr.
[Journal Article]
UI: 33474739
The study aimed to investigate the effects of dexmedetomidine against ischaemia-reperfusion injury occurring after priapism in a model of induced-priapism in rats. A total of 18 male rats were randomised into three groups. Group 1 was the control group. A priapism model was performed rats in Group 2 and then ischaemia-reperfusion injury was evaluated. Group 3 had similar procedures to the rats in Group 2. Rats in Group 3 additionally had 100 mug/kg dexmedetomidine administered intraperitoneally immediately after reperfusion. Blood and tissue samples were analysed. Biochemical analysis of blood samples revealed a decrease in the levels of the pro-inflammatory cytokines including interleukin-1 beta (IL-1 Beta), interleukin-6 (IL-6), and tumour necrosis factor-alpha (TNF-alpha) in Group 3 compared to Group 2 (p:.04, p:.009 and p:.009, respectively). Similarly, the highest malondialdehyde (MDA) level was in Group 2 (p:.002). The levels of antioxidant enzymes superoxide dismutase (SOD) and glutathione peroxidase (GSH-Px) activities were significantly higher in Group 3 than that of Group 2 (p:.037 and p:.045, respectively). Direct microscopic examinations revealed positive changes in desquamation, oedema, inflammation and vasocongestion scores in Group 3 compared to Group 2 (p:.007, p:.008, p:.007 and p:.006, respectively). Dexmedetomidine has a protective effect against ischaemia-reperfusion injury in penile tissue.

Version ID
1
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MEDLINE
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Year of Publication
2021

166.

Regimented Phosphodiesterase Type 5 Inhibitor Use Reduces Emergency Department Visits for Recurrent Ischemic Priapism.
Hou L.T., Burnett A.L.
Embase
Journal of Urology. 205(2) (pp 545-552), 2021. Date of Publication: 01 Feb 2021.
[Article]
AN: 2022810711
Purpose:We evaluated the real-world effectiveness of regimented phosphodiesterase type 5 inhibitor dosing on recurrent ischemic priapism outcomes using emergency department visits as a proxy for therapeutic control of the disorder.Materials and Methods:We performed a retrospective chart review of patients with recurrent ischemic priapism who were started on regimented phosphodiesterase type 5 inhibitor therapy from May 2006 to January 2020. We compared the number of emergency department visits per month during a 6-month period before treatment, during treatment and after treatment discontinuation. We extracted and categorized priapism outcomes such as priapism frequency and duration.
Result(s):Of 216 patients identified with all cause priapism 114 were diagnosed with recurrent ischemic priapism and 42 were initiated on regimented phosphodiesterase type 5 inhibitor therapy. Treatment effectiveness was analyzed for 24 evaluable patients. Priapism etiology was idiopathic in 12 patients (50%), sickle cell disease in 11 (46%) and drug-induced in 1 (4%). The median length of regimented phosphodiesterase type 5 inhibitor use was 3 months (IQR 2-7). Treatment decreased emergency department visits per month by 4.4-fold (p <0.001), priapism duration tiers (p <0.001) and priapism frequency tiers (p <0.001). Of 24 patients 22 (92%) reported improvement in priapism outcomes, 9 of whom reported resolution of recurrent ischemic priapism episodes. A subgroup analysis of 17 patients with recurrent ischemic priapism relapse after treatment discontinuation showed a significant increase in priapism duration (p <0.001) and frequency (p <0.001) but no significant change in emergency department visits per month (p=0.91).
Conclusion(s):Regimented phosphodiesterase type 5 inhibitor therapy was an impactful treatment in managing recurrent ischemic priapism according to objective and subjective parameters. This study provides further support for the use of regimented phosphodiesterase type 5 inhibitor dosing as a preventive strategy for recurrent ischemic priapism.

PMID
32915079 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32915079]
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Publisher
Wolters Kluwer Health
Year of Publication
2021

167.

Efficacy of low-intensity extracorporeal shock wave therapy for the treatment of chronic pelvic pain syndrome iiib: A prospective-randomized, double-blind, placebo-controlled study.
Sup Kim K., Choi Y.S., Bae W.J., Cho H.J., Ha U.-S., Hong S.-H., Lee J.Y., Ahn S.T., Moon D.G., Kim S.W.
Embase
World Journal of Men's Health. 39 (no pagination), 2021. Date of Publication: 2021.
[Article]
AN: 2013870326
Purpose: There is no definite treatment method for chronic pelvic pain syndrome (CPPS). The purpose of this study was to compare and assess the effectiveness and safety of low-intensity extracorporeal shockwave therapy (Li-ESWT) versus placebo treatment in CPPS IIIb patients.
Material(s) and Method(s): Thirty participants with CPPS IIIb were included and randomized in this prospective, double-blind, placebo-controlled study. Li-ESWT was performed at the perineum without anesthesia once per week for 8 weeks. CPPSrelated symptoms were evaluated using the National Institutes of Health-chronic prostatitis symptom index (NIH-CPSI). Pain and erectile function were appraised using the Visual Analogue Scale (VAS) and International Index of Erectile Function- Erectile Function (IIEF-EF), respectively. The Global Efficacy Assessment Question (GEAQ) was also assessed. The parameters were evaluated immediately after the last Li-ESWT treatment and 4 weeks after Li-EWST treatment.
Result(s): Fifteen subjects each in the Li-ESWT and placebo groups completed this study. Amelioration of NIH-CPSI total, pain, and quality of life score in the Li-ESWT group was found compared to the placebo group (p=0.002, 0.02, 0.001, respectively). Improvement of the VAS score was observed in the Li-ESWT group (p=0.002). The differences in the GEAQ "Yes"responses were also significant in the Li-ESWT group. No patients experienced side effects related to ESWT during therapeutic period or follow-up duration.
Conclusion(s): Results indicated that Li-ESWT improved the NIH-CPSI score, pain, and the quality of life in CPPS IIIb patients. Li-ESWT could be an effective alternative treatment modality for CPPS IIIb.

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Publisher
Korean Society for Sexual Medicine and Andrology
Year of Publication
2021

168.

The dietary supplement of ginkgo biloba: A comprehensive review of its potential interactions based on pre-clinical and clinical evidences. El suplemento dietetico de ginkgo biloba: Una

revision exhaustiva de sus posibles interacciones basada en evidencias clinicas y preclinicas <El suplemento dietetico de ginkgo biloba: Una revision exhaustiva de sus posibles interacciones basada en evidencias clinicas y preclinicas.>
Ahmad R., Alsadah H.A., Riaz M., Allehaibi L.H., Alraya R.A., Aljamea A., Zahoor S.
Embase
Boletin Latinoamericano y del Caribe de Plantas Medicinales y Aromaticas. 20(6) (pp 558-574), 2021. Date of Publication: November 2021.
[Review]
AN: 2013073846
This review present Gingko biloba (GB) interactions, based on clinical and pre-clinical presentations. Literature was retrieved using databases; ScienceDirect, PubMed, Google scholar, Web of Science, Scopus etc. 14/45 interactions were found with clinical presentations. More interactions (80%) were reported with drugs followed by herbs (11.1%), and nutraceuticals (6.7%) with major mechanisms of interaction observed as; inhibition of Cytochrome metabolizing enzymes (44.4%) and platelet-activating factor (PAF) i.e. 15.6%. Major clinical features were; increased bleeding (eye, parietal), hematomas (subdural), and seizures as well as increased blood pressure, priapism, loss of infection/antiviral failure, and coma. Drugs with major interactions belonged to anti-platelet/anti-coagulant and NSAIDs. Synergistic effects were observed for GB vs herbs (except cannabis which showed rhabdomyolysis), foods, and nutraceuticals (except pyridoxine where neurotoxicity was seen). GB use should be monitored and the patient may seek proper advice from a healthcare professional.

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Publisher
MS-Editions
Year of Publication
2021

169.

Priapism in lymphoproliferative disorders: A systematic review.
Ali E.A., Sardar S., Yassin M.A.
Embase
Hematology/oncology and stem cell therapy. (no pagination), 2021. Date of Publication: 10 Jun 2021.
[Review]
AN: 635428067
Priapism is defined as a persistent penile erection lasting more than 4 h. We searched the literature for reviews, case reports, and series for patients with lymphoproliferative disorders who developed priapism. The search involved all the lymphoproliferative disorders included in the

revised 2016 World Health Organization classification of lymphoid neoplasms including chronic lymphocytic leukemia, multiple myeloma, Waldenstrom macroglobulinemia, and lymphomas. A total of 21 articles were found. The search included cases up to November 4, 2020. Priapism was seen most commonly as the first manifestation of lymphoproliferative disorders, rarely seen after treatment or after diagnosis.

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34157311 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34157311]
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Publisher
NLM (Medline)
Year of Publication
2021

170.

Spectrum of urological emergencies and surgical interventions in a single tertiary health center.
Hamza B.K., Ahmed M., Tolani M.A., Awaisu M., Lawal A.T., Oyelowo N., Bello A., Maitama H.Y.
Embase
African Journal of Emergency Medicine. 11(2) (pp 223-226), 2021. Date of Publication: June 2021.
[Article]
AN: 2011074328
Objectives: Emergency urologic conditions are relatively common, albeit rarely life threatening, there is often a need for prompt and expedient management in order to avert severe or permanent morbidities. This study aimed to evaluate the spectrum of Urologic emergencies and interventions offered in a tertiary hospital in Nigeria.
Patients and Methods: We retrospectively reviewed the records of patients who were managed in our institution for emergency urologic conditions over a period of 6 years (2011-2017). The data extracted included; the demographic information, diagnosis and the treatment offered. The data obtained were analyzed using SPSS version 20. Data were displayed using mean +/- standard deviation and percentages.
Result(s): The records of a total of 681 patients were retrieved and they span across almost all ages with age range or 2-90 years. Urinary retention was the commonest emergency seen, accounting for 51.7% of the patients. Testicular torsion was the next most common (10%), others are bilateral ureteric obstruction and priapism with 5.4% and 5.3% respectively. Suprapubic cystostomy (SPC) was the commonest operative procedure performed (37.6%). The age range for patients with urinary retention was 3-90 years, though the peak incidence was in the 7th decade (37.3%). Patients with testicular torsion were young adults between the ages of 11 and 44 years.
Conclusion(s): Urinary retention was the commonest urologic emergency followed by testicular torsion. Though urethral catheterization was successful in most patients urinary retention, making it the commonest procedure. SPC was the commonest emergency operative procedure performed. Other emergencies occurred sporadically.

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Publisher
African Federation for Emergency Medicine
Year of Publication
2021

171.

Paediatric sickle cell disease at a tertiary hospital in Malawi: A retrospective cross-sectional study.
Chimbatata C.S., Chisale M.R.O., Kayira A.B., Sinyiza F.W., Mbakaya B.C., Kaseka P.U., Kamudumuli P., Wu T.-S.J.
Embase
BMJ Paediatrics Open. 5(1) (no pagination), 2021. Article Number: e001097. Date of Publication: 08 Sep 2021.
[Article]
AN: 635951171
Introduction Sickle cell disease (SCD) remains a major cause of childhood mortality and morbidity in Malawi. However, literature to comprehensively describe the disease in the paediatric population is lacking. Methods A retrospective review of clinical files of children with SCD was conducted. Descriptive statistics were performed to summarise the data. chi 2 or Fisher's exact test was used to look for significant associations between predictor variables and outcome variables (case fatality and length of hospital stay). Predictor variables that were significantly associated with outcome variables (p<=0.05) in a chi 2 or Fisher's exact test were carried forward for analysis in a binary logistic regression. A multivariable binary logistic regression was used to identify covariates that independently predicted length of hospital stay. Results There were 16 333 paediatric hospitalisations during the study period. Of these, 512 were patients with SCD representing 3.1% (95% CI: 2.9%-3.4%). Sixty-eight of the 512 children (13.3%; 95% CI: 10.5% - 16.5%) were newly diagnosed cases. Of these, only 13.2% (95% CI: 6.2% -23.6%) were diagnosed in infancy. Anaemia (94.1%), sepsis (79.5%) and painful crisis (54.3%) were the most recorded clinical features. The mean values of haematological parameters were as follows: haemoglobin (g/dL) 6.4 (SD=1.9), platelets (x10 9 /L) 358.8 (SD=200.9) while median value for white cell count (x10 9 /L) was 23.5 (IQR: 18.0-31.2). Case fatality was 1.4% (95% CI: 0.6% - 2.8%)and 15.2% (95% CI: 12.2% -18.6%) of the children had a prolonged hospital stay (>5 days). Patients with painful crisis were 1.7 (95% CI: 1.02 -2.86) times more likely to have prolonged hospital stay than those without the complication. Conclusion Anaemia, sepsis and painful crisis were the most common clinical features paediatric patients with SCD presented with. Patients with painful crisis were more likely to have prolonged hospital stay. Delayed diagnosis of SCD is a problem that needs immediate attention in this setting. Although somewhat encouraging, the relatively low in-hospital mortality among SCD children may under-report the true mortality from the disease considering community deaths and deaths occurring before SCD diagnosis is made.

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Publisher
BMJ Publishing Group
Year of Publication
2021

172.

Odisha Revisited: A Personal Account.
Serjeant G.R., Kulozik A.E., Serjeant B.E.
Embase
Frontiers in Medicine. 8 (no pagination), 2021. Article Number: 745337. Date of Publication: 28 Oct 2021.
[Review]
AN: 636423378
In 1986, a paper in the Lancet was the first to collate hematology, molecular findings, and clinical features of homozygous sickle cell (SS) disease in India. The paper came from the group organized by Professor Bimal Kar in Burla Medical College, Sambalpur University, in western Odisha. Although widely quoted, few readers will be aware of the history of this work that is now attached in an informal summary.

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Publisher
Frontiers Media S.A.
Year of Publication
2021

173.

The impact of COVID-19 pandemic in urology practice, assistance and residency training in a tertiary referral center in Brazil.
Gorgen A.R.H., Diaz J.O., da Silva A.G.T., Paludo A., de Oliveira R.T., Tavares P.M., Rosito T.E.
Embase
International Braz J Urol. 47(5) (pp 1042-1049), 2021. Date of Publication: September 2021.
[Article]
AN: 2013898906
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Publisher
Brazilian Society of Urology
Year of Publication
2021

174.

External validation of the priapism impact profile in a Jamaican cohort of patients with sickle cell disease.
Morrison B.F., Madden W., Asnani M., Sotimehin A., Anele U., Jing Y., Trock B.J., Burnett A.L.
Embase
PLoS ONE. 16(10 October) (no pagination), 2021. Article Number: e0258560. Date of Publication: October 2021.
[Article]
AN: 2015132505
Background Priapism impairs quality of life and has a predilection for males with sickle cell disease (SCD). The Priapism Impact Profile (PIP) is a novel 12-item instrument designed to measure general health-related impact of priapism. The aim of the study was to evaluate the validity and reliability of the PIP in a Jamaican cohort of SCD patients experiencing priapism. Methods One hundred SCD patients with a history of priapism were recruited from a sickle cell clinic in Kingston, Jamaica and administered the PIP questionnaire. Patients rated each item of the PIP for clarity and importance. Statistical testing was employed to evaluate the psychometric performance of the PIP. Content validation was assessed based on patient descriptive rating of the items based on clarity, and importance and criterion-oriented validity were assessed by evaluating the PIP's ability to distinguish between patient subgroups. Test-retest repeatability was assessed in 20 of the 100 patients. Results Patients were stratified into active (54) and remission (46) priapism groups based on their experience of priapism within the past year. Patients in the active priapism group were younger ($p = 0.011$), had a shorter duration of disease ($p = 0.023$), and had more frequent priapism episodes ($p = 0.036$) than the remission group. PIP questionnaire scores differed significantly with respect to priapism activity ($p < 0.001$) and prevalence of erectile dysfunction ($p < 0.05$) but not by priapism severity ($p = 0.62$). The PIP

questionnaire had good content validity, with questions rated as having medium or high clarity and importance by an average of 82.8% and 69.2% of patients, respectively. Conclusion The PIP questionnaire was successfully validated in a Jamaican cohort of SCD patients and adequately discriminated patients with active priapism from those in remission. The instrument may be utilized in routine clinical management of patients with SCD-associated priapism. Further clinical investigations are warranted in other populations.

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34653184 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34653184]
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Publisher
Public Library of Science
Year of Publication
2021

175.

Immediate insertion of a soft penile prosthesis as a new option for a safe and cost-effective treatment of refractory ischemic priapism.
Palmisano F., Vagnoni V., Franceschelli A., Gentile G., Colombo F.
Embase
Archivio Italiano di Urologia e Andrologia. 93(3) (pp 356-360), 2021. Date of Publication: 01 Oct 2021.
[Article]
AN: 2015125332
Objective: The aim of this study is to assess the management of refractory ischemic priapism (IP) by the immediate insertion of a soft penile prosthesis (sPP).
Patients and Methods: We identified men affected by IP who underwent early sPP placement from May 2017 to October 2019. All patients underwent a detailed medical history review; intraoperative, postoperative features and adverse events were recorded. We evaluated the penile lengthening and bending, presence of complementary erection, ability to have sexual intercourse, postoperative sexual life satisfaction (International Index of Erectile Function [IIEF] questionnaire - question number 5). A cost-analysis was included.
Result(s): A total of six patients were identified. Median time (range) since onset was 78 (48-108) hours with a mean age (SD) of 33 (6.9) years. Median operative time (range) was 82 minutes (62-180). No complications were recorded. Median follow-up was 9 months (range 3-17). No significant loss of penile length, neither penile angulation was recorded. Despite a transient reduction of penile sensitivity, all patients reported satisfactory sexual intercourse (mean score question number 5 from IIEF-5 of 4). The cost of sPP was 1769,00 with a surgery-related reimbursement fee from the National Health System of 3856,75.
Conclusion(s): The insertion of a sPP for patients with refractory IP results in immediate pain relief, preservation of sexual function and penile size, with a higher surgery reproducibility in an

emergency. In addition to this, financial and resource burdens of IP on the health-care system can be potentially reduced.

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34839644 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34839644]
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Publisher
Page Press Publications
Year of Publication
2021

176.

Does the microbiota spectrum of prostate secretion affect the clinical status of patients with chronic bacterial prostatitis?.
Kogan M., Naboka Y., Ferzauli A., Ibishev K., Gudima I., Ismailov R.
Embase
International Journal of Urology. 28(12) (pp 1254-1259), 2021. Date of Publication: December 2021.
[Article]
AN: 2013694363
Objective: To explore the influence of the microbiota of prostate secretion on the clinical status of patients with chronic bacterial prostatitis.
Method(s): This was an observational, single-center, comparative study. We evaluated the survey cards of 230 outpatients aged 18-45 years with a history of prostatitis from 2012 to 2019. As a result, 170 outpatients were selected for the study. All patients underwent an assessment of symptoms using International Prostate Symptom Score-quality of life, National Institutes of Health-Chronic Prostatitis Symptom Index, International Index of Erectile Function, pain visual analog scale. A bacteriological study (after the Meares-Stamey test) of post-massage urine was carried out on an extended media set. The following parameters were determined in each patient: leukocyturia and bacteriuria, serum testosterone and total prostate-specific antigen levels. Uroflowmetry, transrectal prostate ultrasound with color duplex mapping and ejaculate analysis were also carried out.
Result(s): Aerobic-anaerobic bacterial associations were identified in all patients. Three comparison groups were identified depending on the microbiota's spectrum (in post-massage urine): aerobes prevailed in group 1 (n = 67), anaerobes prevailed in group 2 (n = 33), and the levels of aerobic and anaerobic bacteriuria were higher than >=103 colony-forming units per mL in group 3 (n = 70). It was found that the severity of clinical symptoms (urination disorders, sexual dysfunction etc.) of chronic bacterial prostatitis, laboratory and instrumental changes (testosterone, prostate-specific antigen, prostate volume etc.) in groups 2 and 3 were significantly higher than in group 1.
Conclusion(s): In patients with chronic bacterial prostatitis, a predominance of anaerobes or a combination of aerobes and anaerobes in a titer of >=103 colony-forming units per mL in post-massage urine is associated with worse clinical status.

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Publisher
John Wiley and Sons Inc
Year of Publication
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177.

A systematic review of outcomes after thermal and nonthermal partial prostate ablation.
Fainberg J.S., Al Awamlh B.A.H., DeRosa A.P., Chesnut G.T., Coleman J.A., Lee T., Ehdaie B.
Embase
Prostate International. 9(4) (pp 169-175), 2021. Date of Publication: December 2021.
[Review]
AN: 2013026585
We sought to compare oncologic and functional outcomes between thermal and nonthermal energy partial gland ablation (PGA) modalities. We conducted comprehensive, structured literature searches, and 39 papers, abstracts, and presentations met the inclusion criteria of pre-PGA magnetic resonance imaging, oncologic outcomes of at least 6 months, and systematic biopsies after PGA. Twenty-six studies used thermal ablation: high-intensity focused ultrasound (HIFU), cryotherapy, focal laser ablation, or radiofrequency ablation. In-field recurrence rates ranged from 0 to 36% for HIFU, 6 to 24% for cryotherapy, 4 to 50% for focal laser ablation, and 20 to 25% for radiofrequency ablation. Twelve studies used nonthermal technologies of focal brachytherapy, vascular-targeted photodynamic therapy, or irreversible electroporation. Focal brachytherapy had the lowest reported failure rate of 8%, vascular-targeted photodynamic therapy had >30% positive in-field biopsies, and irreversible electroporation had in-field recurrence rates of 12-35%. PGA was well tolerated, and nearly all patients returned to baseline urinary function 12 months later. Most modalities caused transient decreases in erectile function. Persistent erectile dysfunction was highest in patients who underwent HIFU. Although oncologic outcomes vary between treatment modalities, systematic review of existing data demonstrates that PGA is a safe treatment option for patients with localized prostate cancer.

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Publisher
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Year of Publication
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178.

Narrative review: Pathogenesis, diagnosis, and treatment of sleep-related painful erection.
Wang Y., Zhang J., Li H.
Embase
Translational Andrology and Urology. 10(12) (pp 4422-4430), 2021. Date of Publication: December 2021.
[Article]
AN: 2016479040
Objective: Through critical analysis and comprehensive review of the limited literature, this paper can help clinicians better identify the pathophysiology of sleep-related painful erections (SRPE) and provide direction for future treatment research.
Background(s): Patients with SRPE will be awakened by painful erections during sleep, which affects their sleep process and general health. At present, literatures of experimental and clinical research on SRPE disease are limited, as well as long-term reports on its pathogenesis and clinical management.
Method(s): We use the PubMed database to obtain sleep-related peer erection literature. The search terms used include sleep, painful, penis and erection. After rigorous screening, the search returned 21 references published between 1987 and 2021.
Conclusion(s): The main cause of SRPE is obstructive sleep apnea (OSA) syndrome, psychological and spiritual factors, androgen elevation, neuroendocrine regulation and threshold of pain in the REM phase. The combination of multiple medications is the most effective approach to treat sleep-pain-related erections. The combination of CPAP, REM inhibitors and Baclofen has significant effect on SRPE caused by OSA syndrome. This article provides effective support and strategies for doctors to manage SRPE patients through a comprehensive analysis of the pathogenesis mechanism and clinical treatment strategies of SRPE.

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Publisher
AME Publishing Company
Year of Publication
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179.

Sexual rehabilitation with intracavernous alprostadil after radical prostatectomy: Outcomes from a nursing program.
Gromicho A., Costa P., Araujo D., Pereira D., Ferraz L.
Embase
Archivio Italiano di Urologia e Andrologia. 93(4) (pp 404-407), 2021. Date of Publication: 20 Dec 2021.

[Article]
AN: 2016387644
Introduction and objectives: Erectile dysfunction (ED) is a common complication after radical prostatectomy that affects quality of life. There are several therapeutic options, including intracavernous alprostadil injections (IAI). However, no specific recommendations have been made on the optimal rehabilitation strategy. In this study we evaluated a sexual rehabilitation program (SRP) with IAI for patients with ED after radical prostatectomy, assessing the rate of compliance and reasons for dropout.
Method(s): The sexual rehabilitation program (SRP) was offered to all patients who underwent radical prostatectomy from 1 January 2010 to 31 December 2019. The first consultations were performed by a urology specialist nurse, explaining the IAI procedure and possible complications. The program was considered successful when the patients achieved autonomy in the drug preparation with a good injection technique. A medical consultation was performed at 6 months evaluating the IAI usage and adverse events. In case of dropout, a questionnaire about reasons for dropout was performed. The primary endpoint was the rate of compliance and dropout of the program. Secondary endpoints were the reasons for dropout and adverse events.
Result(s): 340 patients underwent radical prostatectomy at our institution, and 123 patients accepted to participate in the rehabilitation program. A total of 96 patients (78%) successfully completed the SRP, and at 6 months 60 (62.5%) still used IAI. Concerning the reasons for dropping out, the most frequent were the need of injectable therapy and pain. Regarding complications, 17 patients (13.8%) reported pain related to the injection and 1 patient (0.8%) had a priapism, managed with conservative treatment.
Conclusion(s): Management of post-radical prostatectomy ED by a nursing program achieved good rates of patients' self-injection accomplishment and treatment compliance. Close monitoring for dose adjustment and management of post-injection penile pain is required during the follow-up.

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34933528 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34933528]
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180.

Sickle cell disease.
Pecker L.H., Lanzkron S.
Embase
Annals of Internal Medicine. 174(1) (pp ITC1-ITC16), 2021. Date of Publication: 01 Jan 2021.
[Article]
AN: 2015400038
PMID
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Embase

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Publisher
American College of Physicians
Year of Publication
2021

181.

A systematic literature review of frequency of vaso-occlusive crises in sickle cell disease.
Zaidi A.U., Glaros A.K., Lee S., Wang T., Bhojwani R., Morris E., Donohue B., Paulose J., Iorga S.R., Nellesen D.
Embase
Orphanet Journal of Rare Diseases. 16(1) (no pagination), 2021. Article Number: 460. Date of Publication: December 2021.
[Article]
AN: 2014109714
Background and purpose: Sickle cell disease (SCD) is a collection of rare inherited blood disorders affecting approximately 100,000 people in the U.S. and 20-25 million people globally. Individuals with SCD experience recurrent episodes of severe and unpredictable pain that are caused by vaso-occlusive crises (VOCs), a hallmark of the disease. VOCs are the primary cause of hospitalization in SCD, result in missed workdays and school days, and decrease quality of life (QoL). Although VOCs cause significant burden in the lives of individuals with SCD, there is no synthesis on the frequency of VOCs in the real world. This systematic literature review sought to identify literature describing the frequency of VOCs experienced by individuals with SCD in real-world settings.
Method(s): MEDLINE and 6 congresses were searched (date range: January 1, 2000 to June 30, 2020). Studies were reviewed independently by two researchers. Studies assessing frequency or prevalence of VOCs or VOC-related outcomes were included.
Result(s): Of 1438 studies identified in the search, 52 met pre-specified inclusion and exclusion criteria. Reported frequency of VOCs varied widely ranging from a mean or median of 0 VOCs/year to 18.2 VOCs/year. The proportion of patients experiencing >= 3 VOCs/year ranged from 4 to 67% and the proportion of patients experiencing >= 5 VOCs/year ranged from 18 to 59%. Measures of VOC severity were limited, with 13 studies considering frequency of complicated VOCs and only 1 study reporting duration of VOC episodes.
Conclusion(s): This is the first study to systematically assess published evidence pertaining to VOCs in real-world settings. Reported VOC frequency in real-world settings varied widely, with a majority of studies only considering VOCs managed in an inpatient or outpatient setting. Studies that considered VOCs managed at home reported a higher frequency of VOCs, suggesting that many studies may underestimate the frequency of VOCs. This systematic literature review (SLR) highlights the need for consistent reporting of (1) self-reported VOCs, including those managed at home, (2) definitions of VOCs, (3) complicated VOCs, and (4) duration of VOC episodes in literature.

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Publisher
BioMed Central Ltd
Year of Publication
2021

182.

Erectile dysfunction and associated factors among diabetic patients at, Hawassa, Southern, Ethiopia.
Zeleke M., Hailu D., Daka D.
Embase
BMC Endocrine Disorders. 21(1) (no pagination), 2021. Article Number: 139. Date of Publication: December 2021.
[Article]
AN: 2013019718
Background: Erectile dysfunction is an inability to initiate and have a persistent erection firm enough to have satisfying sexual intercourse. The prevalence of erectile dysfunction in diabetic men is considerably high, but it is often underdiagnosed and under-managed.
Objective(s): This study aimed to determine erectile dysfunction and associated factors among diabetic patients at, Hawassa, Southern, Ethiopia.
Method(s): The institution-based cross-sectional study was conducted on 352 adult male diabetic patients randomly selected from Adare general and Hawassa comprehensive specialized hospitals using a simple random sampling technique. The number of patients to be selected from each hospital was proportionally assigned based on the total population of diabetes mellitus patients following chronic care during the study period. The descriptive statistics and multiple logistic regressions (bivariate and multivariate analysis) were carried out.
Result(s): The prevalence of erectile dysfunction was 72.2% (95%CI, 1.76-3.68). After adjusting all factors, old age, diabetes duration, drinking alcohol, and poor glycemic control had shown significant association with erectile dysfunction.
Conclusion(s): The occurrence of erectile dysfunction in this study community is very high. Drinking alcohol, poor glycemic control, age, and duration of diabetes were predictors of erectile dysfunction in this study area. Assessment and management of erectile dysfunction in the diabetic clinic should be part of routine medical care during follow-up visits with diabetic patients. Healthcare providers should emphasize screening and treating older patients and those who have had a diabetes diagnosis for a longer duration.

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34210295 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34210295]
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183.

Factors Associated With Corporoglandular Shunting for Patients With First-time Ischemic Priapism.
Palka J., DuComb W., Begun E., Soto-Aviles O.
Embase
Urology. 154 (pp 191-195), 2021. Date of Publication: August 2021.
[Article]
AN: 2011983153
Objective: To establish predictive factors of patients who failed intra-cavernosal injection therapy and ultimately required corporoglandular shunting during first-time ischemic priapism episodes.
Method(s): A retrospective review was performed of all patients over the age of 18 who presented to our institution with first-time episode of ischemic priapism from 2009 to 2019. Variables assessed included: body mass index, diabetes, hypertension, race, insurance-type, hypertension, etiology, age, duration of erection prior to evaluation, total amount of phenylephrine injected, and use of corporal irrigation. A receiver operating characteristic (ROC) curve was performed utilizing duration of erection and amount of phenylephrine.
Result(s): One-hundred and forty-seven patients met inclusion criteria of which 24 patients required surgical intervention. There were differences associated with mean total phenylephrine used, duration of erection between shunted patients and non-shunted patients with regards to age (P = .38) or etiology (P = .81). Multivariable analysis revealed differences between duration of erection and BMI greater than 25 kg/m2. ROC curve analyses revealed total amount of phenylephrine injected and duration of erection were acceptable and excellent predictors of need for shunt procedures with area under the curves of 0.72 and 0.90, respectively. Optimal cut-off values for each were found to be 950 mcg and 15.5 hours.
Conclusion(s): Our study suggests that patients who require greater than 950 mcg of total phenylephrine or present with erections lasting greater than 15.5 hours are significantly more likely to require corporoglandular shunting and should be counseled appropriately as such.

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33823171 [https://www.ncbi.nlm.nih.gov/pubmed/?term=33823171]
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Publisher
Elsevier Inc.
Year of Publication
2021

184.

Novel treatment for glance necrosis due to priapism; presentation and review of literature.
Soleimani A., Nazarpour M.J., Akhavizadegan H.
Embase

Urologia Journal. (no pagination), 2021. Date of Publication: 2021.
[Review]
AN: 2014633226
Introduction: Glans necrosis in association with priapism is very rare and its appropriate treatment is not known. There is a secondary cause in most cases. Case description: We treated a 65-year-old man with priapism and glans necrosis using a closed shunt (Winter), continuous penile irrigation with normal saline, and heparin for 48 h and waited for the necrotic area to resolve spontaneously. The treatment outcome was much better compared to previous cases in whom open surgery, irrigation with pure normal saline, and/or resection of the necrotic area were performed.
Conclusion(s): In cases with priapism and glans ischemia, we recommend treating the condition with continuous covernose irrigation with heparinized saline and avoiding open surgery.

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185.

Erratum: Lycopene prevents experimental priapism against oxidative and nitrosative damage (Eur Rev Med Pharmacol Sci (2014) 18:21 (3320-3325)).
Ciftci O., Oguz F., Beytur A., Polat F., Altintas R., Oguzturk H.
Embase
European Review for Medical and Pharmacological Sciences. 25(16) (pp 5070), 2021. Date of Publication: 2021.
[Erratum]
AN: 2014349816
The article "Lycopene prevents experimental priapism against oxidative and nitrosative damage, by O. Ciftci, F. Oguz, A. Beytur, F. Polat, R. Altintas, H. Oguzturk, published in Eur Rev Med Pharmacol Sci 2014; 18 (21): 3320-3325-PMID: 25487946" has been withdrawn due to problems concerning authorship.

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34486678 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34486678]
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Verduci Editore s.r.l
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186.

Erectile function after partial penectomy for penile cancer.
Monteiro L.L., Skowronski R., Brimo F., Carvalho P.D.C., Vasconcelos R.A.L., Pacheco C.R.C.V., Calado A.A., Kassouf W.
Embase
International braz j urol : official journal of the Brazilian Society of Urology. 47(3) (pp 515-522), 2021. Date of Publication: 01 May 2021.
[Article]
AN: 634377546
PURPOSE: To evaluate the erectile function in patients who underwent partial penectomy and identify factors associated with penile functional status. MATERIALS AND METHODS: We identified patients who underwent partial penectomy due to penile cancer between 2009 and 2014. Clinical and pathological characteristics included patient age at the time of diagnosis, obesity, hypertension, dyslipidemia, diabetes, smoking, metabolic syndrome, Eastern Cooperative Oncology Group (ECOG) status, penile shaft length, tumor size, primary tumor stage (pT), clinical nodal status, and local recurrence. Erectile function was assessed prospectively with the International Index of Erectile Function (IIEF-5) at least 3 months after partial penectomy. RESULT(S): A total of 81 patients met analysis criteria. At the diagnosis, the median age was 62 years (range from 30 to 88). Median follow-up was 17 months (IQR 7-36). Of total patients, 37 (45%) had T2 or higher disease. Clinically positive nodes were present in 16 (20%) patients and seven (8.6%) developed local recurrence. Fifty patients (62%) had erectile dysfunction (ED) after partial penectomy, 30% had moderate or severe erectile dysfunction scores. Patients with ED versus without ED were similar in baseline characteristics except for age, penile shaft length, and presence of inguinal adenopathy (p <0.05). Multivariate analysis using logistic regression confirmed that older patients, shorter penile shaft length, and clinically positive lymph node were significantly associated with ED.
CONCLUSION(S): Partial penectomy due to penile cancer provides adequate local control of the disease, however, proper counselling is important especially in relation to ED consequences. Preservation of penile length yields to more optimal erectile recovery.

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Publisher
NLM (Medline)
Year of Publication
2021

187.

Exploring the Use of Exchange Transfusion in the Surgical Management of Priapism in Sickle Cell Disease: A Population-Based Analysis.
Ha A.S., Wallace B.K., Miles C., Raup V., Punjani N., Badalato G.M., Alukal J.P.
Embase
Journal of Sexual Medicine. 18(10) (pp 1788-1796), 2021. Date of Publication: October 2021.
[Article]
AN: 2014814270
Introduction: Priapism is a urologic emergency that may require surgical intervention in cases refractory to supportive care. Exchange transfusion (ET) has been previously used to manage sickle cell disease (SCD), including in priapism; however, its utilization in the context of surgical intervention has not been well-established.
Aim(s): To explore the utilization of ET, as well as other patient and hospital-level factors, associated with surgical intervention for SCD-induced priapism Methods: Using the National Inpatient Sample (2010-2015), males diagnosed with SCD and priapism were stratified by need for surgical intervention. Survey-weighted regression models were used to analyze the association of ET to surgical intervention. Furthermore, negative binomial regression and generalized linear models with logarithmic transformation were used to compare ET vs surgery to length of hospital stay (LOS) and total hospital charges, respectively.
Main Outcome Measure(s):: Predictors of surgical intervention among patients with SCD-related priapism Results: A weighted total of 8,087 hospitalizations were identified, with 1,782 (22%) receiving surgical intervention for priapism, 484 undergoing ET (6.0%), and 149 (1.8%) receiving combined therapy of both ET and surgery. On multivariable regression, pre-existing Elixhauser comorbidities (e.g. >=2 Elixhauser: OR: 2.20; P < 0.001), other forms of insurance (OR: 2.12; P < 0.001), and ET (OR: 1.99; P = 0.009) had increased odds of undergoing surgical intervention. In contrast, Black race (OR: 0.45; P < 0.001) and other co-existing SCD complications (e.g. infectious complications OR: 0.52; P < 0.001) reduced such odds. Compared to supportive care alone, patients undergoing ET (adjusted IRR: 1.42; 95% CI: 1.10-1.83; P = 0.007) or combined therapy (adjusted IRR: 1.42; 95% CI: 111-1.82; P < 0.001) had a longer LOS vs. surgery alone (adjusted IRR: 0.85; 95% CI: 0.74-0.97; P = 0.017). Patients receiving ET (adjusted Ratio: 2.39; 95% CI: 1.52-3.76; P < 0.001) or combined therapy (adjusted Ratio: 4.42; 95% CI: 1.67-11.71; P = 0.003) had higher ratio of mean hospital charges compared with surgery alone (adjusted Ratio: 1.09; 95% CI: 0.69-1.72; P = 0.710).
Conclusion(s): Numerous factors were associated with the need for surgical intervention, including the use of ET. Those receiving ET, as well as those with combined therapy, had a longer LOS and increased total hospital charges. Ha AS, Wallace BK, Miles C, et al. Exploring the Use of Exchange Transfusion in the Surgical Management of Priapism in Sickle Cell Disease: A Population-Based Analysis. J Sex Med 2021;18:1788-1796.

PMID
34600645 [https://www.ncbi.nlm.nih.gov/pubmed/?term=34600645]
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Publisher
Elsevier B.V.
Year of Publication

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188.

Acute myocarditis in children with scorpion sting envenomation.
Prakash V.J., Patil M.M., Sajjan A.K., Patil S.V., Kalyanshettar S.S., Shannawaz M.
Embase
Current Pediatric Research. 25(4) (pp 578-582), 2021. Date of Publication: 2021.
[Article]
AN: 2007596410
Objective: Prospective observational analysis of all children admitted with scorpion sting and identifying acute myocarditis in these children.
Method(s): All children admitted at Pediatric ICU in the period between Jan 2018- Dec 2019 with scorpion sting were included in the study after taking informed consent from parents. History noted in detail. They were evaluated with complete hemogram, serum electrolytes, urea, creatinine, cardiac markers (CPKMB, Troponin-T), Electrocardiography (ECG), X-ray chest and 2D echocardiography. Data of Children who developed cardiovascular complications, positive cardiac markers and positive ECHO findings were studied. Children were managed as per the standard treatment protocol.
Result(s): During the study period from Jan 2018-Dec 2019 total 61 children were admitted with scorpion sting. Forty five were male and 16 were female, mean age 6.9 +/- 3.9 years. Among 61 cases, 21 (34.4%) of them developed myocarditis. In children with myocarditis Troponin-T was positive in 16 (76.2%) children, CPK-MB high in all (100%) the patients, mean CPK MB found to be 55.05 +/- 4.52, ECG changes in four patients (19.04%) and X-ray chest changes in 7 (33.3%) cases. All these 21 cases showed varied abnormal ECHO findings. Ten (47.6%) patients required inotropes. Four children (19%) were on mechanical ventilation support. Twenty (98.36%) patients improved, 1(4.8%) patient had mortality. Repeat ECHO was done in all these cases before discharge which showed return of normal cardiac function.
Conclusion(s): Scorpion venom can have a potent cardiotoxic effect. Hence ECG, cardiac markers and echocardiography must be included in all cases with scorpion sting which helps in early diagnosis and treatment of acute cardiac complications.

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Publisher
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189.

Cardiovascular disease, hypogonadism and erectile dysfunction: Early detection, prevention and the positive effects of long-term testosterone treatment: Prospective observational, real-life data.

Alwani M., Yassin A., Talib R., Al-Qudimat A., Aboumarzouk O., Al-Zoubi R.M., Saad F., Haider K.S., Ansari A.A.
Embase
Vascular Health and Risk Management. 17 (pp 497-508), 2021. Date of Publication: 2021.
[Article]
AN: 2013569767
Purpose: Erectile dysfunction (ED) is associated with testosterone deficiency and is a symptom of functional hypogonadism. A correlation between ED and cardiovascular disease (CVD) has been recognized, and ED has been proposed as an early marker of CVD. However, the relationship between ED and CVD risk in hypogonadism requires clarification and whether testosterone therapy (TTh) can be a beneficial treatment strategy, but long-term data are limited. This study investigates long-term TTh in men with hypogonadism and ED with a history of CVD.
Method(s): Seventy-seven patients with a history of CVD and diagnosed with functional hypogonadism and erectile dysfunction (erectile function domain score <21 on the International Index of Erectile Function questionnaire (IIEF questions 1-5)) were enrolled and TTh effects on anthropometric and metabolic parameters investigated for a maximum duration of 12 years. All men received long-acting injections of testosterone undecanoate at 3-monthly intervals. Eight-year data were analysed. Data collection registry started in November 2004 till January 2015.
Result(s): In hypogonadal men receiving TTh, IIEF increased by 5.4 (p<0.001). Total weight loss was 23.6 +/- 0.6 kg after 8 years. HbA1c had declined by an average of 2.0% (P<0.0001). Total cholesterol levels significantly declined following TTh after only 1 year (P<0.0001), and HDL increased from 1.6+/-0.5 at baseline to 2+/-0.5 mmol/L following 8 years of TTh (P<0.0001). SBP decreased from 164+/-14 at baseline to 133+/-9 mmHg, signifying a reduction of 33+/-1 mmHg (P<0.0001).
Conclusion(s): In hypogonadal men with a history of CVD, TTh improves and preserves erectile function over prolonged periods with concurrent sustained improvements in cardiometabolic risk factors. Measuring ED and testosterone status may serve as an important male health indicator predicting subsequent CVD-related events and mortality and TTh may be an effective add-on treatment in secondary prevention of cardiovascular events in hypogonadal men with a history of CVD.

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Publisher
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190.

Comparison of Acute and Chronic Surgical Complications following Robot-Assisted, Laparoscopic, and Traditional Open Radical Prostatectomy among Men in Taiwan.
Wu S.-Y., Chang C.-L., Chen C.-I., Huang C.-C.
Embase
JAMA Network Open. 4(8) (no pagination), 2021. Article Number: e2120156. Date of Publication: 25 Aug 2021.
[Article]
AN: 635827219
Importance: Few studies have evaluated long-term surgical complications in patients with prostate cancer (PC) who receive open radical prostatectomy (ORP), laparoscopic radical prostatectomy (LRP), or robot-assisted radical prostatectomy (RARP).
Objective(s): To examine the perioperative and postoperative surgical complications among patients with PC who underwent ORP, LRP, or RARP.
Design, Setting, and Participant(s): This cohort study included patients who received a diagnosis of resectable PC and underwent RP between January 1 and December 31, 2015. Participants were enrolled in the Taiwan Cancer Registry. The index date was the date of surgery, and the follow-up duration was the period from the index date to December 31, 2018. Data analysis was performed in September 2020. Exposures: ORP, LRP, or RARP.
Main Outcomes and Measures: Two multivariate mixed models accounting for hospital clusters were fitted to ascertain the association of RARP with treatment outcomes (ie, hospital stay, blood transfusion, postoperative pain, erectile dysfunction, urinary incontinence, and hernia); general linear regression models were used for continuous outcomes, the amount of blood transfused, and hospital stay, and logistic regression models were used for analyzing postoperative outcomes and surgical complications.
Result(s): Of the 1407 patients included in this study, 315 (22.4%) received ORP (mean [SD] age, 66.4 [6.8] years), 276 (19.6%) received LRP (mean [SD] age, 66.8 [6.4] years), and 816 (58.0%) received RARP (mean [SD] age, 66.1 [6.7] years). Mean (SD) follow-up in the full cohort was 36.7 (4.6) months. No statistically significant differences were observed in age, clinical tumor stage, pathological tumor stage, Gleason score, Gleason grade group, preoperative prostate-specific antigen concentration, D'Amico risk classification, and hospital level. A shorter hospital stay was observed for patients undergoing RARP vs those undergoing ORP (mean [SE] difference, -1.64 [0.22] days; P <.001) and LRP (mean [SE] difference, -0.57 [0.23] days; P =.01). Patients undergoing RARP had lower odds of receiving a blood transfusion (RARP vs ORP: adjusted odds ratio [aOR], 0.25; 95% CI, 0.17-0.36; RARP vs LRP: aOR, 0.58; 95% CI, 0.37-0.91). For postoperative pain, RARP was associated with a decrease in the odds of moderate to severe postoperative pain for as long as 12 weeks compared with both ORP and LRP (eg, RARP vs LRP at week 12: aOR, 0.40; 95% CI, 0.19-0.85; P =.02). The aORs for RARP vs those for ORP and LRP in the third year after RP were, for erectile dysfunction, 0.74 (95% CI, 0.45-0.92) and 0.60 (95% CI, 0.36-0.98), respectively; for urinary incontinence, 0.93 (95% CI, 0.65-0.99) and 0.60 (95% CI, 0.42-0.86), respectively; and for hernia, 0.51 (95% CI, 0.31-0.84) and 0.82 (95% CI, 0.46-0.92), respectively.
Conclusions and Relevance: In this study, undergoing RARP was associated with fewer acute and chronic postoperative complications than undergoing ORP or LRP.

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191.

Automated red cell exchange in the management of sickle cell disease.
Tsitsikas D.A., Badle S., Hall R., Meenan J., Bello-Sanyaolu O., Orebayo F., Abukar J., Elmi M., Mulla A., Dave S., Lewis N., Sharma M., Chatterjee B., Amos R.J.
Embase
Journal of Clinical Medicine. 10(4) (pp 1-13), 2021. Article Number: 767. Date of Publication: February 2021.
[Article]
AN: 2006021253
Red cell transfusion represents one of the cornerstones of the chronic management of sickle cell disease, as well as its acute complications. Automated red cell exchange can rapidly lower the number of circulating sickle erythrocytes, without causing iron overload. Here, we describe our experience, having offered this intervention since 2011. A transient reduction in the platelet count by 61% was observed after the procedure. This was not associated with any haemorrhagic complications. Despite exposure to large volumes of blood, the alloimmunisation rate was only 0.027/100 units of red cells. The absence of any iron loading was confirmed by serial Ferriscans, performed over a number of years. However, patients with advanced chronic kidney disease showed evidence of iron loading due to reduced innate haemopoiesis and were subsequently switched to simple transfusions. A total of 59% of patients were on regular automated red cell exchange with a history of recurrent painful crises. A total of 77% responded clinically, as evidenced by at least a 25% reduction in their emergency hospital attendance for pain management. The clinical response was gradual and increased the longer patients stayed on the program. The earliest sign of clinical response was a reduction in the length of stay when these patients were hospitalised, indicating that a reduction in the severity of crises precedes the reduction in their frequency. Automated red cell exchange also appeared to be beneficial for patients with recurrent leg ulcers and severe, drug resistant stuttering priapism, while patients

with pulmonary hypertension showed a dramatic improvement in their symptoms as well as echocardiographic parameters.

Status
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192.

RNA-sequencing profiling analysis of pericyte-derived extracellular vesicle-mimetic nanovesicles-regulated genes in primary cultured fibroblasts from normal and Peyronie's disease penile tunica albuginea.
Yin G.N., Piao S., Liu Z., Wang L., Ock J., Kwon M.-H., Kim D.-K., Gho Y.S., Suh J.-K., Ryu J.-K.
Embase
BMC Urology. 21(1) (no pagination), 2021. Article Number: 103. Date of Publication: December 2021.
[Article]
AN: 2013378478
Background: Peyronie's disease (PD) is a severe fibrotic disease of the tunica albuginea that causes penis curvature and leads to penile pain, deformity, and erectile dysfunction. The role of pericytes in the pathogenesis of fibrosis has recently been determined. Extracellular vesicle (EV)-mimetic nanovesicles (NVs) have attracted attention regarding intercellular communication between cells in the field of fibrosis. However, the global gene expression of pericyte-derived EV-mimetic NVs (PC-NVs) in regulating fibrosis remains unknown. Here, we used RNA-sequencing technology to investigate the potential target genes regulated by PC-NVs in primary fibroblasts derived from human PD plaque.
Method(s): Human primary fibroblasts derived from normal and PD patients was cultured and treated with cavernosum pericytes isolated extracellular vesicle (EV)-mimetic nanovesicles (NVs). A global gene expression RNA-sequencing assay was performed on normal fibroblasts, PD fibroblasts, and PD fibroblasts treated with PC-NVs. Reverse transcription polymerase chain reaction (RT-PCR) was used for sequencing data validation.
Result(s): A total of 4135 genes showed significantly differential expression in the normal fibroblasts, PD fibroblasts, and PD fibroblasts treated with PC-NVs. However, only 91 contra-regulated genes were detected among the three libraries. Furthermore, 20 contra-regulated genes were selected and 11 showed consistent changes in the RNA-sequencing assay, which were validated by RT-PCR.
Conclusion(s): The gene expression profiling results suggested that these validated genes may be good targets for understanding potential mechanisms and conducting molecular studies into PD.

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Publisher
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193.

Current Status for Semirigid Penile Prosthetic Devices.
Fernandez-Crespo R.E., Buscaino K., Parker J., Carrion R.
Embase
Current Urology Reports. 22(2) (no pagination), 2021. Article Number: 7. Date of Publication: February 2021.
[Review]
AN: 2010145058
Purpose of Review: The goal of this paper was to evaluate the current use of semirigid penile prosthesis (SRPP), surgical techniques for insertion of SRPP, and how to prevent and approach surgical complications. Recent Findings: SRPP is a valid option for those who are refractory to medical therapy for erectile dysfunction (ED) and even more appropriate for specific subsets of patient populations.
Summary: It is important for urologists to know which patient population SRPP is preferred for. Several studies have shown good patient outcomes and patient satisfaction with those who underwent SRPP.

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Publisher
Springer
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194.

The Feasibility and Efficacy of a Multi-Institutional Urology Boot Camp for Incoming Urology Residents.
Tabakin A.L., Dave P.J., Srivastava A., Polotti C.F., Sterling J.A., Elsamra S.E.
Embase
Urology. 153 (pp 69-74), 2021. Date of Publication: July 2021.
[Article]
AN: 2010920375
Objectives: To determine the feasibility and perceived usefulness of a pre-residency urology boot camp for first and second year urology residents.
Method(s): First and second year urology residents attended a multi-institutional boot camp in July 2019, which consisted of lectures, a hands-on practical, patient simulation session, and networking social event. Attendees completed a pre-course survey where they rated their comfort level in managing interpersonal, post-operative, and urology-specific scenarios on a Likert scale of 0-5. Participants completed follow-up surveys immediately and 6 months after the course regarding confidence in managing the same scenarios and the impact of boot camp on their training.
Result(s): 6 urology PGY1s (55%) and 5 PGY2s (45%) from 4 institutions attended the boot camp. On the precourse survey, PGY2s had higher average comfort scores compared to PGY1s for all post-operative scenarios besides hypotension but just 2 urology-specific scenarios, difficult Foley troubleshooting (4 vs 3, P < .01) and obstructing urolithiasis with urosepsis (3.6 vs 2.2, P = .05). Immediately after the course, 10 of 11 (91%) residents reported feeling better prepared to handle all scenarios. All participants reported they would recommend this training to other urology residents. Six months later, the majority of respondents reported using knowledge learned in boot camp on a daily basis. All agreed that it was a useful networking experience, and 63% had since contacted other residents they met at the course.
Conclusion(s): A pre-residency boot camp is both feasible and valuable for first- and second-year urology residents for gaining practical medical knowledge and professional networking.

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195.

Intralesional Injection Therapy and Atypical Peyronie's Disease: A Systematic Review.
Choi E.J., Xu P., El-Khatib F.M., Yafi F.A.
Embase
Sexual Medicine Reviews. 9(3) (pp 434-444), 2021. Date of Publication: July 2021.
[Review]
AN: 2007030746

Introduction: Peyronie's disease (PD) is an inflammatory disorder of the tunica albuginea causing fibrotic changes including abnormal penile curvature, pain, and erectile dysfunction. Approximately 10% of PD patients will have atypical features including ventral plaques, hourglass deformities, unilateral indentations, severely shortened penile length, and multiplanar curvatures. Currently, the only intralesional treatment approved by the United States Food and Drug Administration is considered off-label for atypical PD. Furthermore, treatment of atypical PD, especially ventral plaques, is met with hesitation, in part due to potential urethral injury.
Objective(s): To systematically review the available literature for the safety and efficacy of intralesional injections for atypical PD.
Method(s): A thorough literature search of the PubMed database was performed on manuscripts published between 1982 and 2020. Keywords included atypical Peyronie's disease, ventral plaque, hourglass deformity, and injection.
Result(s): 15 articles met the criteria for evaluation. Overall, 1,357 patients with PD were treated with intralesional therapy, of which 250 patients were considered to have an atypical presentation. 162 (648%) of the patients were treated with intralesional collagenase Clostridium histolyticum, 49 (19.6%) with verapamil, 29 (11.6%) with interferon alfa-2b, 5 (2.0%) with hyaluronic acid, and another 5 (2.0%) with onabotulinumtoxinA. There was only 1 reported severe adverse event (penile fracture), which was surgically repaired. There were no reports of urethral injury.
Conclusion(s): Intralesional injection treatment may be a safe alternative option for atypical PD. There is a great need for future research to closely monitor the role of intralesional therapy in this cohort. Choi EJ, Xu P, El-Khatib FM, et al. Intralesional Injection Therapy and Atypical Peyronie's Disease: A Systematic Review. Sex Med Rev 2021;9:434-444.

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Publisher
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196.

Sexual quality of life in men <60 years old after coronary bypass surgery.
Ghazy T., Haeberle E.J., Kappert U., Petzold S., Plotze K., Mashhour A., Matschke K., Ouda A.
Embase
Heart Surgery Forum. 24(30) (pp E480-E486), 2021. Date of Publication: 11 May 2021.
[Article]
AN: 2013299105
Purpose: To explore the effect of undergoing coronary artery bypass grafting on sexual quality of life as an integral part of patients' health-related quality of life.
Method(s): This cross-sectional study included 265 men ages 18 to 60 years (median age, 55) who underwent coronary artery bypass grafting 1 to 5 years before the study. Standardized questionnaires were implemented to evaluate participant pre- and postoperative sexual quality of life and the quality of counseling provided to patients.
Result(s): Among the patients, 77% were in a steady relationship. The general health score was 5.5 +/- 2.8 (mean +/- standard deviation) preoperatively and 6 +/- 2.2 at follow-up (P = .01). No

sexual counseling was given to 83% and 77% of the patients pre- and postoperatively, respectively. The mean sexual satisfaction score dropped from 6.5 +/- 2.6 preoperatively to 4.7 +/- 3 postoperatively (P < .001). The decline in sexual intercourse frequency and masturbation frequency was significant (P < .001 and P = .006, respectively). Linear regression analysis showed that general health status (P = .008), higher-quality counseling (P = .027), and preoperative sexual quality of life (P < .001) correlated positively with sexual quality of life, whereas sternal pain (P < .001), erectile dysfunction (P < .001), and fear of excessive cardiac burden (P < .001) correlated negatively.
Conclusion(s): Middle-aged men experience decreased sexual quality of life after coronary artery bypass grafting. Preoperative sexual quality of life, general health, and higher-quality counseling positively affect postoperative sexual quality of life, whereas sternal pain, fear, and erectile dysfunction play a negative role. Pre- and postoperative care guidelines should be improved. Further prospective large cohort studies for males and females are required.

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197.

The influence of genetic variations and drug interactions based on metabolism of antidepressants and anticonvulsants.
Oz M.D., Ozdemir F., Suzen H.S.
Embase
Current Drug Metabolism. 22(8) (pp 596-627), 2021. Date of Publication: July 2021.
[Review]
AN: 2014710666
Background: The variability in drug response is highly complex and can be attributed to the polymedication, genetic polymorphisms modulating drug-metabolizing enzyme activities (cytochromes P450, CYP), physiological and environmental factors." sentence could be revised as "The variability in drug response is highly complex and can be attributed to the polymedication, genetic polymorphisms modulating drug-metabolizing enzyme activities (cytochromeP450s (CYP)), physiological and environmental factors.
Objective(s): The main objective of this review is to deeply discuss the role of biotransformation in the occurrence of antidepressant and anticonvulsant induced inter individual variabilities with the focus on genetic variations and drug interactions.

Method(s): An extensive search of the literature has been conducted related to biotransformation of the antidepressant and anticonvulsant agents on relationships between genetic differences and drug interactions on available databases. Following keywords are used for relevant articles: "metabolic enzyme", "pharmacokinetic", "antidepressant", "anticonvulsant", "genetic variations", "enzyme inhibition", "enzyme induction" and also with a list of all included antidepressant and anticonvulsants.
Result(s): In the present review, we provided an overview of documented clinically significant pharmacokinetic drug interactions, physiological and environmental differences. We further discuss the significance of genetic variations in drug metabolizing enzymes to underline the need for using the information on both genotype and drug interactions towards implementing better clinical outcomes through personalized medicine in neurology and psychiatry.
Conclusion(s): The present review clearly illustrates that interindividual differences in the biotransformation (including genetic variability of the drug metabolizing enzymes, age, sex, diet) of the antidepressant and anticonvulsant drugs, which are commonly prescribed medications globally, has a crucial role in the occurrence of adverse effects and various drug responses. Therefore, the potential results of the drug-drug interactions and individual genetic characteristics should always be considered to make pharmacotherapy safer and more effective, as they have major clinical implications.

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Publisher
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198.

Functional and oncological outcomes of salvage cryosurgery for radiorecurrent prostate cancer.
Exterkate L., Peters M., Somford D.M., Vergunst H.
Embase
BJU International. 128(1) (pp 46-56), 2021. Date of Publication: July 2021.
[Article]
AN: 2007422705
Objectives: To evaluate the oncological and functional outcomes of salvage cryosurgery (SCS) for radiorecurrent prostate cancer (rrPCa).
Patients and Methods: A total of 169 consecutive patients with biopsy confirmed rrPCa were retrospectively analysed. All patients underwent SCS in a single referral centre between 2006 and 2018. The primary outcome was biochemical recurrence-free survival (BRFS) according to the Phoenix definition (prostate-specific antigen [PSA] nadir +2 ng/mL). The secondary outcomes were overall survival, BRFS defined as a PSA level of >0.5 ng/mL, metastasis-free survival, androgen-deprivation therapy (ADT)-free survival, and functional outcomes. Complications were classified according to the Clavien-Dindo system. PSA was measured every 3-6 months postoperatively. Functional outcomes were scored as reported by patients at outpatient visits. Kaplan-Meier survival analysis and uni- and multivariable Cox regression were performed.

Result(s): The median (interquartile range) follow-up was 36 (18-66) months. The BRFS after 5 and 8 years was 52% (95% confidence interval [CI] 43-62%) and 45% (95% CI 35-57%), respectively. At multivariable analysis PSA level at initial diagnosis, initial treatment, interval between primary treatment and SCS, age at SCS, and post-SCS PSA nadir were significant factors for BRFS. The 5-year ADT-free survival was 70% (95% CI 62-79%). Clavien-Dindo Grade >=III complications occurred in 1.2% (two/169) of patients. In all, 19% (29/156) of patients had new-onset urinary incontinence defined as >1 pad/24 h and 92% (57/62) of patients had new-onset erectile dysfunction. Persistent urinary fistula occurred in 6.5% (11/169) of patients.
Conclusion(s): The present study shows acceptable oncological outcomes of SCS considering the salvage character of the treatment. The occurrence of serious complications such as urinary incontinence and fistula should not be underestimated.

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199.

Characteristics and Long Term Follow up of Men Who Suffer Ischemic Priapism Secondary to Recreational Use of Intracavernosal Injectable Medications.
Masterson J.M., Zhao H., Choi E., Kim H.H., Anger J.T.
Embase
Urology. 156 (pp 163-168), 2021. Date of Publication: October 2021.
[Article]
AN: 2013872924
Objective: To better understand patient experience, risk factors, culture, and ED outcomes surrounding recreational ICI use that led to ischemic priapism.
Method(s): After IRB approval, men presenting for ischemic priapism secondary to recreational ICI use from January 2010 to December 2018 were contacted by mail and then via telephone. Standardized questions were asked of all study participants on the topics of erectile function (IIEF-5), sexual practices, and at-risk behavior at the time of priapism. Qualitative data analysis was performed using grounded theory methodology.
Result(s): 14 men age 24-59 were successfully recruited. All men described themselves as men having sex with men (MSM) and one (7.1%) as having both male and female sexual partners. Average follow up IIEF-5 among participants was 13 (SD 4.0). Eleven men (78.6 %) described illicit drug use at the time of priapism. Qualitative data analysis yielded several preliminary themes: concomitant drug use, naivety, peer pressure, and delay in seeking treatment. Men frequently reported illicit drug use in group sex scenarios and ICI use under pressure to perform sexually or to counteract effects of illicit substances.

Conclusion(s): Recreational ICI in this cohort was part of a lifestyle of risky behavior. Methamphetamine use and group sex encounters strongly motivate recreational ICI use. Substance abuse centers may offer an entry point into this population for counseling and primary prevention.

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200.

Review of Priapism Litigation in the United States.
Matz A., Ambinder D., Spencer E., Phillips J., Wong N.C.
Embase
Urology. 156 (pp 169-172), 2021. Date of Publication: October 2021.
[Article]
AN: 2013897432
Objectives: To review medical malpractice trends and to identify the most common claims filed against medical providers for the management of patients with priapism.
Method(s): Using the Westlaw legal database, a search was done for the keyword "priapism" between July 1, 1980 and July 1, 2020. Cases were evaluated for plaintiff demographics, reasons for filing claims, management outcomes, legal verdicts and awards and further categorized based upon the timing of the alleged malpractice.
Result(s): Alleged negligence during the pre-management period was cited in 30 cases. Administration of psychotropic medications was the most common reasons for filing pre-management claims 22/56 (39.3%). Delay in care accounted for 18/56 (32.1%) and complications of surgery were 5/56 (8.9%) of claims. The majority of the completed cases were in favor of the defendants (39/47; 83.0%). There was no association between type of health care provider or timing of alleged malpractice and ultimate verdict.
Conclusion(s): Prescribing psychoactive medications without warning of the adverse effect profile is the most common reason for claims filed against providers with trazodone as the leading medication. Medical providers should ensure that patients are well informed of this adverse effect prior to prescription. Regardless, the majority of medical malpractice cases carry a verdict in favor of the defendant.

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201.

Variations and characteristics of the various clinical phenotypes in a cohort of Nigerian sickle cell patients.
Duru A., Madu A.J., Okoye H., Nonyelu C., Obodo O., Okereke K., Madu K.
Embase
Hematology (United Kingdom). 26(1) (pp 684-690), 2021. Date of Publication: 2021.
[Article]
AN: 2013647186
Background: Sickle cell anaemia affects about 4 million people across the globe, making it an inherited disorder of public health importance. Red cell lysis consequent upon haemoglobin crystallization and repeated sickling leads to anaemia and a baseline strain on haemopoiesis. Vaso-occlusion and haemolysis underlies majority of the chronic complications of sickle cell. We evaluated the clinical and laboratory features observed across the various clinical phenotypes in adult sickle cell disease patients.
Method(s): Steady state data collected prospectively in a cohort of adult sickle cell disease patients as out-patients between July 2010 and July 2020. The information included epidemiological, clinical and laboratory data.
Result(s): About 270 patients were captured in this study (165 males and 105 females). Their ages ranged from 16 to 55 years, with a median age of 25 years. Sixty-eight had leg ulcers, 43 of the males had priapism (erectile dysfunction in 8), 42 had AVN, 31 had nephropathy, 23 had osteomyelitis, 15 had osteoarthritis, 12 had cholelithiasis, 10 had stroke or other neurological impairment, 5 had pulmonary hypertension, while 23 had other complications. Frequency of crisis ranged from 0 to >10/year median of 2. Of the 219 recorded, 148 of the patients had been transfused in the past, while 71 had not.
Conclusion(s): The prevalence of SLU, AVN, priapism, nephropathy and the other complications of SCD show some variations from other studies. This variation in the clinical parameters across different clinical phenotypes indicates an interplay between age, genetic and environmental factors.

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202.

Urology practice during the COVID-19 vaccination campaign.
Ficarra V., Novara G., Giannarini G., De Nunzio C., Abrate A., Bartoletti R., Crestani A., Esperto F., Galfano A., Gregori A., Liguori G., Pavan N., Simonato A., Trombetta C., Tubaro A., Porpiglia F., Scarpa R.M., Mirone V.
Embase
Urologia Journal. 88(4) (pp 298-305), 2021. Date of Publication: November 2021.
[Article]
AN: 2011514720
Introduction: The current scenario of the COVID-19 pandemic is significantly different from that of the first, emergency phase. Several countries in the world are experiencing a second, or even a third, wave of contagion, while awaiting the effects of mass vaccination campaigns. The aim of this report was to provide an update of previously released recommendations on prioritization and restructuring of urological activities.
Method(s): A large group of Italian urologists directly involved in the reorganization of their urological wards during the first and second phase of the pandemic agreed on a set of updated recommendations for current urology practice.
Result(s): The updated recommendations included strategies for the prioritization of both surgical and outpatient activities, implementation of perioperative pathways for patients scheduled for elective surgery, management of urological conditions in infected patients. Future scenarios with possible implementation of telehealth and reshaping of clinical practice following the effects of vaccination are also discussed.
Conclusion(s): The present update may be a valid tool to be used in the clinical practice, may provide useful recommendations for national and international urological societies, and may be a cornerstone for further discussion on the topic, also considering further evolution of the pandemic after the recently initiated mass vaccination campaigns.

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203.

Surgical Outcomes and Patient Satisfaction With the Low-Cost, Semi-Rigid Shah Penile Prosthesis: A boon to the Developing Countries.
Krishnappa P., Tripathi A., Shah R.
Embase
Sexual Medicine. 9(4) (no pagination), 2021. Article Number: 100399. Date of Publication: August 2021.
[Article]
AN: 2013578173
Introduction: In developing countries most patients with refractory erectile dysfunction cannot afford a penile prosthesis (PP) due to its cost and non-coverage by insurance companies.
Aim(s): To assess the patient satisfaction outcomes with a novel, low-cost, semi-rigid PP.
Method(s): 52 patients who had received the Shah semi-rigid PP between January 2013 and December 2018 were included in this bidirectional study. Patient demographics including age, etiology, body mass index, length of PP received and post-operative complications were recorded. Patient satisfaction with the PP was evaluated using the modified Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS) Questionnaire.
Main Outcome Measure(s): The primary outcome measures were overall satisfaction, total EDITS and mean EDITS score. The secondary outcome measures were residual penile tumescence, ease of concealment and post-operative complications.
Result(s): The mean age of the patients was 38.79 years (25-68). Overall satisfaction (EDITS Q-1) of 4 (0-4) was reported by 84.62% (44/52) of patients. There was no significant difference (P > .7) in the total EDITS and overall satisfaction based on various etiological factors. The mean EDITS scores (0-100) were 95.67 +/- 10.76, 95.53 +/- 8.46 and 91.72 +/- 22.42 in 52 patients with BMI <25, 25-29.9 and >30 kg/m2 respectively. During sexual arousal after PP implantation, 26 (50%), 17 (32.7%) and 9 (17.3%) patients noted "good", "some" or "no" residual penile tumescence respectively. 47 (90.4%), 4 (7.7%) and 1 (1.9%) patients reported "good", "fair" and "poor" concealment respectively. In the prospective group, major and minor post-operative complications were seen in 10.7% (3/28) and 21.4% (6/28) of patients respectively.
Conclusion(s): The semi-rigid Shah PP is a safe, effective and affordable option to treat patients with refractory ED. The ability to remove 1 or both sleeves in the Shah PP helps achieve a good fit with a small inventory. Krishnappa P, Tripathi A, Shah R. Surgical Outcomes and Patient Satisfaction With the Low-Cost, Semi-Rigid Shah Penile Prosthesis: A boon to the Developing Countries. Sex Med 2021;XX:XXXXXX.

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Publisher
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204.

Surgical results in penile fracture: Our single center experience.
Yilmazel F.K., Altay M.S., Cinislioglu A.E., Sam E., Delice O., Karabulut I.
Embase
American Journal of Emergency Medicine. 44 (pp 184-186), 2021. Date of Publication: June 2021.
[Article]
AN: 2008023883
Introduction: Penile fracture arises as a result of a unilateral or bilateral rupture of the tunica albuginea of the corpus cavernosum. It is a rare condition that requires urgent surgical intervention. In this study, we aimed to determine the effectiveness of surgical treatment in penile fracture and its effect on complications.
Method(s): The data of 21 patients who were admitted to the emergency department of our clinic between 2012 and 2019 and underwent emergency surgical repair with the diagnosis of penile fracture were collected retrospectively. The diagnosis of penile fracture was established by anamnesis and physical examination. Age, etiology, duration from trauma to surgery, physical examination findings,length and localization of the tunica albuginea defect, length of hospital stay, and postoperative first-, third- and sixth-month follow-up results were analyzed. Erectile function was evaluated using the International Index of Erectile Function (IIEF-5). Complications such as penile curvature, penile nodule and painful erection were evaluated.
Result(s): The mean age of the patients was 36.8 +/- 8.3 years. The most common reason of penile fracture was manually bending the penis for detumescence. All patients underwent surgery. The mean duration from trauma to surgery was 7.6 +/- 3.1 h. The mean length of the tunica albuginea defect was 11 +/- 2.5 mm. The mean length of hospital stay was 2.5 +/- 0.5 days. The mean IIEF-5 scores in the postoperative first, third and sixth months were 20.5 +/- 2.6, 22 +/- 2.2, 22.1 +/- 1.7, respectively.
Conclusion(s): Penile fracture is a urological emergency, and timely surgery is an effective treatment method for preventing postoperative complications.

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205.

Effects of patients' understanding and choice of surgical types on postoperative outcomes of Peyronie's disease: A single-center retrospective study of 108 patients.
Zheng D.-C., Bao J.-W., Guo J.-H., Xie M.-K., Li W., Wang Z.
Embase
Asian Journal of Andrology. 23(5) (pp 484-489), 2021. Date of Publication: 01 Sep 2021.

[Article]
AN: 635922884
Surgical correction can be considered for treating patients with a chronic phase of Peyronie's disease (PD) and persistent penile curvature. In clinical practice, some patients pay too much attention to surgical complications and refuse the recommended feasible surgical types. Meanwhile, they require operations according to their preferences. This study aimed to evaluate the effects of patients' own choice of surgical type on postoperative satisfaction. This retrospective study analyzed data from 108 patients with PD who underwent surgical correction according to doctors' recommendations or patients' own demands. The objective and subjective surgical outcomes were assessed. Patients' understanding of the disease was analyzed using a questionnaire survey. Objective measurements of surgical outcomes, including penile straightening, penile length, and sexual function, in patients who received the recommended surgery, were similar to those in patients who did not accept the recommended surgery. However, subjective evaluations, including erectile pain, discomfort because of nodules on the penis, and decreased sensitivity in the penis, were more obvious in patients who did not follow doctors' recommendations. In addition, a questionnaire survey showed that understanding PD and the purpose of surgery of patients who did not follow doctors' advice were inappropriate, as they did not conform to the principle of treatment. The present study showed that surgical correction seemed to be an objectively effective option in the management of patients in the stable chronic phase of PD. Low patient satisfaction might be related to patients' lack of correct understanding of the disease and its treatment strategy as well as unrealistic expectations.

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206.

Priapism and Sickle Cell Disease: Special Considerations in Etiology, Management, and Prevention.
Ahuja G., Ibecheozor C., Okorie N.C., Jain A.J., Coleman P.W., Metwalli A.R., Tonkin J.B.
Embase
Urology. 156 (pp e40-e47), 2021. Date of Publication: October 2021.
[Review]
AN: 2013796685
Sickle cell disease (SCD) is an inherited medical condition where sickled red blood cells cause vaso-occlusive crisis. One major complication of SCD is priapism, defined as an erection of the penis lasting over four hours beyond sexual stimulation or orgasm. SCD priapism is caused by sickled erythrocytes obstructing venous outflow and can lead to permanent erectile dysfunction. This article reviews the pathology, physiology, and management of SCD priapism, including potential novel therapeutic agents.

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Publisher
Elsevier Inc.
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207.

The Prevalence and Predictors of Penile Pain in Men with Peyronie's Disease.
Flores J.M., Salter C.A., Nascimento B., Terrier J.-E., Taniguchi H., Bernie H.L., Miranda E., Jenkins L., Schofield E., Mulhall J.P.
Embase
Sexual Medicine. 9(4) (no pagination), 2021. Article Number: 100398. Date of Publication: August 2021.
[Article]
AN: 2013477736
Introduction: Penile pain is one of the most stressful symptoms in men with Peyronie's disease (PD).
Aim(s): To evaluate the prevalence, clinical presentation and risk factors associated with penile pain in men with PD as well as to assess the psychosocial impact.
Method(s): We revised our institution's database of men diagnosed with PD. The information collected included penile pain assessments, and the scores of the PD Questionnaire (PDQ), Self-Esteem and Relationship Questionnaire (SEAR) and Center for Epidemiologic Studies Depression Scale Questionnaire (CES-D). Descriptive and comparative statistics were used. Logistic regression analyses were performed to evaluate predictive factors associated with penile pain.
Main Outcome Measure(s): Penile pain descriptive assessment and factors associated with penile pain in men with PD. Comparison of SEAR, CES-D and PDQ domain scores of men with and without penile pain.
Result(s): 431 men with PD were included for this analysis with a mean age of 55.9 years. Penile pain was reported by 36.7%; 65.2% of those had painful erection, 7% pain with flaccid state only, and 20% in both stages. The median pain severity was 3 with erection and 1 with flaccid stage. After adjusted logistic regression analyses, advanced age was associated with less pain (OR 0.94, P <= 0.001). Men with penile pain had no significant difference in CES-D and SEAR mean scores compared to men without penile pain. The PDQ scores for the physical/psychological symptoms domain and the bother domain were significantly higher in men with penile pain (12 vs 8.7; P < 0.01 and 9 vs 7.1; P < 0.01 respectively). Men with penile pain had a higher rate of clinically significant bother scores than men without penile pain (52% vs 35%, P <= 0.001).
Conclusion(s): Penile pain is common in men with PD. It was more common in young men and was associated with physical and psychological bothers in this population. Flores JM, Salter CA, Nascimento B, et al. The Prevalence and Predictors of Penile Pain in Men with Peyronie's Disease. Sex Med 2021;XX:XXXXXX.

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208.

Nocturnal Hypoxemia Rather Than Obstructive Sleep Apnea Is Associated With Decreased Red Blood Cell Deformability and Enhanced Hemolysis in Patients With Sickle Cell Disease.
Stauffer E., Poutrel S., Cannas G., Gauthier A., Fort R., Bertrand Y., Renoux C., Joly P., Boisson C., Hot A., Peter-Derex L., Pialoux V., PetitJean T., Connes P.
Embase
Frontiers in Physiology. 12 (no pagination), 2021. Article Number: 743399. Date of Publication: 24 Sep 2021.
[Article]
AN: 636186190
Background: Although obstructive sleep apnea (OSA) could act as a modulator of clinical severity in sickle cell disease (SCD), few studies focused on the associations between the two diseases.
Research Question: The aims of this study were: (1) to explore the associations between OSA, nocturnal oxyhemoglobin saturation (SpO2) and the history of several acute/chronic complications, (2) to investigate the impact of OSA and nocturnal SpO2 on several biomarkers (hematological, blood rheological, and coagulation) in patients with SCD. Study Design and Methods: Forty-three homozygous SCD patients underwent a complete polysomnography recording followed by blood sampling.
Result(s): The proportion of patients suffering from nocturnal hypoxemia did not differ between those with and those without OSA. No association between OSA and clinical severity was found. Nocturnal hypoxemia was associated with a higher proportion of patients with hemolytic complications (glomerulopathy, leg ulcer, priapism, or pulmonary hypertension). In addition, nocturnal hypoxemia was accompanied by a decrease in RBC deformability, enhanced hemolysis and more severe anemia.
Interpretation(s): Nocturnal hypoxemia in SCD patients could be responsible for changes in RBC deformability resulting in enhanced hemolysis leading to the development of complications such as leg ulcers, priapism, pulmonary hypertension or glomerulopathy. Clinical Trial Registration: www.ClinicalTrials.gov, identifier: NCT03753854.

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Clinical Trial Number
https://clinicaltrials.gov/show/NCT03753854
Year of Publication
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209.

Association of HMIP1 C-893A polymorphism and disease severity in patients with sickle cell anemia.
Pereira-Martins D.A., Domingos I.F., Belini-Junior E., Coelho-Silva J.L., Weinhauser I., Araujo A.S., Lobo C.L., Bonini-Domingos C.R., Bezerra M.A., Lucena-Araujo A.R.
Embase
Hematology, Transfusion and Cell Therapy. 43(3) (pp 243-248), 2021. Date of Publication: 01 Jul 2021.
[Article]
AN: 2007030969
Introduction: Sickle cell anemia (SCA) is a Mendelian disorder with a heterogeneous clinical course. The reasons for this phenotypic diversity are not entirely established, but it is known that high fetal hemoglobin levels lead to a milder course of the disease. Additionally, genetic variants in the intergenic region HBS1L-MYB promote high levels of fetal hemoglobin into adulthood.
Objective(s): In the present study, we investigated the HMIP1 C-839A (rs9376092) polymorphism, located at the HBS1L-MYB intergenic region block 1, in SCA patients.
Method(s): We analyzed 299 SCA patients followed in two reference centers in Brazil. The HMIP1 C-839A (rs9376092) genotypes were determined by allele specific polymerase chain reactions. Clinical and laboratory data were obtained from patient interviews and medical records.
Result(s): The median fetal hemoglobin levels were higher in patients with the HMIP1 C-839A (rs9376092) AA genotype (CC = 6.4%, CA = 5.6% and AA = 8.6%), but this difference did not reach significance (p = 0.194). No association between HMIP1 C-839A (rs9376092) genotypes and other clinical and laboratorial features was detected (p > 0.05).
Conclusion(s): In summary, our data could not support the previously related association between the HMIP1 C-893A (rs9376092) polymorphism and differential fetal hemoglobin levels.

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210.

Biochemical and Proteomic Characterization, and Pharmacological Insights of Indian Red Scorpion Venom Toxins.
Das B., Saviola A.J., Mukherjee A.K.
Embase
Frontiers in Pharmacology. 12 (no pagination), 2021. Article Number: 710680. Date of Publication: 28 Sep 2021.
[Review]
AN: 636189460
The Indian red scorpion (Mesobuthus tamulus) is one of the world's deadliest scorpions, with stings representing a life-threatening medical emergency. This species is distributed throughout the Indian sub-continent, including eastern Pakistan, eastern Nepal, and Sri Lanka. In India, Indian red scorpions are broadly distributed in western Maharashtra, Saurashtra, Kerala, Andhra Pradesh, Tamil Nadu, and Karnataka; however, fatal envenomations have been recorded primarily in the Konkan region of Maharashtra. The Indian red scorpion venom proteome comprises 110 proteins belonging to 13 venom protein families. The significant pharmacological activity is predominantly caused by the low molecular mass non-enzymatic Na+ and K+ ion channel toxins. Other minor toxins comprise 15.6% of the total venom proteome. Indian red scorpion stings induce the release of catecholamine, which leads to pathophysiological abnormalities in the victim. A strong correlation has been observed between venom proteome composition and local (swelling, redness, heat, and regional lymph node involvement) and systemic (tachycardia, mydriasis, hyperglycemia, hypertension, toxic myocarditis, cardiac failure, and pulmonary edema) manifestations. Immediate administration of antivenom is the preferred treatment for Indian red scorpion stings. However, scorpion-specific antivenoms have exhibited poor immunorecognition and neutralization of the low molecular mass toxins. The proteomic analysis also suggests that Indian red scorpion venom is a rich source of pharmacologically active molecules that may be envisaged as drug prototypes. The following review summarizes the progress made towards understanding the venom proteome of the Indian red scorpion and addresses the current understanding of the pathophysiology associated with its sting.

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211.

The genetic and clinical significance of fetal hemoglobin expression in sickle cell disease.
Adekile A.
Embase
Medical Principles and Practice. 30(3) (pp 201-211), 2021. Date of Publication: 01 Jun 2021.
[Review]
AN: 2013438115
Sickle cell disease (SCD) is phenotypically heterogeneous. One major genetic modifying factor is the patient's fetal hemoglobin (HbF) level. The latter is determined by the patient's beta-globin gene cluster haplotype and cis- and trans-acting single nucleotide polymorphisms (SNPs) at other distant quantitative trait loci (QTL). The Arab/India haplotype is associated with persistently high HbF levels and also a relatively mild phenotype. This haplotype carries the Xmn1 (C/T) SNP, rs7482144, in the HBG2 locus. The major identified trans-acting QTL contain SNPs residing in the BCL11A on chromosome 2 and the HMIP locus on chromosome 6. These collectively account for 15-30% of HbF expression in different world populations and in patients with SCD or beta-thalassemia. Patients with SCD in Kuwait and Eastern Saudi Arabia uniformly carry the Arab/India haplotype, but despite this, the HbF and clinical phenotypes show considerable heterogeneity. Pain episodes and avascular necrosis of the femoral head are particularly common, but severe bacterial infections, stroke, priapism, and leg ulcers are uncommon. Moreover, the HbF modifiers appear to be different; the reported BCL11A and HMIP SNPs appear to play insignificant roles. There are probably novel modifiers to be discovered in this population. This review examines the common clinical phenotypes in Kuwaiti patients with elevated HbF and the available information on HbF modifiers. The response of the patients to hydroxyurea is discussed. The presentation of patients with other sickle compound heterozygotes (Sbetathal and HbSD), vis-a-vis their HbF levels, is also addressed critically.

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212.

Pathophysiology of sickle cell anemia: Review article.
Al-Janabi G.G., Al-Fahham A.A., Mohammed R.K.
Embase

Indian Journal of Forensic Medicine and Toxicology. 15(2) (pp 2037-2043), 2021. Date of Publication: April-June 2021.
[Article]
AN: 2007506996
About 5-7% of the world population have an unhealthy hemoglobin (Hb) gene . The most common form of hemoglobinopathy globally is sickle cell disease. Sickle cell disorder (SCD) is the major predominant innate clutter of Hb amalgamation stamped through a change within the beta globin gene, which result within the substitution of glutamate corrosive with valine at the 6th codon and union of Hb S a which is a hemoglobin, beneath hypoxic states, coming about within the abnormality of RBCs (Red Blood Corpuscles). The lysis of erythrocytes result in raise in extracellular hemoglobin, hence hoisting liking and official to open nitric oxide or antecedents of nitric oxide in this manner diminishing its levels and assist partaking to vasoconstriction . Sickle ruddy blood cells since of their hardness to stream by means of the micro-circulation, results in visit vaso-occlusive scenes, destitute micro-vascular blood stream, ischemic damage, and myocardial localized necrosis . The clinical highlights of sickle cell anemia are constant hemolytic weakness, an elevated vulnerability to diseases, repetitive difficult Vaso-Occlusive Emergency (VOC) and a brought down life hope .

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213.

Beneficial Effects of Human Umbilical Cord Blood Mononuclear Cells on Persistent Erectile Dysfunction After Treatment of 5-Alpha Reductase Inhibitor in Rats.
Oztekin C.V., Yilmaz-Oral D., Kaya-Sezginer E., Kirlangic O.F., Ozen F.Z., Ozdal B., Topcu H.O., Gur S.
Embase
Journal of Sexual Medicine. 18(5) (pp 889-899), 2021. Date of Publication: May 2021.
[Article]
AN: 2011542747
Background: Effects of human umbilical cord blood (HUCB) as a valuable source for stem cell-based therapies have not been studied in persistent post-5-alpha reductase inhibitors (5ARI) erectile dysfunction (PPED).
Aim(s): To determine the effect of intracavernosal injection of HUCB mononuclear cells (MNCs) on ED associated with dutasteride treatment.
Method(s): Twenty five adult male Sprague-Dawley rats were divided into 5 groups (n = 5 per group): (i) control, (ii) 8-week dutasteride (0.5 mg/kg/day, in drinking water), (iii) 12-week dutasteride, (iv) 8-week dutasteride+HUCB-MNCs (1 x 106) and (v) 12-week dutasteride+HUCB-MNCs. HUCB-MNCs were administered intracavernosally after eight weeks of dutasteride treatment. Experiments were performed at 4 weeks following the injection of HUCB-MNCs. Erectile responses and isometric tension of corpus cavernosum (CC) were measured. The

protein expressions of phosphodiesterase type 5 (PDE5), endothelial nitric oxide synthase (eNOS), neuronal NOS (nNOS), hypoxia-inducible factor (HIF)-1alpha and smooth muscle/collagen contents in penile tissue were evaluated by Western blotting, immunohistochemistry, and Masson's trichrome staining, respectively. Main Outcome: In vivo erectile function, in vitro relaxant and contractile responses of CC, protein expression and localization of PDE5, eNOS, nNOS, HIF-1alpha, and smooth muscle content in penile tissue. Result(s): Erectile responses in the dutasteride-treated groups were significantly decreased compared with controls (P <.001), persisting after 4-wk of washout. HUCB-MNCs restored diminished intracavernosal pressure responses, acetylcholine-, sodium nitroprusside-, sildenafil-induced relaxations, and increased phenylephrine and electrical field stimulation (EFS)-induced contractions. Decreased EFS-induced relaxations in dutasteride-treated groups were not restored by HUCB-MNCs. Increased PDE5 and reduced nNOS expressions in dutasteride groups were restored by HUCB-MNCs in the 12-week dutasteride group. eNOS and HIF-1alpha protein expression and serum total and free testosterone levels were similar among groups. HUCB-MNCs reversed the decreased smooth muscle/collagen ratio in dutasteride-treated tissues. There was a significant increase in PDE5 and HIF-1alpha staining in 8-week dutasteride animals. Clinical Translation: This study demonstrates the corrective potential of HUCB-MNCs on some persistent structural and functional deterioration caused by 5ARI treatment in rats, which may encourage further evaluation of HUCB-MNCs in men with PPED.
Strengths and Limitations: Therapeutic application of intracavernosal HUCB-MNCs is a novel approach for the rat model of post-5ARI ED. Lack of serum and tissue dihydrotestosterone measurements, vehicle injections and characterization of the cells remain limitations of our study. Conclusion(s): The persistent ED after prolonged administration of dutasteride in rats is reversed by HUCB-MNC treatment, which holds promise as a realistic therapeutic modality for this type of ED. Oztekin CV, Yilmaz-Oral D, Kaya-Sezginer E, et al. Beneficial Effects of Human Umbilical Cord Blood Mononuclear Cells on Persistent Erectile Dysfunction After Treatment of 5-Alpha Reductase Inhibitor in Rats. J Sex Med 2021;18:889-899.

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214.

Extracorporeal Shockwave Therapy in Peyronie's Disease: Systematic Review and Meta-Analysis.
Bakr A.M., El-Sakka A.I.
Embase
Journal of Sexual Medicine. 18(10) (pp 1705-1714), 2021. Date of Publication: October 2021.
[Review]
AN: 2014516868
Background: Peyronie's disease (PD) is associated with penile pain, deviation, and sexual dysfunction. Up till now, there is no conservative standard treatment for PD. However, the role of Extracorporeal Shock Wave Therapy (ESWT) is gaining increasing interest.
Aim(s): To evaluate the effect of ESWT on penile deviation, plaque size, erectile function, pain scale, and the rate of complications in PD patients.
Method(s): PubMed database was searched for articles published from January 2000 to November 2020, using related keywords and including randomized controlled trials (RCTs) only. Meta-analysis and forest plots were carried out using RevMan, and outcomes were reviewed by 2 authors independently. PRISMA guidelines were used in this article to achieve the quantitative and qualitative synthesis of data.
Outcome(s): Changes in penile deviation, plaque size, erectile function, pain scale, and the rate of ESWT related complications.
Result(s): The search yielded 73 articles. Three RCTs, including 117 patients in the ESWT group and 121 patients in the placebo group, were reviewed. ESWT is associated with reduction in plaque size (OR = 2.59, 95% CI (1.15-5.85), P=.02). No significant difference in reduction of penile deviation angle or rate of bruises were detected in post ESWT group when compared to placebo. No evidence was found to show an effect of ESWT on erectile function or pain scale.
Clinical Implications: Based on the available RCTs, ESWT fails to improve penile curvature or pain in men with PD. Although ESWT may reduce plaque size, this remains of questionable clinical significance. Strengths & Limitations: RCTs used different metrics to report the same outcome. Missed data were imputed to match the requirements of meta-analysis. However, there is still much data that cannot be estimated.
Conclusion(s): The current data suggest that ESWT fails to improve penile curvature or pain in men with PD. Although ESWT may reduce plaque size, this remains of questionable clinical significance, and further studies are required to confirm findings. Bakr AM, El-Sakka A. Extracorporeal Shockwave Therapy in Peyronie's Disease: Systematic Review and Meta-Analysis. J Sex Med 2021;18:1705-1714.

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Embase
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215.

Extracorporeal shockwave therapy (Eswt) alleviates pain, enhances erectile function and improves quality of life in patients with chronic prostatitis/chronic pelvic pain syndrome.
Wu W.-L., Bamodu O.A., Wang Y.-H., Hu S.-W., Tzou K.-Y., Yeh C.-T., Wu C.-C.

Embase
Journal of Clinical Medicine. 10(16) (no pagination), 2021. Article Number: 3602. Date of Publication: 02 Aug 2021.
[Article]
AN: 2013407065
Purpose: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS), affecting over 90% of patients with symptomatic prostatitis, remains a therapeutic challenge and adversely affects patients' quality of life (QoL). This study probed for likely beneficial effects of ESWT, evaluating its extent and durability.
Patients and Methods: Standardized indices, namely the pain, urinary, and QoL domains and total score of NIH-CPSI, IIEF-5, EHS, IPSS, and AUA QoL_US were employed in this study of patients with CP/CPPS who had been refractory to other prior treatments (n = 215; age range: 32-82 years; median age: 57.5+/- 12.4 years; modal age: 41 years).
Result(s): For CP symptoms, the mean pre-ESWT NIH-CPSI total score of 27.1 +/- 6.8 decreased by 31.3%-53.6% over 12 months after ESWT. The mean pre-ESWT NIH-CPSI pain (12.5 +/- 3.3), urinary (4.98 +/- 2.7), and QoL (9.62 +/- 2.1) domain scores improved by 2.3-fold, 2.2-fold, and 2.0-fold, respectively, by month 12 post-ESWT. Compared with the baseline IPSS of 13.9 +/- 8.41, we recorded 27.1%-50.9% amelioration of urinary symptoms during the 12 months post-ESWT. For erectile function, compared to pre-ESWT values, the IIEF-5 also improved by ~1.3-fold by month 12 after ESWT. This was corroborated by EHS of 3.11 +/- 0.99, 3.37 +/- 0.65, 3.42 +/- 0.58, 3.75 +/- 0.45, and 3.32 +/- 0.85 at baseline, 1, 2, 6, and 12 months post-ESWT. Compared to the mean pre-ESWT QoL score (4.29 +/- 1.54), the mean QoL values were 3.26 +/- 1.93, 3.45 +/- 2.34, 3.25 +/- 1.69, and 2.6 +/- 1.56 for months 1, 2, 6, and 12 after ESWT, respectively.
Conclusion(s): This study shows ESWT, an outpatient and easy-to-perform, minimally invasive procedure, effectively alleviates pain, improves erectile function, and ameliorates quality of life in patients with refractory CP/CPPS.

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216.

Priapism, a symptom of claudication of the cauda equina in spinal stenosis.
Barbaro K., Midgley J.
Embase
Musculoskeletal Science and Practice. 52 (no pagination), 2021. Article Number: 102337. Date of Publication: April 2021.
[Article]
AN: 2010919945
Priapism is defined as a persistent penile erection in the absence of sexual arousal. This symptom has been documented in patients with spinal stenosis although it is considered a rare finding. The European Association of Urology guidelines on priapism [Salonia et al., 2014] list cauda equina syndrome and spinal stenosis as causative factors for ischemic priapism although the literature describing this phenomenon appears sparse. Priapism can be a rare symptom of lumbar spine stenosis/transient cauda equina compression. This presentation is complex and believed to be a parasympathetic mediated autonomic disorder. This article discusses the relationship between spinal stenosis, cauda equina syndrome and priapism using available literature. Greater awareness of this clinical finding may help clinicians in their clinical decision making. In patients with suspected cauda equina syndrome, subjective enquiry regarding the symptom priapism may add to the patients overall clinical picture.

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Publisher
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Year of Publication
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217.

Cell and gene therapy for anemia: Hematopoietic stem cells and gene editing.
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Embase
International Journal of Molecular Sciences. 22(12) (no pagination), 2021. Article Number: 6275. Date of Publication: 02 Jun 2021.
[Article]
AN: 2007469064
Hereditary anemia has various manifestations, such as sickle cell disease (SCD), Fanconi anemia, glucose-6-phosphate dehydrogenase deficiency (G6PDD), and thalassemia. The available management strategies for these disorders are still unsatisfactory and do not eliminate the main causes. As genetic aberrations are the main causes of all forms of hereditary anemia, the optimal approach involves repairing the defective gene, possibly through the transplantation of normal hematopoietic stem cells (HSCs) from a normal matching donor or through gene therapy approaches (either in vivo or ex vivo) to correct the patient's HSCs. To clearly illustrate the importance of cell and gene therapy in hereditary anemia, this paper provides a review of the genetic aberration, epidemiology, clinical features, current management, and cell and gene therapy en-deavors related to SCD, thalassemia, Fanconi anemia, and G6PDD. Moreover, we

expound the future research direction of HSC derivation from induced pluripotent stem cells (iPSCs), strategies to edit HSCs, gene therapy risk mitigation, and their clinical perspectives. In conclusion, gene-corrected hematopoietic stem cell transplantation has promising outcomes for SCD, Fanconi anemia, and thalassemia, and it may overcome the limitation of the source of allogenic bone marrow transplantation.

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https://clinicaltrials.gov/show/NCT01639690
https://clinicaltrials.gov/show/NCT01685515
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https://clinicaltrials.gov/show/NCT02140554
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https://clinicaltrials.gov/show/NCT02187003
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https://clinicaltrials.gov/show/NCT03132324
https://clinicaltrials.gov/show/NCT03207009
https://clinicaltrials.gov/show/NCT03226691
https://clinicaltrials.gov/show/NCT03264989
https://clinicaltrials.gov/show/NCT03285178
https://clinicaltrials.gov/show/NCT03432364
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https://clinicaltrials.gov/show/NCT03529396
https://clinicaltrials.gov/show/NCT03655678
https://clinicaltrials.gov/show/NCT03728322
https://clinicaltrials.gov/show/NCT03745287
https://clinicaltrials.gov/show/NCT03814746
https://clinicaltrials.gov/show/NCT04248439
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218.

Exercise-induced haemoglobin oxygen desaturation in patients with scd.
Antwi-Boasiako C., Asare C.P., Afriyie-Mensah J.S., Hayfron-Benjamin C., Nuako I., Aryee R., Dankwah G.B., Asare M.M., Adutwum-Ofosu K.
Embase
American Journal of Cardiovascular Disease. 11(1) (pp 87-92), 2021. Article Number: AJCD0123449. Date of Publication: 2021.
[Article]

AN: 2006752469
Background: Patients with sickle cell disease (SCD) may experience severe clinical complications when there is low tissue oxygenation due to the increased risk of the polymerization of haemoglobin S in deoxygenated en-vironment. The predictors of oxygen desaturation after exercise is not clear in patients with SCD. The current study compared lung function and six-minute walk test (6MWT) between SCD patients with oxygen desaturation after exercise and those without oxygen desaturation. Methodology: A cross-sectional study was conducted among adults with SCD (with HbSS and HbSC genotypes) at a large tertiary hospital in Accra, Ghana. Lung function and exercise tolerance (using the 6MWT) were performed for all the study subjects (n=119). Venous blood was collected from all the study subjects for determination of some haemolytic markers. Oxygen saturation was assessed before and after the 6MWT for all the study subjects, and individuals who had oxygen desaturation of >=3% after the 6MWT were considered as having exercise-induced haemoglobin oxygen desaturation (EIHOD). The lung function and 6MWT were compared between these two groups. Predictors of EIHOD were determined in both HbSC and HbSS patients.
Result(s): The prevalence of EIHOD in the HbSS and HbSC adults were 41% and 36.1% respectively. Haemoglobin, aspartate amino transaminase, indirect bilirubin, lactate dehydrogenase and six-minute walk distance did not dif-fer in both HbSS and HbSC patients. Decreasing haemoglobin is a predictor of EIHOD in HbSC adults but not HbSS patients. Lung function abnormalities did not predict EIHOD in both HbSS and HbSC patients.
Conclusion(s): The study demonstrates that SCD patients with EIHOD have similar degree of haemolysis and lung function when compared to those without EIHOD.

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219.

Priapism in patients with chronic myeloid leukemia (Cml): A systematic review.
Ali E., Soliman A., De Sanctis V., Nussbaumer D., Yassin M.A.
Embase
Acta Biomedica. 92(3) (no pagination), 2021. Article Number: e2021193. Date of Publication: 01 Jul 2021.
[Review]
AN: 2007805360
Background: Priapism is defined as a penile erection that persists four or more hours and is unrelated to sexual stimulation. Priapism resulting from hematologic malignancy is most likely

caused by venous obstruction from microemboli/thrombi and hyperviscosity caused by the increased number of circulating leukocytes in mature and immature forms. In patients with leukemia, 50% of cases of priapism are due to Chronic Myeloid Leukemia (CML). We present a systematic review of priapism in CML. Acquisition of evidence: An extensive literature research was carried out in PubMed, Google Scholar, SCOPUS, and Science Citation Index databases. The search included cases up to 4th August 2020. Synthesis of evidence: A total of 68 articles were found and included in our review, including 3 reviews from three different centers. We found 68 articles (102 patients; figure 1) and several case reports on priapism in CML. Priapism was noticed in some patients at the first presentation of CML. However, it was infrequently reported during the start of treatment, following the stop of medication and post-splenectomy. The mean age at presentation was 27.4 years, and the mean time from onset of priapism to the time to get medical attention (presentation) was 78.2 hours. The mean white blood cell count associated with priapism was 321.29x109/L, and the mean platelet count was 569 x109/L. The chronic phase of CML was the most common phase where priapism occurred. Most patients were Asian (>50%). Nearly a quarter of patients (27.4%) developed permanent erectile dysfunction.
Conclusion(s): Priapism is a urological emergency requiring urgent multidisciplinary management to prevent erectile dysfunction. Because of the relatively rare occurrence of priapism in CML patients, there is no standard treatment protocol. (www.actabiomedica.it).

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220.

Sexual dysfunction due to pudendal neuralgia: A systematic review.
Aoun F., Alkassis M., Tayeh G.A., Chebel J.A., Semaan A., Sarkis J., Mansour R., Mjaess G., Albisinni S., Absil F., Bollens R., Roumeguere T.
Embase
Translational Andrology and Urology. 10(6) (pp 2500-2511), 2021. Date of Publication: June 2021.
[Review]
AN: 2013312593
Background: The pudendal nerve is considered as the main nerve of sexuality. Pudendal neuralgia is an underdiagnosed disease in clinical practice. The aim of this systematic review is to highlight the role of pudendal neuralgia on sexual dysfunction in both sexes.
Method(s): A PubMed search was performed using the following keywords: "Pudendal" AND "Sexual dysfunction" or "Erectile dysfunction" or "Ejaculation" or "Persistent sexual arousal" or "Dyspareunia" or "Vulvodynia". The search involved patients having sexual dysfunction due to pudendal neuralgia. Treatment received was also reported.

Result(s): Five case series, seven cohort studies, two pilot studies, and three randomized clinical trials were included in this systematic review. Pudendal nerve and/or artery entrapment, or pudendal neuralgia, is a reversible cause of multiple sexual dysfunctions. Interventions such as anesthetic injections, neurolysis, and decompression are reported as potential treatment modalities. There are no studies describing the role of pudendal canal syndrome in the pathophysiology or treatment of delayed ejaculation or penile shortening.
Discussion(s): Pudendal neuralgia is an underestimated yet important cause of persistent genital arousal, erectile dysfunction (ED), premature ejaculation (PE), ejaculation pain, and vulvodynia. Physicians should be aware of this entity and examine the pudendal canal in such patients before concluding an idiopathic cause of sexual dysfunction.

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Publisher
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221.

Prevalence of post-prostatectomy erectile dysfunction and a review of the recommended therapeutic modalities.
Lima T.F.N., Bitran J., Frech F.S., Ramasamy R.
Embase
International Journal of Impotence Research. 33(4) (pp 401-409), 2021. Date of Publication: May 2021.
[Review]
AN: 2007319071
Radical prostatectomy (RP) represents one of the most commonly used first-line treatment modalities in men with localized prostate cancer. One of the most feared post-surgical complications is erectile dysfunction (ED), usually caused by direct damage to the cavernous nerves or due to neuropraxia. Penile rehabilitation is an emerging concept that was proposed to stimulate and accelerate recovery of erectile function after RP. The goal is to improve blood flow to the penis, increasing cavernous oxygenation and avoiding fibrosis. The most common used modalities include oral phosphodiesterase type 5 inhibitors (PDE5-I), vacuum erection devices

(VEDs), intracorporeal injection (ICI) therapy, medicated urethral system for erections (MUSE), and a combination of these treatments. For those patients with severe ED, ED refractory to medical therapy and/or seeking long term reliable results, the penile prosthesis implant remains an excellent alternative. We conducted a broad review of post-prostatectomy ED prevalence with different techniques and the success rates of the different therapeutic approaches.

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Publisher
Springer Nature
Year of Publication
2021

222.

The impact of transition from conventional robot-assisted radical prostatectomy to retzius sparing robot-assisted radical prostatectomy: A retrospective multivariate analysis.
Kishore T.A., Kuriakose M., Raveendran V., Ramaprasad M.
Embase
Indian Journal of Urology. 37(2) (pp 140-146), 2021. Date of Publication: April-June 2021.
[Article]
AN: 634771294
Introduction: To assess the outcomes of Retzius sparing robotic-assisted radical prostatectomy (RS-RARP) in comparison with the conventional RARP.
Material(s) and Method(s): A retrospective analysis of 320 cases of RARP, performed from 2014 April to 2019 April, was performed. The predictor variables included age, body mass index, clinical stage, prostate-specific antigen, Gleason score category in biopsy, D'Amico risk category, presence of the median lobe, prior transurethral resection of the prostate, and the ability to perform the RS-RARP. The outcome variables included console time, blood loss, blood transfusion, nerve sparing, bladder neck sparing, positive surgical margins (PSM), number and the site of PSMs, extracapsular invasion, seminal vesicle involvement, complications, continence, erectile function, biochemical recurrence, and adjuvant treatment. Regression analysis was performed using the linear regression for the continuous variables and binary logistic regression for the categorical variables with two levels.
Result(s): Three hundred and twenty patients underwent radical prostatectomy from 2014 April to 2019 April. We started the RS-RARP program in December 2016. Twenty-three patients who did not meet the inclusion criteria were excluded and a total of 297 patients were studied. Multivariate analysis demonstrated that RS-RARP was a strong positive independent predictor for continence recovery at 3 months, 6 months, and 12 months. RS-RARP was an independent predictor of reduced console time and increased probability of bladder neck sparing. RS-RARP was also independently associated with increased PSM in the posterolateral, anterolateral, and the apical regions.
Conclusion(s): RS-RARP has better continence rates up to 12 months compared with the conventional approach, but is associated with increased PSM at certain locations.

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Publisher
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223.

Echocardiographic Evaluation of the Response to Prazosin Treatment in Scorpion Sting.
Abdel Baseer K.A., Aboelela M.G., Qubaisy H.M.
Embase
Journal of Tropical Pediatrics. 67(3) (no pagination), 2021. Article Number: fmaa063. Date of Publication: June 2021.
[Article]
AN: 2014038733
Background: Scorpion envenomation is a major public health problem in children that can induce lethal neurological, respiratory and cardiovascular complications. We aimed to evaluate cardiovascular complications with a follow-up of envenomed children for 1 month for possibility of incomplete recovery.
Method(s): This was a prospective study conducted for children who presented with scorpion sting to Emergency and Intensive Care units. Demographic, clinical and laboratory findings of patients were recorded. Cases with suspected clinical and electrocardiographic manifestations of myocarditis were subjected to bedside echocardiography with follow-up at the end of the first week and the first month.
Result(s): Scorpion sting cases presented to our hospital were 81 cases during 1-year study; of them, 17 cases were stable without systemic manifestations after 12 h observation and discharged. Sixtyfour cases suffered systemic organic complications and needed ICU admission; their mean age was 11.5263.74 and 64% of them were males. Twenty-eight of admitted cases showed manifestations of myocarditis and by echocardiography, all of them had evidence of left ventricular dysfunction. On follow-up, there was significant improvement at the end of first week and complete improvement at the end of first month except three cases who died due to pulmonary edema and cardiogenic shock.
Conclusion(s): Acute toxic myocarditis is a common and an important cause of morbidity and mortality following scorpion envenomation that necessitates early and aggressive management. High index of suspicion, serial electrocardiogram monitoring and echocardiography are three integrative lines required to recognize this serious complication.

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224.

Polymorphisms in the heme oxygenase-1 and bone morphogenetic protein receptor type 1b genes and estimated glomerular filtration rate in Brazilian sickle cell anemia patients.
Chinedu O., Tonasse W.V., Albuquerque D.M., Domingos I.D.F., Araujo A.D.S., Bezerra M.A.C., Sonati M.D.F., Santos M.N.N.D.
Embase
Hematology, Transfusion and Cell Therapy. 43(2) (pp 165-170), 2021. Date of Publication: 01 Apr 2021.
[Article]
AN: 2005992044
Introduction: Mutations affecting genes involved in oxidative and signaling pathways may be associated with kidney disease in sickle cell anemia. We determined the allele and genotype frequencies of some polymorphisms in the promoter regions of the Heme Oxygenase-1 (HMOX1) [rs2071746 (A > T) and (GT)n repeats, short (S) and long (L) alleles] and Bone Morphogenetic Protein Receptor type-1B (BMPR1B) [rs17022863 (A > G), rs4331783 (A > G) and rs1470409 (A > G)] genes in 75 adult patients with sickle cell anemia and 160 healthy controls and investigated whether these polymorphisms may influence the estimated glomerular filtration rate for the patients.
Method(s): The single nucleotide polymorphisms were genotyped using the TaqMan assays, the HMOX1(GT)n repeats were determined by polymerase chain reaction fragment size analysis and the estimated glomerular filtration rate was calculated by the Modification of Diet in Renal Disease formula.
Result(s): Regarding the HMOX1rs2071746, the estimated glomerular filtration rate median was significantly higher in TT patients (p = 0.019), including when TT was compared with AT + AA (p = 0.009); for the (GT)n repeats, the estimated glomerular filtration rate medians of SS, SL and LL significantly differed (p = 0.009), being the LL estimated glomerular filtration rate median significantly higher, when compared with the LS + SS (p = 0.005). These results suggest that both the homozygotes, TT for rs2071746 and LL for (GT)n repeats, lead to a higher risk of developing renal complications. Concerning the BMPR1B, the frequencies of GG for rs17022863 and AA for rs4331783 were significantly higher in patients than in controls (p = 0.002 and p = 0.008, respectively), however no association with estimated glomerular filtration rate was found.
Conclusion(s): These results contribute to a better understanding of the genetic factors related to the development of nephropathy in sickle cell anemia patients.

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225.

Intra-cavernous injection of BOTOX (50 and 100 Units) for treatment of vasculogenic erectile dysfunction: Randomized controlled trial.
El-Shaer W., Ghanem H., Diab T., Abo-Taleb A., kandeel W.
Embase
Andrology. 9(4) (pp 1166-1175), 2021. Date of Publication: July 2021.
[Article]
AN: 2011246815
Background: Erectile dysfunction (ED) is a socioeconomic problem.There are several options for its management including intra-cavernosal injection (ICI).
Objective(s): To compare the safety, efficacy, and durability of ICI of onabotulinum toxin-A (BTX) in different doses (50 and 100 U) against placebo (saline) in the management of vasculogenic ED non-responding to pharmacological therapy (phosphodiesterase type 5 inhibitors or/and ICI of trimix).
Material(s) and Method(s): A prospective randomized double-blind placebo-controlled trial was conducted between July 2016 and February 2019. A total of 176 patients were randomly assigned (1:1:1) to one of the treatment sequences: Botox 100 U group (BTX-100; 62 patients), Botox 50 U group (BTX-50; 59 patients), or placebo group (55 patients). All patients were followed up for 6 months.
Result(s): Significant improvement in all parameters, that is, SHIM score & Erection Hardness Score (EHS), Sexual Encounter Profile (SEP), Global Assessment Score (GAS), and Doppler parameters ($p < 0.001$) was observed in patients of BTX-100 and BTX-50 groups with maximum improvement at 3rd month of treatment. Around 40% of patients were responders and were able to engage in sexual intercourse. Patients in placebo group did not experience significant improvement ($p = 0.264$). It was noted that at the 2nd week and 3rd months after treatment, there was no statistically significant difference in the improvement of these parameters in BTX-100 and BTX-50 groups ($p > 0.05$). In the 6th month, there was a statistically significant difference between the aforementioned groups in favor of BTX-100 ($p < 0.01$).
Conclusion(s): Only one-time ICI of BTX (50 U and 100 U) is effective and safe for the treatment of refractory ED. This agent has a considerable long duration of action, particularly BTX-100U seems to be more durable.

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226.

Comparing the Italian and North American prospective registries on penile prosthesis surgery: are there relevant differences in treatment indications and patients' management?.
Deho' F., Henry G., Karpman E., Pescatori E., Colombo F., Bettocchi C., Liguori G., Ceruti C., Mondaini N., Fiordelise S., Palmieri A., Capogrosso P., Alei G., Antonini G., Avolio A., Bitelli M., Boezio F., Cai T., Caraceni E., Carrino M., Conti E., Corvasce A., Ghidini N., Italiano E., La Pera G., Natali A., Negro C., Palumbo F., Paradiso M., Polito M., Pozza D., Silvani M., Tamai A., Timpano M., Utizi L., Varvello F., Vicini P., Vitarelli A., Franco G.
Embase
International Journal of Impotence Research. 33(5) (pp 563-567), 2021. Date of Publication: July 2021.
[Article]
AN: 2005132865
Previous studies have shown discrepancies among countries in terms of treatment indications and patients' management due to different health care policies. Penile prosthesis implantation (PPI) is a highly effective treatment for erectile dysfunction (ED), which may have different accessibility according to the type of health system. We compared clinical characteristics of patients included in two national registries on PPI to investigate the influence of different health care systems on treatment indication and accessibility. The multicenter Italian Nationwide Systematic Inventarization of Surgical Treatment for ED (INSIST-ED) Registry and the multicenter Prospective Registry of Outcomes with Penile Prosthesis for Erectile Restoration (PROPPER), respectively for Italy and North America were considered. Clinical characteristics of patients included in both registries were compared using Wilcoxon Rank Sum test and the Pearson's Chi square test. Patients submitted to PPI in Italy are significantly younger (age: 61.2 vs. 63.8 years; p <= 0.001) compared with North America. The majority of patients are treated for post-radical prostatectomy ED in both registries (Italy: 31%; North America: 27%), although diabetes and cardiovascular diseases are more frequent reasons for PPI in the PROPPER registry (p <= 0.001), reflecting differences in disease prevalence among countries. In North America a non-hydraulic implant is considered only in 1% of cases as compared with 3% in Italy (p <= 0.001). In terms of postoperative management, a compressive surgical dressing (98% vs. 24%; p <= 0.001) is a more common strategy in North America. Finally, in Italy most surgeries are performed in a public hospital (82%), while the private setting (70.8%) is more common in North America (p <= 0.001). These findings suggest differences in health care systems between Italy and North America. A system like the American one would guarantee easier access to PPI in countries where the National Health System is mainly based on reimbursement to public hospital settings and where patients choosing private settings have to pay by themselves.

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227.

Surgical Planning and Strategies for Peyronie's Disease.
Almeida J.L., Felicio J., Martins F.E.
Embase
Sexual Medicine Reviews. 9(3) (pp 478-487), 2021. Date of Publication: July 2021.
[Review]
AN: 2007987251
Introduction: Peyronie's disease results in penile curvature, shortening, instability, or pain upon erection-hindering sexual performance and leading to psychological distress. Despite extensive research, surgery is still the mainstay of treatment.
Objective(s): To present an organized description of the most common surgical techniques used in the correction of Peyronie's disease and to propose a surgical algorithm to guide management.
Method(s): Using PubMed, we reviewed the published literature regarding surgical treatment of Peyronie's disease and its outcomes. We identified original articles, review articles, and editorials addressing the subject, with a focus on surgical techniques, their indications, and outcomes.
Result(s): Peyronie's disease can be treated by corporoplasty or penile prosthesis implantation. Corporoplasty includes convex side-shortening procedures and concave side lengthening procedures. It is indicated when the erectile function is adequate. Shortening procedures include excisional, incisional, and plication-only techniques, and lengthening procedures include partial excision or incision followed by grafting. When refractory erectile dysfunction is present, placement of a penile prosthesis with or without further straightening maneuvers is

recommended. We reviewed the indications, advantages, disadvantages, and outcomes of the available techniques and proposed a surgical algorithm to guide management.
Conclusion(s): Penile shortening procedures are usually indicated in curvatures <60degree, in penises with adequate length. Partial excision/incision and grafting are indicated for curvatures >60degree, hourglass or hinge deformities, and short penises, if the patient's erectile function is adequate. The presence of "borderline" erectile function and/or ventral curvature tilts the choice toward shortening procedures, and refractory erectile dysfunction is an indication for penile prosthesis placement. Peyronie's disease management remains challenging with many options available, making an accurate risk/benefit assessment of each case and meticulous patient counseling critically important. Almeida JL, Felicio J, Martins FE. Surgical Planning and Strategies for Peyronie's Disease. Sex Med Rev 2021;9:478-487.

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228.

Reno-protective effects of Phosphodiesterase 5 inhibitors.
Coskuner E.R., Ozkan B.
Embase
Clinical and Experimental Nephrology. 25(6) (pp 585-597), 2021. Date of Publication: June 2021. [Review]
AN: 2010874618
The kidneys are vital organs that play an important role in removing waste materials from the blood, electrolyte balance, blood pressure regulation, and red blood cell genesis. Kidney disease can be caused by various factors, including diabetes, ischemia/reperfusion injury, and nephrotoxic agents. Inflammation and oxidative stress play a key role in the progression and pathogenesis of kidney diseases. Acute kidney injury (AKI) and chronic kidney disease (CKD) are important health problems worldwide, as they are associated with a long-term hospital stay, and increased morbidity and mortality in high-risk patients. Current standard therapeutic options are not sufficient to delay or stop the loss of kidney function. Therefore, it is necessary to develop new therapeutic options. Phosphodiesterase 5 inhibitors (PDE5Is) are a currently available class of drugs that are used to treat erectile dysfunction and pulmonary hypertension in humans. However, recent evidence suggests that PDE5Is have beneficial renoprotective effects via a variety of mechanisms. In this review, the benefits of PDE5 inhibitors in clinical conditions associated with kidney disease, such as diabetic nephropathy, ischemia-reperfusion injury, and acute and chronic kidney injury, are summarized.

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229.

Clinical Effects and Predictive Factors Affecting the Clinical Severity of Scorpion Envenomations in Western Turkey.
Celik E., Caglar A., Celik S.F.
Embase
Journal of Tropical Pediatrics. 67(3) (no pagination), 2021. Article Number: fmab053. Date of Publication: 01 Jun 2021.
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AN: 2013608290
Scorpion envenomation is a common medical emergency in many countries, including Turkey. Severe systemic symptoms occur more easily in children and mortality rates are higher. The aim of this study is to describe the clinical effects and predictive factors affecting the clinical severity of scorpion envenomations in Western Turkey.
Method(s): Two hundred one children (138 mild cases, 34 moderate, and 29 severe) with scorpion envenomation aged between 1 month and -17 years were included in the study. The patients' demographic and laboratory characteristics were compared among clinical severity subgroups.
Result(s): The patients' median age was 7 (4-11) years. The median age of the severe group was significantly lower than that of the mild and moderate groups ($p < 0.001$). Seventeen patients (8.5%) developed myocarditis, while no pulmonary edema was observed in any case. Leukocyte, neutrophil and platelet (PLT) counts, and plateletcrit (PCT) and glucose levels increased significantly with the severity of envenomation ($p < 0.001$). PLT counts and PCT levels exhibited positive correlation with leukocyte and neutrophil counts ($p < 0.001$, $r = 0.781$, $r = 0.638$, $r = 0.772$, and $r = 0.629$, respectively). Supraventricular tachycardia developed in 1 (5.9%) patient, and dilated cardiomyopathy in another (5.9%). No mortality occurred in any case.
Conclusion(s): Increased PLT counts and PCT levels may be helpful in evaluating clinical severity in patients with scorpion sting envenomation. The possibility of myocarditis development in children should be remembered and cardiac enzymes should be checked, even if patients are asymptomatic and cardiac enzymes are normal on admission.

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230.

Priapism in patients with hemolytic disorders: a nationwide retrospective cohort study.
Tranekaer S., Hansen D.L., Biemond B.J., Sorensen A.L., Glenthoj A., Petersen J., Frederiksen H.
Embase
Annals of Hematology. 100(8) (pp 1947-1951), 2021. Date of Publication: August 2021.
[Article]
AN: 2012839144
Priapism is a persistent, painful erection, which can lead to permanent penile damage and reduced quality of life. Patients with sickle cell disease have an increased risk of priapism which has been related to chronic hemolysis. This study investigates the prevalence of priapism in all major hereditary and acquired forms of hemolytic disorders. Patients with hemolytic disorders were identified in the nationwide Danish Hemolysis Cohort. Each patient was age-sex-matched with 50 comparisons from the general population without hemolysis. We identified the episodes of hospital-registered priapism events for both patients with hemolysis disorders and comparisons in the Danish National Patient Register between 1977 and 2016. We identified 4181 male patients with hemolytic disorders and 205,994 male comparisons, with 2,294,027 person-years of total observation time. Totally, 101 episodes of priapism occurred during follow-up period. Six episodes of priapism were recorded in three patients with a hemolytic disorder, all affected by sickle cell disease. Two of these patients had verified genotype HbSS. The incidence rate for first priapism in sickle cell disease was 432.8 per 100,000 person-years [95% CI: 139.6; 1341.8] versus 0.84 per 100,000 person-years [95% CI 0.54; 1.32] in comparisons. Using a large nationwide cohort, we found that only sickle cell disease is associated with priapism among patients with hemolytic disorders. The incidence rate of priapism in patients with sickle cell disease was lower than previously reported.

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231.

Association of KLOTHO polymorphisms with clinical complications of sickle cell anemia.
Batista J.V.G.F., Pereira-Martins D.A., Falcao D.A., Domingos I.F., Arcanjo G.S., Hatzlhofer B.L., Weinhauser I., Batista T.H.C., Cardoso P.R.G., dos Anjos A.C., Hazin M.F., Pitta M.G.R., Costa F.F., Araujo A.S., Lucena-Araujo A.R., Bezerra M.A.
Embase
Annals of Hematology. 100(8) (pp 1921-1927), 2021. Date of Publication: August 2021.
[Article]
AN: 2012510848
The clinical and phenotypic heterogeneity of patients with sickle cell anemia (SCA) is influenced by environmental and genetic factors. Several genetic modifiers, such as the KLOTHO (KL) gene, have been associated with SCA clinical outcomes. The KL gene and its encoded proteins are implicated in important biological pathways, which affect the disease's pathophysiology, such as expression of adhesion molecules VCAM-1 and ICAM-1, oxidative stress, and nitric oxide biology. Here, we evaluated the clinical relevance of two polymorphisms found on the KL gene (rs685417 and rs211239) in 588 unrelated patients with SCA. Genotyping analyses were performed using the TaqMan system. The KL rs211239 was associated with increased number of vaso-occlusive crisis (VOCs) per year (P = 0.001), while KL rs685417 was associated with increased frequency of stroke (P = 0.034), priapism (P = 0.011), number of complications (P = 0.019), and with a lower incidence of priapism (P = 0.036). Additionally, the associations with VOCs, stroke, and priapism remained consistent in multivariate analyses (P < 0.05). Our data highlight the clinical importance of KL in SCA.

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232.

A Review of Antipsychotics and Priapism.
Hwang T., Shah T., Sadeghi-Nejad H.
Embase
Sexual Medicine Reviews. 9(3) (pp 464-471), 2021. Date of Publication: July 2021.
[Review]
AN: 2010033497
Introduction: Pharmacologically induced priapism is now the most common cause of priapism, with approximately 50% of drug-related priapism being attributed to antipsychotic usage. The majority of pharmacologic priapism is believed to result in ischemic priapism (low flow), which may lead to irreversible complications, such as erectile dysfunction. It is imperative that prescribing physicians be aware of potentially inciting medications.
Objective(s): To identify medications, specifically antipsychotics, associated with priapism and prolonged erections and understand the rates and treatment of these side effects.
Method(s): A PubMed search of all articles available on the database relating to priapism, prolonged erections, and antipsychotics was performed.
Result(s): Various typical and atypical antipsychotic drugs (APDs) have been implicated in pharmacologically induced priapism. In addition to dopaminergic and serotoninergic receptors, APDs have affinities for a wide array of other receptors in the central nervous system, including histaminergic, noradrenergic, and cholinergic receptors. Although the exact mechanism is unknown, the most commonly proposed mechanism of priapism associated with APDs is alpha-adrenergic blockade in the corpora cavernosa of the penis. Priapism appears in only a small fraction of men using medications with alpha1-receptor-blocking properties, indicating differential sensitivities to the alpha-blocking effect among men, and/or additional risk factors that may contribute to the development of priapism. The best predictor for the subsequent development of priapism is a past history of having prolonged and painless erections. The acute management algorithm of APD-induced priapism is the same as for other causes of low-flow priapism.
Conclusion(s): Clinicians should educate patients treated with antipsychotics about the potential for priapism and its sequelae including permanent erectile dysfunction. Appropriate patient education will raise awareness, encourage early reporting, and help reduce the long-term consequences associated with priapism through early intervention. Hwang T, Shah T, Sadeghi-Nejad H. A Review of Antipsychotics and Priapism. Sex Med Rev 2021;9:464-471.

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Publisher
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233.

Priapism in sickle cell disease: Associations between NOS3 and EDN1 genetic polymorphisms and laboratory biomarkers.
Figueiredo C.V.B., Santiago R.P., Da Guarda C.C., Oliveira R.M., Fiuza L.M., Yahouedehou S.C.M.A., Carvalho S.P., Dos Santos Neres J.S., De Jesus Oliveira A.M., Fonseca C.A., Nascimento V.M.L., Lyra I.M., Aleluia M.M., Goncalves M.S.
Embase
PLoS ONE. 16(2 February) (no pagination), 2021. Article Number: e0246067. Date of Publication: February 2021.
[Article]
AN: 2010963932
Priapism is a urologic emergency characterized by an uncontrolled, persistent and painful erection in the absence of sexual stimulation, which can lead to penile fibrosis and impotence. It is highly frequent in sickle cell disease (SCD) associated with hemolytic episodes. Our aim was to investigate molecules that may participate in the regulation of vascular tone. Eighty eight individuals with SCD were included, of whom thirty-seven reported a history of priapism. Priapism was found to be associated with alterations in laboratory biomarkers, as well as lower levels of HbF. Patients with sickle cell anemia using hydroxyurea and those who received blood products seemed to be less affected by priapism. Multivariate analysis suggested that low HbF and NOm were independently associated with priapism. The frequency of polymorphisms in genes NOS3 and EDN1 was not statistically significant between the studied groups, and the presence of the variant allele was not associated with alterations in NOm and ET-1 levels in patients with SCD. The presence of the variant allele in the polymorphisms investigated did not reveal any influence on the occurrence priapism. Future studies involving larger samples, as well as investigations including patients in priapism crisis, could contribute to an enhanced understanding of the development of priapism in SCD.

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234.

Opportunities and challenges of pharmacotherapy for pulmonary arterial hypertension in children.
Kam C.W., Ruiz F.E.
Embase
Pediatric Pulmonology. 56(3) (pp 593-613), 2021. Date of Publication: March 2021.
[Review]

AN: 2006936253
Pediatric pulmonary hypertension (PAH) is a rare disease that carries a poor prognosis if left untreated. Although there are published guidelines for the treatment of children with pulmonary hypertension, due to the limited number of robust pediatric clinical trials, recommendations are often based on limited data or clinical experience. Furthermore, many practical aspects of care, particularly for the pediatric patient, are learned through experience and best navigated with a multidisciplinary team. While newer PAH therapies have been approved for adults, there is still limited but expanding experience in pediatrics. This new information will help improve the targets of goal-oriented therapy. Lastly, this review highlights practical aspects in the use of the different therapies available for the treatment of pediatric pulmonary hypertension.

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235.

A rare case of post-traumatic high-flow priapism requiring endovascular salvage with bilateral superselective microcoil embolization.
Williams A.B., Lax L.G.
Embase
Journal of Surgical Case Reports. 2021(3) (no pagination), 2021. Article Number: rjab077. Date of Publication: 01 Mar 2021.
[Article]
AN: 2011824992
Post-traumatic high-flow priapism is a rare occurrence, with potentially debilitating long-term erectile dysfunction if left unaddressed. Even rarer, however, is for the priapism symptoms to be caused by a single cavernosal arterial pseudoaneurysm, with feeding vessels from the distal branched vessels of 'both' the left and right internal pudendal arteries. To the best of our knowledge, we present the first documented case of endovascular salvage utilizing superselective microcoil embolization in the treatment of high-flow priapism caused by a singular pseudoaneurysm with bilateral inflow. Timing of symptoms, interpretation of imaging, multidisciplinary discussions, procedural risk, arterial anatomy and choice of embolic agent were all careful considerations in this case. Following embolization, this young gentleman ultimately

had a successful angiographic result, normalization of his cavernosal artery peak systolic velocity on ultrasound and a full return to normal erectile function by 6 months.

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Embase
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Oxford University Press
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236.

Lunar cycle, seasonal variation, and prevalence of emergency urological presentations: Correlation or coincidence?A preliminary report.
Akinpelu T.S., Laher A.E., Chen A., Adam A.
Embase
Current Urology. 15(1) (pp 45-51), 2021. Date of Publication: March 2021.
[Article]
AN: 634888225
Objective: The objective of this study was to conduct a pilot study to determine the prevalence and patterns of emergency urological presentations and to evaluate their relationship with the lunar cycle and seasonal variation.
Method(s): Medical records of subjects that presented with urological pathology to the Emergency Department during the 2017 calendar year were retrospectively reviewed. The data extracted included demographic details, date and day of presentation, presenting complaints, investigations, radiological findings, and final diagnosis. Associations between emergent presentations and the lunar phase and seasonal variation were determined.
Result(s): A total of 199 subjects were enrolled. The median participant age was 49 (interquartile range 31 64) years with the majority (n=136, 68.3%) being male. Cystitis (n=55, 27.6%), prostate cancer (n=30, 15.1%), benign prostatic hypertrophy (n=29, 14.6%), and urolithiasis (n=29, 14.6%) were the most common clinical diagnosis. There were 96 (48.2%) patients who presented during the waxing moon phase, whereas 85 (42.7%) presented during the waning moon phase, 11 (5.6%) presented on the day of full moon, and 7 (3.5%) patients presented on the day of the new moon. Most patients presented during the summer months (n=61, 30.7%). There was no significant association between the lunar cycle and emergent urological presentations (p=0.99).
Conclusion(s): In this pilot study, there was no significant association between the lunar cycle and emergent urological presentations. However, during the summer months more urology-related emergency presentations to the Emergency Department were observed.

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Publisher

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2021

237.

Priapism in Sickle Cell Disease: An Evaluation of the Knowledge of an at Risk Population in Jamaica.
Whyte N., Morrison-Blidgen B., Asnani M.
Embase
Sexual Medicine. 9(3) (no pagination), 2021. Article Number: 100339. Date of Publication: June 2021.
[Article]
AN: 2012004372
Introduction: Ischemic priapism is characterized by painful erections that may lead to erectile dysfunction. Men with sickle cell disease (SCD) are particularly prone to this condition, however, the knowledge among this population with respect to possible complications is not well known.
Aim(s): The objective of this study was to evaluate the knowledge of males with SCD about priapism and its possible consequences.
Method(s): A cross-sectional study was carried out among consecutive consenting males aged 12 years and older with SCD presenting to the Sickle Cell Unit between September 2018 and August 2019. All participants completed a questionnaire detailing knowledge on the definition of priapism, its association with SCD, consequences of untreated priapism and treatment strategies. The responses were used to generate a total priapism knowledge score for each of the participants.
Main Outcome Measure(s): Main outcomes included knowledge of the term priapism, its association with SCD as well as the total priapism knowledge score.
Result(s): 219 patients of mean age 29.8 +/- 13 years completed the questionnaire. 38.4% of patients were familiar with the term priapism and of these 68.8% were aware of the association between SCD and priapism. There was a significant association between knowledge of association of priapism with SCD and increasing educational level (P =.036) and history of prior priapism episodes (P =.02). There was a significant association between knowledge of the term "priapism" and history of priapism (P =.002). The mean total priapism knowledge score among the participants was 5.16 out of a maximum score of 12, with 70.8% of participants being categorized as having "poor knowledge."
Conclusion(s): There is a general lack of knowledge among patients with SCD with respect to the term priapism. Education campaigns geared toward addressing the identified knowledge gaps may prove beneficial in increasing awareness among this population and potentially decrease the risk of complications. Whyte N, Morrison-Blidgen B, Asnani M, Priapism in Sickle Cell Disease: An Evaluation of the Knowledge of an at Risk Population in Jamaica. Sex Med 2021;xxx:xxx-xxx.

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Publisher
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238.

Rare Disorders of Painful Erection: A Cohort Study of the Investigation and Management of Stuttering Priapism and Sleep-Related Painful Erection.
Johnson M.J., McNeillis V., Chiriaco G., Ralph D.J.
Embase
Journal of Sexual Medicine. 18(2) (pp 376-384), 2021. Date of Publication: February 2021.
[Article]
AN: 2010535028
Background: A chief complaint of men with stuttering priapism (SP) and sleep-related painful erections (SRPE) is bothersome nocturnal erections that wake them up and result in poor sleep and daytime tiredness. SP and SRPE are rare entities that have similarities in their clinical features, but that require different treatment approaches.
Aim(s): The aim of this study was to describe the clinical features, investigations, and effective management options for men with SP and SRPE.
Method(s): Retrospective cohort study of 133 men with bothersome nocturnal painful erections that attended a tertiary andrology unit between 2004 and 2018. These men were divided into 3 groups. Group 1 (n = 62) contains men with sickle cell SP; group 2 (n = 40) has men with non-sickle cell SP and group 3 (n = 31) contains men with SRPE.
Outcome(s): To determine the effectiveness of medical and surgical treatments for men with SP and SRPE.
Result(s): Hydroxyurea and automated exchange transfusion were the most effective treatment options in the sickle cell SP group. Hormonal manipulation and alpha-agonist therapies were effective in both SP cohorts (groups 1 and 2). Baclofen was the most effective therapy in men with SRPE. For men who failed medical management, implantation of a penile prosthesis resulted in complete resolution of the symptoms in men with SP (groups 1 and 2). Surgical management (penile prosthesis implantation and embolization) did not improve the patients' symptoms in the SRPE group. Clinical Implications: This study differentiates between sickle cell SP, non-sickle cell SP, and SRPE and describes effective treatment options for each group. Strengths & Limitations: This is the largest cohort study for both SP and SRPE, respectively. Limitations include its retrospective nature and single-center experience.
Conclusion(s): Managing men in these 3 groups differently and in accordance with the proposed treatment pathway provides a more structured approach to the management of these rare conditions. Johnson M, McNeillis S, Chiriaco G, et al. Rare Disorders of Painful Erection: A Cohort Study of the Investigation and Management of Stuttering Priapism and Sleep-Related Painful Erection. J Sex Med 2021;18:376-384.

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Publisher
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239.

Cell-derived microparticles and sickle cell disease chronic vasculopathy in sub-Saharan Africa: A multinational study.
Dembele A.K., Lapoumeroulie C., Diaw M., Tessougue O., Offredo L., Diallo D.A., Diop S., Elion J., Colin-Aronovicz Y., Tharaux P.-L., Jouven X., Romana M., Ranque B., Le Van Kim C.
Embase
British Journal of Haematology. 192(3) (pp 634-642), 2021. Date of Publication: February 2021.
[Article]
AN: 2007463483
Although most individuals with sickle cell disease (SCD) live in sub-Saharan Africa, the natural history of the disease on this continent remains largely unknown. Intravascular haemolysis results in activation of circulating blood cells and release of microparticles (MPs) that exert pro-inflammatory effects and contribute to vascular damage. We designed a case-control study nested in the CADRE cohort (Coeur-Artere-DREpanocytose, clinical trials.gov identifier NCTO3114137) and based on extreme phenotypes, to analyse blood cell-derived MPs in 232 adult SS patients at steady state in Bamako and Dakar. Thirty-six healthy adult controls matched by age and sex were recruited in Bamako. The MPs concentrations were higher in SS patients compared to AA controls with a predominance of erythrocyte- and reticulocyte-derived MPs. These erythroid-derived MPs were significantly lower in patients with retinopathy (P = 0.022). Reticulocyte-derived MPs were significantly negatively and positively associated with a history of priapism (P = 0.020) and leg ulcers (P = 0.041) respectively. We describe for the first time the comparative patterns of plasma MPs in healthy subjects and. patients with SCD living in sub-Saharan Africa and exhibiting various complications. Because our present results show no clear pattern of correlation between erythroid MPs and the classical hyper-haemolytic complications, we hypothesise a weak relevance of the hyper-haemolysis versus hyper-viscous paradigm in Africa.

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240.

Malignancy: A Rare, Important and Poorly Understood Cause of Priapism.
Ralph O., Shroff N., Johnson M.J., AlNajjar H.M., Ralph D.
Embase
Sexual Medicine Reviews. 9(2) (pp 312-319), 2021. Date of Publication: April 2021.
[Review]
AN: 2004476449
Introduction: Priapism is rare yet has the potential to inflict significant suffering on patients, often with lasting consequences such as erectile dysfunction, corporal muscle necrosis, and a loss of sexual function. Although rare, it is a pathology that has received little focus in the literature, particularly that caused by malignancy, and it is in this form that the long-term prognosis becomes particularly poor.
Aim(s): This review looks at malignant priapism in detail moving from the etiology and pathogenesis through investigations and management to provide an up-to-date picture.
Method(s): In so doing, more than 30 articles are reviewed and examined from databases such as PubMed. Significant cases are provided as examples to provide a comprehensive review of a topic that receives little attention but can cause significant patient morbidity.
Main Outcome Measure(s): The main outcome measure was the use of aspiration, sympathomimetics, and surgery as the main treatment modalities and how each one is used with regard to both the underlying etiology of the priapism and also the prognosis. We look at the need for treatment and how that relates to quality of life and erectile function thereafter.
Result(s): Solid tumor invasion-both primary and secondary-and hematologic malignancies represent the key etiologies of malignant priapism and aggressive treatment is needed. Recovery of erectile function can occur if intracavernosal phenylephrine is quickly administered or distal shunts are placed; however, the prognosis is often poor, and subsequent chemotherapy treatment is often required.
Conclusion(s): The importance of a clear history and examination cannot be understated, and although the prognosis is often poor, this review hopes to give clinicians better understanding to be able to recognize malignancy as a potential cause of priapism. Ralph O, Shroff N, Johnson MJ, et al. Malignancy: A Rare, Important and Poorly Understood Cause of Priapism. J Sex Med 2021; 9:312-319.

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Publisher
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241.

Triage of urology service to cope with covid-19 pandemic: A single institution study.
Waqar M., Ong K., Moubasher A., Rehman O.F., Bhopal K.F., Makanjuola J.
Embase
EXCLI Journal. 20 (pp 46-51), 2021. Date of Publication: 2021.
[Article]
AN: 2005886124
Almost a year ago, no one has ever heard of COVID-19 but now, every individual in the world is familiar with this term. It is far from over and yet, it has affected every aspect of human life. The Department of Urology at King's College Hospital London provides all types of urology care ranging from benign to cancer treatments to the community. However, this service was badly affected by COVID-19. Policies were made by the experts in the field to reduce patient traffic in the hospital and at the same time, attempting to ensure appropriate and timely treatment was provided to patients suffering from urological conditions requiring urgent attention. In this article, we discuss the triage guidelines set up at our centre. Treatments for benign conditions such as kidney stones were delayed for 3-6 months. For the first time, telephone and video clinics were setup to follow-up patients with benign conditions. Urological emergencies such as acute urinary retention and priapism were discharged from accidental and emergency department after treatment. Small T1 renal cancers were put on surveillance, whereas T2 and T3 renal cancers were offered nephrectomy at a COVID-free specialized center. Transurethral removal of bladder tumor was offered only for solid or actively bleeding tumor. High risk prostate cancer patients were started on hormonal therapy and radiotherapy was only offered for spinal cord compression second-ary to metastasis. Low and intermediate non-metastatic prostate cancers were placed on active surveillance. Patients with testicular tumor continued to have immediate inguinal orchidectomy. The multi-disciplinary meetings were done remotely using blue jeans software. These steps not only strive to provide adequate and timely urology care to patients but also protect health care workers and prevent the spread of COVID-19.

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Publisher
Leibniz Research Centre for Working Environment and Human Factors
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2021

242.

TSPO ligand FGIN-1-27 controls priapism in sickle cell mice via endogenous testosterone production.
Musicki B., Karakus S., La Favor J.D., Chen H., Silva F.H., Sturny M., Zirkin B.R., Burnett A.L.
Embase
Journal of Cellular Physiology. 236(4) (pp 3073-3082), 2021. Date of Publication: April 2021.
[Article]
AN: 2006785493
Priapism, a prolonged penile erection in the absence of sexual arousal, is common among patients with sickle cell disease (SCD). Hypogonadism is also common in patients with SCD. While the administration of exogenous testosterone reverses hypogonadism, it is contraceptive. We hypothesized that the stimulation of endogenous testosterone production decreases priapism by normalizing molecular signaling involved in penile erection without decreasing intratesticular testosterone production, which would affect fertility. Treatment of SCD mice with FGIN-1-27, a ligand for translocator protein (TSPO) that mobilizes cholesterol to the inner mitochondrial membrane, resulted in eugonadal levels of serum testosterone without decreasing intratesticular testosterone production. Normalized testosterone levels, in turn, decreased priapism. At the molecular level, TSPO restored phosphodiesterase 5 activity and decreased NADPH oxidase-mediated oxidative stress in the penis, which are major molecular signaling molecules involved in penile erection and are dysregulated in SCD. These results indicate that pharmacologic activation of TSPO could be a novel, targetable pathway for treating hypogonadal men, particularly patients with SCD, without adverse effects on fertility.

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Publisher
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243.

Effects of computer-based education on health professionals' knowledge, skills, and behavior: A scoping review.
Hussein R., Lin E.C.J., Grindrod K.
Embase

Journal of the American Pharmacists Association. 61(3) (pp e44-e68), 2021. Date of Publication: 01 May 2021.
[Review]
AN: 2011176332
Background: Computer-based platforms are rapidly growing as a promising way to deliver education to health professionals (HPs). However, evidence to support the use of computer-based education to change professional behavior and clinical practice and to guide the selection of design features of computer-based educational platforms is lacking in the existing literature.
Objective(s): To address the current gaps in knowledge, a scoping review approach was used to explore the effects of computer-based education on HP knowledge, skills, and behavior as the primary objective. A secondary aim was to determine the design features of computer-based educational platforms that enhanced user satisfaction.
Method(s): The scoping review was conducted using the Arksey and O'Malley framework and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews. Relevant studies were first identified through searches in 7 scientific databases. Studies were then selected through independent screening by 2 reviewers. Finally, the data of selected studies were extracted and charted using Excel (Microsoft Corporation).
Result(s): Seventeen studies were selected for inclusion. The included studies were conducted on a wide range of HPs and used computer-based educational platforms with varying features, duration, clinical content, and offerings of accreditation. All studies reported at least 1 of the following outcomes: HPs' acceptance, attitude, and satisfaction; knowledge and skills; and behavior; however, none of the studies evaluated the degrees of change in patient outcomes. Only 2 studies used theoretical frameworks to develop their platform, with mixed impact on effectiveness and consistent effect on satisfaction. In addition, the platforms employed newer features such as tailored feedback and instant messaging.
Conclusion(s): Computer-based education can enhance HP knowledge, skills, and behavior. Future studies should explicitly outline the features that further improve learning outcomes and construct their interventions around well-grounded theory to improve the effectiveness of computer-based education on changing HP behavior.

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Publisher
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244.

Haematological emergencies.
Curto-Garcia N., Saunders J., Doyle A.
Embase
Medicine (United Kingdom). 49(5) (pp 325-332), 2021. Date of Publication: May 2021.
[Review]
AN: 2011577561
This article summarizes the management of common haematological emergencies. Patients with haematological disorders may have associated co-morbidities and/or be being given

chemotherapy treatment, which can be daunting to doctors who have not previously encountered these clinical situations. Laboratory data interpretation, familiarity with disease-associated complications and good clinical skills are essential for the diagnosis and management of haematological emergencies. This review aims to discuss the key concepts in the diagnosis and management of frequently encountered emergencies in these patients.

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245.

Peyronie's disease may negatively impact the sexual experience of a couple and female sexual function: A single center study.
Illiano E., Trama F., Mancini V., Ruffo A., Romeo G., Riccardo F., Fabi C., Carrieri G., Crocetto F., Iacono F., Costantini E.
Embase
Translational Andrology and Urology. 10(2) (pp 555-561), 2021. Date of Publication: February 2021.
[Article]
AN: 2011423474
Background: Peyonie's disease (PD) mostly affects males in the fifth decade of life, with a prevalence in the general population ranging between 0.5% and 20.3%. The pathology of PD is characterized by fibrosis of the tunic albuginea of the cavernous bodies of the penis, with the presence of pain in the erection and penile deformity. This is associated with decreased sexual function for both participants. The objective of the study was to investigate the influence of PD pathology on both male patients' and their female partners' sexual spheres, and analyze changes in sexual function and perception following penile correction surgery.
Method(s): Prospective study, we included male patients with PD and their female partner sexually active. Patients underwent corporoplasty with multiple plications. The male and female sexuality was evaluated before surgery and three months after male treatment by the Female sexual Function Index (FSFI); International Index of Erectile Function (IIEF); Visual Analogical Scale (VAS).
Result(s): From January 2018 to November 2019 we included 35 couple. The female subjects before partner's surgery presented dyspareunia, loss of sexual desire, inability to achieve orgasm, and sexual dissatisfaction. At three months after surgical treatment there was an improvement of sexual function in both male patients and female partners (desire P<0.0001, arousal P<0.0001, lubrification P<0.0001, orgasm P<0.0001, satisfaction P<0.0001, pain P<0.0001). As regarding male patients the pain decreased significantly (VAS score from 6 to 2.5), while there was no statistically significant improvement in erectile function (P=0.05).
Conclusion(s): Our findings suggest that a viable approach to treatment of PD patients that involves their partners could lead to better functional and psychological results.

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246.

Medical treatment of recurrent ischaemic priapism: a review of current molecular therapeutics and a new clinical management paradigm.
Joice G.A., Liu J.L., Burnett A.L.
Embase
BJU International. 127(5) (pp 498-506), 2021. Date of Publication: May 2021.
[Review]
AN: 2010969786
Objectives: To examine the current molecular therapeutics in the medical treatment of recurrent ischemic priapism (RIP). To propose a stepwise clinical management paradigm for the treatment of RIP.
Method(s): We performed a literature search using the PubMed database for the terms 'recurrent ischemic priapism' and 'stuttering priapism' up until December 2020. We assessed pre-clinical and clinical studies regarding medical management of RIP and molecular pathophysiology. Case series and randomized trials were evaluated by study quality and patient outcomes to determine a potential clinical management scheme.
Result(s): Recent research has fostered an improved understanding of the underlying molecular pathophysiology of RIP that has paved the way forward for developing new therapeutic agents. Medications targeting neurovascular, hormonal and haematological mechanisms associated with RIP show great promise towards remedying this condition. A host of therapeutic agents operating across different mechanistic directions may be implemented according to a clinical management scheme to potentially optimize RIP outcomes.
Conclusion(s): RIP remains a medically neglected condition with current management focused on treating the acute condition rather than modulating the course of disease. Continued research into the molecular mechanisms of RIP and standardized clinical pathways can improve the quality of care for patients suffering from this condition.

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247.

Pharmacological Augmentation in Unipolar Depression: A Guide to the Guidelines.
Taylor R.W., Marwood L., Oprea E., Deangel V., Mather S., Valentini B., Zahn R., Young A.H., Cleare A.J.
Embase
International Journal of Neuropsychopharmacology. 23(9) (pp 587-625), 2021. Date of Publication: 01 Sep 2021.
[Review]
AN: 2010687738
Background: Pharmacological augmentation is a recommended strategy for patients with treatment-resistant depression. A range of guidelines provide advice on treatment selection, prescription, monitoring and discontinuation, but variation in the content and quality of guidelines may limit the provision of objective, evidence-based care. This is of importance given the side effect burden and poorer long-term outcomes associated with polypharmacy and treatment-resistant depression. This review provides a definitive overview of pharmacological augmentation recommendations by assessing the quality of guidelines for depression and comparing the recommendations made.
Method(s): A systematic literature search identified current treatment guidelines for depression published in English. Guidelines were quality assessed using the Appraisal of Guidelines for Research and Evaluation II tool. Data relating to the prescription of pharmacological augmenters were extracted from those developed with sufficient rigor, and the included recommendations compared.
Result(s): Total of 1696 records were identified, 19 guidelines were assessed for quality, and 10 were included. Guidelines differed in their quality, the stage at which augmentation was recommended, the agents included, and the evidence base cited. Lithium and atypical antipsychotics were recommended by all 10, though the specific advice was not consistent. Of the 15 augmenters identified, no others were universally recommended.
Conclusion(s): This review provides a comprehensive overview of current pharmacological augmentation recommendations for major depression and will support clinicians in selecting appropriate treatment guidance. Although some variation can be accounted for by date of guideline publication, and limited evidence from clinical trials, there is a clear need for greater consistency across guidelines to ensure patients receive consistent evidence-based care.

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248.

Effectiveness of the caverno-dorsal vein shunt (Barry shunt) on prolonged ischaemic priapism and its effect on the post-operative long-term erectile function.
Micoogullari U., Unal S., Alijla A., Okulu E., Micoogullari L.D., Kayigil O.
Embase
Andrologia. 53(2) (no pagination), 2021. Article Number: e13945. Date of Publication: March 2021.
[Article]
AN: 2007656749
Ischaemic priapism is the most common form of priapism and requires urgent treatment. In this study, we evaluated the effectiveness of the caverno-dorsal vein shunt on resolution of ischaemic priapism and on the post-operative long-term erectile function in patients presenting with priapism. The study included 10 patients admitted to our hospital for priapism between 2010 and 2018. The median age of the patients was 31 (24-66) years. The median priapism time was 13.5 (7-38) hours. The blood gas measurements were taken from the corpus cavernosum, and the drainage of the corpus cavernosum was performed as an emergency intervention. Then, the corpus cavernosum was irrigated with 0.01% adrenaline 5 times in 20-min intervals. The caverno-dorsal vein shunt procedure was performed in cases without regression of priapism. Two months after, the operation shunt was closed. Detumescence occurred in all patients. Eight of 10 patients maintained their erectile function. In 2 patients, severe erectile dysfunction occurred at post-operative 2 months following a priapism attack and penile prosthesis implantation was performed in these 2 patients. Our study showed that caverno-dorsal vein shunt procedure is effective in providing detumescence and maintaining potency in cases with ischaemic priapism. In our opinion, caverno-dorsal vein shunt can be considered as the first treatment of choice for refractory low-flow priapism.

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Publisher
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Year of Publication
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249.

Determinants of care-seeking practices for children with sickle cell disease in Ekiti, Southwest Nigeria.
Olatunya O.S., Babatola A.O., Adeniyi A.T., Lawal O.A., Daramola A.O., Agbesanwa T.A., Ojo T.O., Ajayi P.O., Ibijola A.A., Komolafe A.K., Adekile A.
Embase
Journal of Blood Medicine. 12 (pp 123-132), 2021. Date of Publication: 2021.
[Article]
AN: 2006147939
Background: Due to the chronic nature of sickle cell disease (SCD), affected individuals may seek help from diverse places thus raising the need to understand their health-seeking behavior (HSB) in order to design an appropriate management policy for them.
Aim(s): The aim of this study was to evaluate the HSB among pediatric SCD patients relative to their non-SCD counterparts attending a tertiary facility in Southwest Nigeria and identified predictors of poor HSB among SCD patients.
Method(s): A total of 110 children with SCD were recruited and studied for their HSPs which were compared with 110 non-SCD patients with other chronic medical conditions. Questionnaires were used to obtain self-reported information on participants' socio- demographic data and HSB. Logistic regression was used to determine the predictors of poor HSB among the SCD cohort.
Result(s): More SCD patients received treatments at private hospitals, patent medicine stores and faith-based centers compared to their non-SCD counterparts (p=0.0052; 0.006; and 0.007), respectively. No difference was observed in the patronage of traditional care centres 10 (9.1%) vs 6 (5.5%). More SCD patients 61 (55.5%) vs 35 (31.8%) exhibited poor HSB (p=0.0004). SCD patients who were not enrolled on health insurance scheme were 18 times more likely to have poor HSB (OR=18.38, 95% CI (4.41-76.57), p value= <0.0001) while absence of VOC within the preceding year reduces the risk of poor HSB by 91.5% (OR=0.085, 95% CI (0.028-0.258), p value= <0.0001).
Conclusion(s): SCD patients in the study locality had poor HSB. This raises the need for their education on proper HSB. More enrollment into health insurance scheme and the prevention of VOC will lessen the burden of poor HSB. The high patronage of non-hospital care facilities in this study raises the need for stakeholders to monitor activities and train the operators at these informal care centres.

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250.

Application of Botulinum Neurotoxin in Male Sexual Dysfunction: Where Are We Now?.
Reddy A.G., Dick B.P., Natale C., Akula K.P., Yousif A., Hellstrom W.J.G.
Embase
Sexual Medicine Reviews. 9(2) (pp 320-330), 2021. Date of Publication: April 2021.
[Review]
AN: 2006962926
Introduction: Botulinum neurotoxin (BoNT) is a recognized therapeutic agent of modern medical care, routinely used to treat medical conditions affecting a variety of organ systems including the musculoskeletal, integumentary, and urological domains. Ongoing research is exploring BoNT's potential role as a therapeutic agent for a variety of male sexual pathologies.
Objective(s): To review and analyze the literature regarding BoNT as a treatment option for male sexual dysfunction.
Method(s): A PubMed search was performed for English-language articles in peer-reviewed journals between 1970 and 2019 (with one article from 1897). Relevant articles referenced within these texts were also included. One article did not have an accompanied English full-text available. The following search terms were used: "Botox", "Botulinum toxin", "Botulinum toxin A", "Onabotulinum A", "Abobutlinum A", "BoNT", "BoNT-A", "Male sexual health", "Male sexual pathology", "Peyronie's disease", "Premature ejaculation", "Scrotal Pain", "Penile Retraction", "Scrotox", "Erectile Dysfunction", and "Botox in Urology".
Result(s): There is interest in the potential role of BoNT in the treatment of male sexual pathologies. We identified studies that used BoNT to treat chronic scrotal content pain, premature ejaculation, erectile dysfunction, Peyronie's disease, penile retraction, and more. However, despite preclinical/clinical data indicating some potential efficacy and safety in these settings, a lack of robust clinical trial data has resulted in no current Food and Drug Administration-approved indications for the use of BoNT in the treatment of male sexual pathology. As a result, much of the current use of BoNT by today's providers is "off-label," and ongoing clinical trials aim to further elucidate the potential role of this therapeutic agent.
Conclusion(s): Current data suggest that BoNT could have a potential role as a treatment option for certain types of male sexual pathologies. However, more randomized controlled trial data regarding its long-term safety and efficacy are necessary before a widespread clinical adoption can take place. Reddy AG, Dick BP, Natale C, et al. Application of Botulinum Neurotoxin in Male Sexual Dysfunction: Where Are We Now?. J Sex Med 2021;9:320-330.

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251.

Effect of cigarette smoking on serum testosterone level among male smokers: A cross-sectional study.
El Salam M., Zaki S., Mousa M., Motawi A.
Embase
Egyptian Journal of Chest Diseases and Tuberculosis. 70(1) (pp 124-127), 2021. Date of Publication: January-March 2021.
[Article]
AN: 634686788
Objective Smoking is considered as a growing epidemic worldwide, and it was found to have negative influence on health, causing a variety of diseases in both sexes, such as pulmonary fibrosis, chronic obstructive pulmonary disease, cerebrovascular and cardiovascular disorders, pulmonary and extrapulmonary malignancies, infertility, erectile dysfunction, recurrent abortions, and teratogenicity. In addition, several studies have been conducted owing to concerns on its effect on the endocrinal system in males, especially its effects on testosterone levels; however, this concern is still debatable, and all reported results were conflicting. Patients and methods Herein, the cohort study was conducted on a subgroup of smoking males (n=155) to evaluate its effect on serum total testosterone (T), estradiol (E2), as well as T/E2 ratio compared with a non-smoking control group (n=134). Results Our results have shown that there was a significant statistical difference between smoker and non-smoker groups concerning serum total testosterone (T), estradiol (E2), and subsequently T/E2 ratio, with P values of 0.002, less than 0.001, and less than 0.001, respectively. In addition, there was a statistically significant negative correlation between the duration of smoking and T. However, there was no correlation between duration of smoking and either E2 or T/E2 ratio. Conclusion Thus, the current study added further evidence to the unsettled debate suggesting negative harmful effects of smoking on serum testosterone level.

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252.

Role of shear wave elastography measured in the flaccid state in predicting arteriogenic erectile dysfunction.
Zhang Y., Zhou W., Wu X., Zhao S., Zhang X.
Embase
Andrologia. 53(4) (no pagination), 2021. Article Number: e13996. Date of Publication: May 2021.
[Article]
AN: 2010323506
The gold-standard method for diagnosing arteriogenic erectile dysfunction (AED) is the penile Doppler ultrasonography. We proposed a novel method for predicting AED using ultrasonic shear wave elastography (SWE) considering that the former was invasive and variable. A total of 98 male patients were enrolled in our study, referred for ED between December 2018 and October 2020. For comparison, we also included 42 volunteers from the Healthy Physical Examination Center of our hospital. The Penile Doppler Ultrasonography (PDU) and SWE were performed for all patients with the intracavernosal injection (ICI). We named three groups as AED group, nonvascular ED group and healthy controls group. No statistically significant differences were found among the three groups in terms of demographic and clinical characteristics. There were no significant differences in IIEF-5 between AED and nonvascular ED. A significant ($r = 0.642$, $p < 0.0001$) positive correlation between flaccid and erectile SWE was observed. With a cut-off value of 13.45 KPa, the area under curve, specificity, and sensitivity of the SWE values under the flaccid state in distinguishing AED from healthy subjects were 0.867, 0.786 and 0.896 respectively. The SWE value in the flaccid state can distinguish the AED from healthy subjects.

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Publisher
Blackwell Publishing Ltd
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253.

SARS-CoV-2 infection affects the lower urinary tract and male genital system: A systematic review.
Creta M., Sagnelli C., Celentano G., Napolitano L., La Rocca R., Capece M., Califano G., Calogero A., Sica A., Mangiapia F., Ciccozzi M., Fusco F., Mirone V., Sagnelli E., Longo N.
Embase
Journal of Medical Virology. 93(5) (pp 3133-3142), 2021. Date of Publication: May 2021.
[Article]
AN: 2010611033
PubMed, Scopus, and ISI Web of Knowledge databases were searched to identify studies published up to December 2020 on the involvement of urinary and male genital systems in COVID-19. Sixteen studies involving a total of 575 patients (538 males and 37 females) were included in this systematic review. The COVID-19 phase was available for 479 patients: 426 in

the acute and 53 in the recovery phase. De novo lower urinary tract symptoms (LUTS) were observed in 43 patients and deterioration of pre-existing LUTS in 7. Bladder hemorrhage was observed in three patients and acute urinary retention in one. Regarding the male genital system, scrotal discomfort was observed in 8 patients, swelling in 14, pain in 16, and erythema in 1; low flow priapism was observed in 2 patients. Ultrasound examination identified acute orchitis in 10 patients, acute epididymitis in 7, and acute epididymo-orchitis in 16. A case-control study reported that patients with moderate COVID-19 show a significant reduction in sperm concertation, the total number of sperms per ejaculate, progressive motility, and complete motility. In contrast to what is known from the first studies on the subject, this review also includes subsequent studies that give evidence of the involvement of the lower urinary tract and male genital system in COVID-19.

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Publisher
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254.

Time to change theory; Medical leech from a molecular medicine perspective leech salivary proteins playing a potential role in medicine.
Shakouri A., Wollina U.
Embase
Advanced Pharmaceutical Bulletin. 11(2) (pp 261-266), 2021. Date of Publication: 2021.
[Review]
AN: 2011487091
Followed by developing modern medicine, leeches did not have extensive use as before; however, in the late 19th century, they were still used in most countries all over the world. Thus far, leeches were utilized in treating various diseases like skin disorders, arthritis, and cancer. In Egypt, using leeches for treatment dates back to early 1500 BC. A medical leech's salivary glands involve over 100 bioactive proteins and the salivary gland secretion contains bacteriostatic, analgesic, and anticoagulation influences; with resolving activity, it causes microcirculation disorders elimination, restoring the hurt vascular permeability of organs and

tissues, removing hypoxia, decreasing blood pressure and detoxifying the organism by antioxidant paths. The current work reviews the innovative treatment with medical leech, especially proteins in leech saliva extraction (LSE) with high potential in medicine. The virtue of salivary gland secretions which are proteinaceous enzymes, leech acts on various diseases such as venous congestion in reconstructive and plastic surgery, osteoarthritis, cardiovascular diseases caused by blood coagulation disorders, pain management, priapism, macroglossia, cancer complications, wounds and many other. To confirm the potential therapeutic impacts of leech treatment, more studies are required in more extensive areas with more exact methodologies.

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Publisher
Tabriz University of Medical Sciences
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2021

255.

Susceptibility to vascular complications in sickle cell anemia patients is associated with intron 4a/b polymorphism of the NOS3 gene: A meta-analysis.
Bhaskar L.V.K.S.
Embase
Meta Gene. 28 (no pagination), 2021. Article Number: 100870. Date of Publication: June 2021.
[Article]
AN: 2011199337
Background: Sickle cell anemia (SCA) is characterized by chronic hemolysis and vaso-occlusive episodes. The endothelial dysfunction in SCA may be due to the deficiency of nitric oxide. The association between nitric oxide synthase (NOS3) gene polymorphisms (-786 T > C, 894G > T and intron 4a/b) and risk of vascular complications remains elusive.
Objective(s): Here we performed a meta-analysis to evaluate the relationship between NOS3 gene polymorphisms and vascular complications of SCA.
Method(s): Ten previously published articles were retrieved from PubMed, and Embase bibliographic databases. This meta-analysis included, eight papers (463 SCA patients with complications and 333 without complications) that pertained to the NOS3 -786 T > C, five papers (235 SCA patients with complications and 191 without complications) that corresponded to the NOS3 894G > T polymorphism and six papers (391 SCA patients with complications and 292 without complications) that involved the NOS3 intron 4a/b polymorphism. Pooled analysis, sensitivity analysis and assessment of publication bias were performed.
Result(s): Results of pooled analysis revealed that the NOS3 intron 4a/b polymorphism was significantly associated with an increased risk of vascular complications (aa+ab Vs. bb: odds ratio = 3.28, 95% confidence interval = 1.19-9.02, p = 0.022, random-effect model). However, no significant association was found for NOS3 -786 T > C and 894G > T polymorphisms.
Conclusion(s): Despite some limitations, our meta-analysis suggests that NOS3 intron 4a/b polymorphism is associated with four fold-increased risk of vascular complications in sickle cell anemia.

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2021

256.

Phalloplasty in cis-men with penile insufficiency: evaluation of outcomes and surgical complications: Good ability to achieve orgasm, high urinary complication rate.
Sinatti C., Wolff D., Buncamper M., Verla W., Claes K., Lumen N., Waterloos M., Monstrey S., Hoebeke P., Spinoit A.-F.
Embase
International Journal of Impotence Research. 33(2) (pp 178-183), 2021. Date of Publication: March 2021.
[Review]
AN: 2007563483
Phalloplasty is the gold-standard treatment for cis-men with penile insufficiency, which is often secondary to congenital conditions. The study-objective is to evaluate the functional outcomes and surgical complications in this population. A retrospective database comprised of cis-men undergoing a phalloplasty at a tertiary referral center from 2004 to 2019 was created. Phalloplasty was performed with various flaps. The tube-within-tube-technique was used for urethroplasty when possible. Complications <30 days postoperative were categorized according to Clavien-Dindo. Functional outcomes were assessed by bladder emptying and ability to achieve orgasm. Thirty patients were included. Nineteen of them needed urethroplasty, the remaining 11 patients had a catheterizable stoma. Within 30 days postoperative, 3 patients (10%) developed partial-flap necrosis (Clavien-Dindo III), 1 patient (3.3%) developed graft failure (Clavien-Dindo III), 2 patients (6.6%) developed infected hematomas (Clavien-Dindo III) and 1 phalloplasty (3.3%) was complicated by hematuria (Clavien-Dindo II). In the long-term, 10 patients (33%) developed fistulae, 6 (20%) requiring urethroplasty. Seven patients (23%) had urethral strictures, all needing urethroplasty or urethrotomy. Sixteen patients (84%) emptied their bladder per urethra, the three remaining necessitated conversion to perineostomy. Median (IQR) Qmax on uroflow was 15.7 (11.9-19.2)mL/s with median (IQR) voiding volume of 259 (137-307) mL and median (IQR) residual volume of 11.5 (0-20) ml on ultrasound. All patients but 1 (97%) reported ability to achieve orgasm. RFFA and ALT result in phalli with great ability to achieve orgasm but urethral complications are frequent.

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Publisher
Springer Nature
Year of Publication
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257.

Belgian consensus guideline on the management of hemorrhoidal disease.
De Schepper H., Coremans G., Denis M.A., Dewint P., Duinslaeger M., Gijsen I., Haers P., Komen N., Remue C., Roelandt P., Somers M., Surmont M., Van de Putte D., Van den Broeck S., Van Kemseke C., De Looze D.
Embase
Acta Gastro-Enterologica Belgica. 84(1) (pp 101-120), 2021. Date of Publication: January-March 2021.
[Article]
AN: 2006761786
Introduction: Hemorrhoidal disease is a common problem that arises when hemorrhoidal structures become engorged and/or prolapse through the anal canal. Both conservative and invasive treatment options are diverse and guidance to their implementation is lacking.
Method(s): A Delphi consensus process was used to review current literature and draft relevant statements. These were reconciliated until sufficient agreement was reached. The grade of evidence was determined. These guidelines were based on the published literature up to June 2020.
Result(s): Hemorrhoids are normal structures within the anorectal region. When they become engorged or slide down the anal canal, symptoms can arise. Every treatment for symptomatic hemorrhoids should be tailored to patient profile and expectations. For low-grade hemorrhoids, conservative treatment should consist of fiber supplements and can include a short course of venotropics. Instrumental treatment can be added case by case: infrared coagulation or rubber band ligation when prolapse is more prominent. For prolapsing hemorrhoids, surgery can be indicated for refractory cases. Conventional hemorrhoidectomy is the most efficacious intervention for all grades of hemorrhoids and is the only choice for non-reducible prolapsing hemorrhoids.
Conclusion(s): The current guidelines for the management of hemorrhoidal disease include recommendations for the clinical evaluation of hemorrhoidal disorders, and their conservative, instrumental and surgical management.

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Universa Press
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258.

Alpha thalassemia, but not betaS-globin haplotypes, influence sickle cell anemia clinical outcome in a large, single-center Brazilian cohort.
Hatzlhofer B.L.D., Pereira-Martins D.A., de Farias Domingos I., Arcanjo G.S., Weinhauser I., Falcao D.A., Farias I.C.C., de Freitas Batista J.V.G., Prado L.P.L., Oliveira J.M.F., Batista T.H.C., Sobreira M.J.V.C., de Santana R.M., Araujo A.B.S., de Melo M.A., de Ancantara B.V., Coelho-Silva J.L., de Moura Rafael A.B.L., de Lima Silva D.M., Albuquerque F.P., Santos M.N.N., dos Anjos A.C., Costa F.F., da Silva Araujo A., Lucena-Araujo A.R., Bezerra M.A.C.
Embase
Annals of Hematology. 100(4) (pp 921-931), 2021. Date of Publication: April 2021.
[Article]
AN: 2010485480
Alpha thalassemia and beta-globin haplotype are considered classical genetic disease modifiers in sickle cell anemia (SCA) causing clinical heterogeneity. Nevertheless, their functional impact on SCA disease emergence and progression remains elusive. To better understand the role of alpha thalassemia and beta-globin haplotype in SCA, we performed a retrospective study evaluating the clinical manifestations of 614 patients. The univariate analysis showed that the presence of alpha-thalassemia -3.7-kb mutation (alphaalpha/-alpha and -alpha/-alpha) decreased the risk of stroke development (p = 0.046), priapism (p = 0.033), and cholelithiasis (p = 0.021). Furthermore, the cumulative incidence of stroke (p = 0.023) and cholelithiasis (p = 0.006) was also significantly lower for patients carrying the alpha thalassemia -3.7-kb mutation. No clinical effects were associated with the beta-globin haplotype analysis, which could be explained by the relatively homogeneous haplotype composition in our cohort. Our results reinforce that alpha thalassemia can provide protective functions against hemolysis-related symptoms in SCA. Although, several genetic modifiers can impact the inflammatory state of SCA patients, the alpha thalassemia mutation remains one of the most recurrent genetic aberration and should therefore always be considered first.

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259.

Priapism Associated With Cabergoline In A Young Adult. Priapismo asociado al uso de cabergolina en un adulto joven <Priapismo asociado al uso de cabergolina en un adulto joven.>
Mesa A., Conget I., Vinals C.
Embase
Endocrinologia, Diabetes y Nutricion. 68(2) (pp 139-140), 2021. Date of Publication: February 2021.
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260.

Nitric oxide and sickle cell disease-Is there a painful connection?.
Hallmark L., Almeida L.E.F., Kamimura S., Smith M., Quezado Z.M.N.
Embase
Experimental Biology and Medicine. 246(3) (pp 332-341), 2021. Date of Publication: February 2021.
[Review]
AN: 2007545127
Sickle cell disease is the most common hemoglobinopathy and affects millions worldwide. The disease is associated with severe organ dysfunction, acute and chronic pain, and significantly decreased life expectancy. The large body of work demonstrating that hemolysis results in rapid consumption of the endogenous vasodilator nitric oxide, decreased nitric oxide production, and promotion of vaso-occlusion provides the basis for the hypothesis that nitric oxide bioavailability is reduced in sickle cell disease and that this deficit plays a role in sickle cell disease pain. Despite initial promising results, large clinical trials using strategies to increase nitric oxide bioavailability in sickle cell disease patients yielded no significant change in duration or frequency of acute pain crises. Further, recent investigations showed that sickle cell disease patients and mouse models have elevated baseline levels of blood nitrite, a reservoir for nitric oxide formation and a product of nitric oxide metabolism, regardless of pain phenotype. These conflicting results challenge the hypotheses that nitric oxide bioavailability is decreased and that it plays a significant role in the pathogenesis in sickle cell disease acute pain crises. Conversely, a large body of work demonstrates that nitric oxide, as a neurotransmitter, has a complex role in pain neurobiology, contributes to the development of central sensitization, and can mediate hyperalgesia in inflammatory and neuropathic pain. These results support an alternative hypothesis: one proposing that altered nitric oxide signaling may contribute to the development of neuropathic and/or inflammatory pain in sickle cell disease through its role as a neurotransmitter.

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261.

Patient Education Is Associated With Reduced Delay to Presentation for Management of Ischemic Priapism: A Retrospective Review of 123 Men.

Dutta R., Matz E.L., Overholt T.L., Anderson W.B., Deebel N.A., Cowper M., Terlecki R.P., Scarberry K.A.
Embase
Journal of Sexual Medicine. 18(2) (pp 385-390), 2021. Date of Publication: February 2021.
[Article]
AN: 2010583736
Background: Adverse outcomes secondary to ischemic priapism (IP) are associated with time to presentation and management.
Aim(s): To characterize patterns in presentation delay as a function of etiology and patient education regarding IP risk.
Method(s): Following institutional review board approval, charts of IP patients presenting to our institution from 2010 to 2020 were reviewed. One episode of IP per patient was included for analysis.
Outcome(s): Priapism duration in patients presenting with IP.
Result(s): We identified 123 unique patients with IP. Common etiologies included erectogenic intracavernosal injection (24%), trazodone (16%), and other psychiatric medications (16%). Patients with sickle cell anemia or trait and intracavernosal injection-related IP presented sooner than idiopathic cases and those from psychiatric medication (P < .001). Etiology and provider education on IP risk were associated with presentation >= 24 hours. Upon multivariate analysis, only a lack of provider education was independently associated with presentation >= 24 hours.
Clinical Implications: Men who received provider-based education on the risk of IP associated with their condition or medication regimen were more likely to seek prompt medical attention for IP and, therefore, less likely to require surgery. Strengths & Limitations: This manuscript represents one of the largest series on priapism, an area of urologic practice in need of more evidence-based guidance. The numbers are not inflated by including multiple episodes per patient, and the data collected include etiology, time to presentation, and treatment. Limitations include a retrospective chart review study design at a single institution.
Conclusion(s): Educational initiatives on the risk of IP associated with particular disease states and medications should target at-risk individuals, as well as prescribers of medications associated with IP. Dutta1 R, Matz1 EL, Overholt TL, et al. Patient Education Is Associated With Reduced Delay to Presentation for Management of Ischemic Priapism: A Retrospective Review of 123 Men. J Sex Med 2021;18:385-390.

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262.

Men's beliefs about treatment for erectile dysfunction-what influences treatment use? A systematic review.
Williams P., McBain H., Amirova A., Newman S., Mulligan K.
Embase
International Journal of Impotence Research. 33(1) (pp 16-42), 2021. Date of Publication: January 2021.
[Review]
AN: 2004584551
Successful treatment of erectile dysfunction (ED) is associated with improvements in quality of life; however, treatment utilisation is sub-optimal. The aim of this systematic review was to identify the rates of ED treatment utilisation and the barriers and enablers men experience when using treatment. We searched: MEDLINE, Embase, the Cochrane library; AMED; HMIC; HTA; CINAHL; PsychARTICLES; PsychINFO up to August 2018. Data on rates of treatment utilisation and barriers and enablers of utilisation were extracted and summarised. Fifty studies were included. Discontinuation rates ranged from 4.4 to 76% for phosphodiesterase type 5 inhibitors, 18.6 to 79.9% for intracavernosal injections, and 32 to 69.2% for urethral suppositories. In relation to those with a penile prosthesis, 30% discontinued having sex due to, e.g. device complications, lack of partner or a loss of sexual interest. Most research included in the current review examined barriers to treatment utilisation and therefore focussed on reasons for discontinuing treatment. However, a small number explored factors that men found helpful with regards to treatment utilisation. The most prevalent barriers to utilisation were treatment ineffectiveness, side effects, the quality of men's intimate relationships and treatment costs. With regards to treatment enablers, the most salient finding was that men who reported side effects to a healthcare professionals (HCPs) were significantly less likely to discontinue treatment. There were limitations in methodology in that the studies did not use validated measures of treatment utilisation or barriers and enablers and no study used psychological theory to inform the examination of factors that influenced treatment utilisation. This review identifies a number of influential factors relating to ED treatment utilisation and highlights the importance of men's beliefs with regards to ED and its treatment. Beliefs are potentially modifiable and therefore the findings of this review highlight important considerations for HCPs with regards to supporting men to make better use of treatment.

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263.

Medications Used for Pediatric Insomnia.
Ekambaram V., Owens J.
Embase

Child and Adolescent Psychiatric Clinics of North America. 30(1) (pp 85-99), 2021. Date of Publication: January 2021.
[Review]
AN: 2008416295
Pediatric insomnia can affect physical and mental health and cause cognitive deficits, social deficits and decrease quality of life. There are no Food and Drug Administration approved medications approved for pediatric insomnia. Pharmacologic interventions derive mostly from adult data or pediatric case reports. This review focuses on Food and Drug Administration approved prescription drugs (in adults), over-the-counter drugs, and off-label pediatric insomnia drugs. This review helps the clinician learn general principles, practice guidelines, and pharmacologic considerations for medication selection in the pediatric population. Pharmacologic management should be considered in combination with behavior therapy, which is proven to have long-lasting outcomes.

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264.

Pretreatment screening and counseling on prolonged erections for patients prescribed trazodone.
Shah T., Deolanker J., Luu T., Sadeghi-Nejad H.
Embase
Investigative and Clinical Urology. 62(1) (pp 85-89), 2021. Date of Publication: 2021.
[Article]
AN: 2005753290
Purpose: We examined whether patients are appropriately screened for previous prolonged erections or priapism and counseled about trazodone complications, specifically prolonged erections and priapism, prior to trazodone treatment.
Material(s) and Method(s): We identified patients under the age of 50 on trazodone as of February 27, 2019 at the VA New Jersey Health Care System. Patients were asked about information provided to them prior to medication initiation, occurrence of prolonged erections/priapism, and reporting rate of side effects.
Result(s): Two hundred and twenty nine out of five hundred and twenty four male patients agreed to participate in the study. Forty three out of two hundred and twenty nine of patients were informed about the side effects of prolonged erections and 37/229 of patients were informed of risk of priapism prior to treatment. Only 17/229 of patients were asked if they had had any episodes of prolonged erection or priapism in the past. Eighteen patients developed prolonged erection while taking trazodone. Only 5/18 patients who had developed prolonged erections informed their physicians.
Conclusion(s): Only a fraction of patients were properly screened for previous prolonged erections or priapism and properly informed about the side effects of trazodone. Urologist should

better educate trazodone prescribers, such as family medicine and psychiatric colleagues, regarding the side effects of trazodone. It is imperative that prescribing physicians appropriately screen and educate patients prior to trazodone initiation and instruct patients to report any treatment side effects to avoid potential long-term adverse outcomes.

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265.

Outcomes of low-flow priapism and role of integrated penile prosthesis management.
Elhawy M.M., Fawzy A.M.
Embase
African Journal of Urology. 27(1) (no pagination), 2021. Article Number: 8. Date of Publication: December 2021.
[Article]
AN: 2010146960
Background: The natural history of priapism and predictors of erectile dysfunction (ED) remain vague due to defective reporting, different management techniques and variable follow-up durations. Acquiring more information concerning the prognosis of erectile function after priapism can help to assess the burden of post-priapism ED. Also, it may guide the decision-making process regarding penile prosthesis insertion in refractory and late post-priapism ED. In this study, we tried to evaluate the state of erectile function after recovery and how far penile implant surgery could be integrated in the early and late management of priapism-related ED.
Method(s): We included 72 patients with low-flow priapism who were managed via a stepwise approach starting from aspiration through percutaneous distal shunt up to distal shunt. Immediate placement of a penile prosthesis was completed in eight refractory patients, including three that were inserted even before an open distal corporoglanular shunt.
Result(s): Nearly two-thirds (70.3%) of recovered priapism patients developed ED, but penile prostheses were inserted only in 35.5% of ED cases. There were no differences in the short- and long-term complications of immediate versus delayed prosthesis placement except for difficulty with the insertion of the penile prosthesis in delayed procedures.
Conclusion(s): Immediate placement of a penile prosthesis is a good treatment option in the setting of refractory priapism with comparable outcomes to those of patients with post-priapism ED who received prostheses. Immediate penile prosthesis insertion was further justified by the high incidence of post-priapism erectile dysfunction.

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Springer Science and Business Media Deutschland GmbH
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266.

Abdominal Manifestations of Sickle Cell Disease.
Kinger N.P., Moreno C.C., Miller F.H., Mittal P.K.
Embase
Current Problems in Diagnostic Radiology. 50(2) (pp 241-251), 2021. Date of Publication: 01 Mar 2021.
[Review]
AN: 2006790347
Sickle cell disease is a debilitating hematologic process that affects the entire body. Disease manifestations in the abdomen most commonly result from vaso-occlusion, hemolysis, or infection due to functional asplenia. Organ specific manifestations include those involving the liver (eg, hepatopathy, iron deposition), gallbladder (eg, stone formation), spleen (eg, infarction, abscess formation, sequestration), kidneys (eg, papillary necrosis, infarction), pancreas (eg, pancreatitis), gastrointestinal tract (eg, infarction), reproductive organs (eg, priapism, testicular atrophy), bone (eg, marrow changes, avascular necrosis), vasculature (eg, vasculopathy), and lung bases (eg, acute chest syndrome, infarction). Imaging provides an important clinical tool for evaluation of acute and chronic disease manifestations and complications. In summary, there are multifold abdominal manifestations of sickle cell disease. Recognition of these sequela helps guide management and improves outcomes. The purpose of this article is to review abdominal manifestations of sickle cell disease and discuss common and rare complications of the disease within the abdomen.

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267.

Medicinal plants as a potential source of Phosphodiesterase-5 inhibitors: A review.
Anand Ganapathy A., Hari Priya V.M., Kumaran A.
Embase
Journal of Ethnopharmacology. 267 (no pagination), 2021. Article Number: 113536. Date of Publication: 01 Mar 2021.
[Review]
AN: 2008587128
Ethnopharmacological relevance: The prevalence and distress caused by erectile dysfunction (ED) to both male and female partners are increasing at a steady rate. ED has now become the most treated sexual disorder for men among young and old age groups due to varying physical and psychological factors. The treatment with synthetic Phosphodiesterase-5 (PDE5) inhibitors are cost-effective but due to adverse effects such as priapism, loss of vision, heart attack and syncope, the daily life patterns of these patients are distressed and hence the need for alternative medicaments or sources are of utmost important. Therefore, the exploration of medicinal plants as PDE5 inhibitors will be worthwhile in tackling the problems as many plant extracts and fractions have been long used as aphrodisiacs and sexual stimulants which may be found to be active against PDE5 enzyme. Aim of the study: To provide a review on the different medicinal herbs traditionally used as natural aphrodisiacs, libido or sexual enhancers which are proven for their PDE5 inhibitory effect.
Material(s) and Method(s): Ethnobotanical and scientific information was procured, reviewed and compiled from the literature search of electronic databases and search engines.
Result(s): A total of 97 medicinal plants exhibiting PDE5 inhibitory effect are reviewed in this paper which is supported by preclinical experimental evidence. Among them, 77 plants have been selected according to their traditional and ethnobotanical uses as aphrodisiacs and the rest are screened according to their effectiveness against predisposing factors responsible for ED and sexual dysfunction such as diabetes and hypertension or due to the presence of phytochemicals having structural similarity towards the identified natural PDE5 inhibitors. In addition, sixteen alkaloids, sixty-one phenolics and eight polycyclic aromatic hydrocarbons have been isolated or identified from active extracts or fractions that are exhibiting PDE5 inhibitory activity. Among them, isoflavones and biflavones are the major active constituents responsible for action, where the presence of prenyl group for isoflavones; and the methoxy group at C-5 position of flavones are considered essential for the inhibitory effect. However, the prenylated flavonol glycoside, Icariin and Icariside II isolated from Epimedium brevicornum Maxim (hory goat weed) are the most effective inhibitor, till date from natural sources. Traditional medicines or formulations containing extracts of Ginkgo biloba L., Kaempferia parviflora Wall. ex Baker, Clerodendrum colebrookianum Walp., Eurycoma longifolia Jack and Vitis vinifera L. are also found to be inhibitors of PDE5 enzyme.
Conclusion(s): The review suggests and supports the rational use of traditional medicines that can be further studied for the development of potential PDE5 inhibitors. Many traditional medicines are still used in various regions of Africa, Asia and South America that are poorly characterized and experimented. Despite the availability of a vast majority of traditional formulations as aphrodisiacs or sexual stimulants, there exists a need for systemic evaluation on the efficacy as well as the mechanism of action of the herbal constituents for the identification of novel chemical moieties that can be further developed for maximum efficacy.

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268.

Differential Impact of Gonadotropin-releasing Hormone Antagonist Versus Agonist on Clinical Safety and Oncologic Outcomes on Patients with Metastatic Prostate Cancer: A Meta-analysis of Randomized Controlled Trials.
Abufaraj M., Iwata T., Kimura S., Haddad A., Al-Ani H., Abusubaih L., Moschini M., Briganti A., Karakiewicz P.I., Shariat S.F.
Embase
European Urology. 79(1) (pp 44-53), 2021. Date of Publication: January 2021.
[Review]
AN: 2006880320
Context: Androgen deprivation therapy is the mainstay treatment of metastatic prostate cancer, achieved mainly by gonadotropin-releasing hormone (GnRH) agonists or antagonists.
Objective(s): To investigate the differential impact of GnRH agonists and antagonists on clinical safety and oncologic outcomes.
Evidence Acquisition: This meta-analysis was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines. A literature search using the electronic databases (MEDLINE, Web of Science, Cochrane Library, and Scopus) included randomized controlled trials comparing the clinical safety and oncologic outcomes of GnRH agonists and antagonists. The endpoints of interest were the following: (1) treatment-related adverse effects (AEs), (2) prostate-specific antigen (PSA) progression, and (3) overall mortality. The relative risk (RR) was used as the summary statistic, and results were reported with 95% confidence intervals (CIs).
Evidence Synthesis: Eight clinical trials (20 published studies) comprising 2632 men met our inclusion criteria; of them, 1646 received GnRH antagonist and 986 had GnRH agonist. Treatment-emerging AEs occurred in 73% patients in the GnRH antagonist group and 68% in the GnRH agonist group (RR: 1.10, 95% CI: 1.04-1.15). Serious AEs occurred in 9.8% of the GnRH antagonist and 11% of the GnRH agonist group (RR: 0.92, 95% CI: 0.73-1.17). Antagonists were associated with higher injection site reaction rates (38%) than agonists (4.8%). GnRH antagonist was associated with fewer cardiovascular events (RR: 0.52, 95% CI: 0.34-0.80). There was no significant difference in PSA progression, but GnRH antagonist was associated with lower overall mortality rates than GnRH agonists (RR: 0.48, 95% CI: 0.26-0.90, p = 0.02).
Conclusion(s): Existing data indicate that GnRH antagonist use is associated with significantly lower overall mortality and cardiovascular events as compared with agonists. These findings should be interpreted with caution owing to the short follow-up duration and assessment of cardiovascular events as secondary endpoints in the included trials. Further studies are needed to validate or refute these observations. Injection site reactions were significantly higher in the GnRH antagonist group.
Patient Summary: Gonadotropin-releasing hormone (GnRH) antagonist is associated with lower death rates and cardiovascular events than GnRH agonists, based on the data from trials with short follow-up duration. GnRH agonists are associated with lower adverse events, such as decreased libido, hot flushes, erectile dysfunction, back pain, weight gain, constipation, and injection site reactions. There were no significant differences in prostate-specific antigen progression or fatigue. GnRH antagonist is associated with lower all-cause mortality rates and cardiovascular events as compared with GnRH agonists, based on trials having relatively short follow-ups. While there was no significant difference in dropout rates, fatigue, or musculoskeletal events between GnRH antagonists and agonists, injection site reactions were higher in patients treated with GnRH antagonist.

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269.

Acute Ischemic Priapism: An AUA/SMSNA Guideline.
Bivalacqua T.J., Allen B.K., Brock G., Broderick G.A., Kohler T.S., Mulhall J.P., Oristaglio J., Rahimi L.L., Rogers Z.R., Terlecki R.P., Trost L., Yafi F.A., Bennett N.E.
Embase
The Journal of urology. 206(5) (pp 1114-1121), 2021. Date of Publication: 01 Nov 2021.
[Article]
AN: 636098994
PURPOSE: Priapism is a persistent penile erection that continues hours beyond, or is unrelated to, sexual stimulation and results in a prolonged and uncontrolled erection. Given its time-dependent and progressive nature, priapism is a situation that both urologists and emergency medicine practitioners must be familiar with and comfortable managing. Acute ischemic priapism, characterized by little or no cavernous blood flow and abnormal cavernous blood gases (ie, hypoxic, hypercarbic, acidotic) represents a medical emergency and may lead to cavernosal fibrosis and subsequent erectile dysfunction. MATERIALS AND METHODS: A comprehensive search of the literature was performed by Emergency Care Research Institute for articles published between January 1, 1960 and May 1, 2020. Searches identified 2948 potentially relevant articles, and 2516 of these were excluded at the title or abstract level for not meeting

inclusion criteria for any key question. Full texts for the remaining 432 articles were reviewed, and ultimately 137 unique articles were included in the report.
RESULT(S): This Guideline was developed to inform clinicians on the proper diagnosis and surgical and non-surgical treatment of patients with acute ischemic priapism. This Guideline addresses the role of imaging, adjunctive laboratory testing, early involvement of urologists when presenting to the emergency room, discussion of conservative therapies, enhanced data for patient counseling on risks of erectile dysfunction and surgical complications, specific recommendations on intracavernosal phenylephrine with or without irrigation, the inclusion of novel surgical techniques (eg, tunneling), and early penile prosthesis placement.
CONCLUSION(S): All patients with priapism should be evaluated emergently to identify the sub-type of priapism (acute ischemic versus non-ischemic) and those with an acute ischemic event should be provided early intervention. Treatment of the acute ischemic patient must be based on patient objectives, available resources, and clinician experience. As such, a single pathway for managing the condition is oversimplified and no longer appropriate. Using a diversified approach, some men may be treated with intracavernosal injections of phenylephrine alone, others with aspiration/irrigation or distal shunting, and some may undergo non-emergent placement of a penile prosthesis.
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270.

Endovascular Interventional Radiology of the Urogenital Tract.
Pozzi Mucelli F., Pozzi Mucelli R.A., Marrocchio C., Tollot S., Cova M.A.
Embase
Medicina (Kaunas, Lithuania). 57(3) (no pagination), 2021. Date of Publication: 17 Mar 2021.
[Review]
AN: 634726940
Interventional radiology of the male urogenital system includes percutaneous and endovascular procedures, and these last consist mostly of transcatheter arterial embolizations. At the kidney level, arterial embolizations are performed mainly for palliative treatment of parenchymal tumors, for renal traumas and, less frequently, for arteriovenous fistulas and renal aneurysms and

pseudoaneurysms. These latter may often require emergency intervention as they can cause renal or peri-renal hematomas or significant hematuria. Transcatheter arterial embolization is also an effective therapy for intractable severe bladder hematuria secondary to a number of neoplastic and inflammatory conditions in the pelvis, including unresectable bladder cancer and radiation-induced or cyclophosphamide-induced hemorrhagic cystitis. Endovascular interventional procedures for the penis are indicated for the treatment of post-traumatic priapism. In this article, we review the main endovascular radiological interventions of the male urogenital system, describing the technical aspects, results, and complications of each procedure at the various anatomical districts.
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271.

Potential causal role of L-glutamine in sickle cell disease painful crises: A Mendelian randomization analysis.
Iboudo Y., Garrett M.E., Bartolucci P., Brugnara C., Clish C.B., Hirschhorn J.N., Galacteros F., Ashley-Koch A.E., Telen M.J., Lettre G.
Embase
Blood Cells, Molecules, and Diseases. 86 (no pagination), 2021. Article Number: 102504. Date of Publication: February 2021.
[Article]
AN: 2007841270
In a recent clinical trial, the metabolite L-glutamine was shown to reduce painful crises in sickle cell disease (SCD) patients. To support this observation and identify other metabolites implicated in SCD clinical heterogeneity, we profiled 129 metabolites in the plasma of 705 SCD patients. We tested correlations between metabolite levels and six SCD-related complications (painful crises, cholecystectomy, retinopathy, leg ulcer, priapism, aseptic necrosis) or estimated glomerular filtration rate (eGFR), and used Mendelian randomization (MR) to assess causality. We found a potential causal relationship between L-glutamine levels and painful crises (N = 1278, odds ratio (OR) [95% confidence interval] = 0.68 [0.52-0.89], P = 0.0048). In two smaller SCD cohorts (N = 299 and 406), the protective effect of L-glutamine was observed (OR = 0.82 [0.50-1.34]), although the MR result was not significant (P = 0.44). We identified 66 significant correlations between the levels of other metabolites and SCD-related complications or eGFR. We tested these correlations for causality using MR analyses and found no significant causal relationship. The baseline levels of quinolinic acid were associated with prospectively ascertained survival in SCD patients, and this effect was dependent on eGFR. Metabolomics provide a promising approach to prioritize small molecules that may serve as biomarkers or drug targets in SCD.

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272.

A Cross-sectional Study of Nipple and Areola Sensation after Female to Male Subcutaneous Mastectomy Comparing between Semicircular, Concentric Circular and Free Nipple Graft Techniques.
Sitpahul N., Sittatanakorn B., Sarovath A.
Embase
Journal of the Medical Association of Thailand. 104(12) (pp S119-S126), 2021. Date of Publication: December 2021.
[Article]
AN: 2016430307
Background: Subcutaneous mastectomy is one of the most common procedure in Female to Male transexualism. The sensitivity of nipple-areola-complex (NAC) postoperatively is still unclear.
Objective(s): To evaluate nipple-areola-complex (NAC) sensation after female to male subcutaneous mastectomy comparing between semicircular, concentric circular and free nipple graft techniques.
Material(s) and Method(s): The present study included 47 patients who underwent subcutaneous mastectomy (MG) with semicircular (SC, n=6), concentric circular (CC, n=17) and free nipple graft technique (FNG, n=24). NAC sensitivity was assessed for touch, pain, cold temperature, erogenous sensation and nipple erection.
Result(s): The most sensation patients concerned is touch sensation (58%), pain (18%), erogenous/erection (8%) and cold (7%). For touch sensation SC and CC still had touch sensation but 27% of FNG had loss touch sensation (p=0.001). For pain sensation SC and CC still had touch sensation but FNG had lost pain 33% at areola and 23% at nipple (p<0.001). For cold sensation 12% of CC and 25% of FNG had lost cold sensation at areola (p<0.001) and 12% of CC and 9% of FTG had lost cold sensation at nipple (p<0.001). For erogenous sensation 50% of SC, 35% of CC and 77% of FNG had lost erogenous sensation. For nipple erection 50% of SC, 35% of CC had erect but no nipple erection in FNG.
Conclusion(s): All sensation parameters of NAC. SC is better than CC and FNG is the worst. The most sensation patients concerned is touch sensation.

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273.

Use of virtual reality for epidural placement in an adolescent with ischemic priapism.
Bebic Z, Thomas JJ
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Paediatric & Neonatal Pain. 2(1):16-17, 2020 Mar.
[Journal Article]
UI: 35547859
In children with chronic pain conditions, the acute pain and anxiety induced by routine procedures such as dressing changes, phlebotomy, and lumbar punctures may be amplified compared to that experienced by healthy children. However, sedatives and opiates may be contraindicated if respiratory depression is a concern. In this case report, we describe a 17-year-old male with ischemic priapism secondary to sickle cell disease in whom we used virtual reality immersion as a distraction method during epidural catheter placement. No sedation or analgesia was needed, and the patient reported no pain or distress.

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1
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274.

Superselective embolization for high-flow priapism refractory to medical and surgical treatments.
Bi Y, Yi M, Yu Z, Han X, Ren J
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
BMC Urology. 20(1):79, 2020 Jun 30.
[Journal Article]
UI: 32605599
BACKGROUND: This study aimed to report long-term outcome of superselective embolization in patients with high-flow priapism refractory to medical and surgical treatments.
METHODS: From August 2011 until July 2016, 14 patients with high-flow priapism refractory to local treatments were treated and their charts were retrospective reviewed. Clinical evaluation, color Doppler ultrasonography, arteriography and selective embolization were performed. Follow up was performed in all patients. Fourteen men (18-63 years old) were enrolled, with priapism duration of 14 h to 28 days. Internal pudendal arteries or glutaea inferior arteriae were successfully embolized with gelatin sponge particles, polyvinyl alcohol particles or microcoils.
RESULTS: Pseudoaneurysm in right femoral artery was found in one case after intervention. The follow-up 1 week later showed that 13 patients were in good condition, the priapism diminished 1-7 days (mean 3.2 +/- 0.5 days) after intervention, and 1 patient received second intervention. Mean follow-up was (range 10.8-69.6) months. One patient had recurrent priapism months after embolization and had his penis surgically removed for severe necrosis.
CONCLUSIONS: Superselective embolization is safe and effective in high-flow priapism refractory local treatments, with a good long-term prognosis.
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1
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Year of Publication
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275.

Favourable multi-institutional experience with penoscrotal decompression for prolonged ischaemic priapism.

Baumgarten AS, VanDyke ME, Yi YA, Keith CG, Fuchs JS, Ortiz NM, Cordon BH, Pagliara TJ, Ward EE, Jaderlund JW, Teeple CS, Christine BS, Yafi FA, Hudak SJ, Morey AF
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
BJU International. 126(4):441-446, 2020 10.
[Journal Article. Multicenter Study]
UI: 32501654
OBJECTIVES: To report our multi-institutional experience using penoscrotal decompression (PSD) for the surgical treatment of prolonged ischaemic priapism (PIP).
MATERIALS AND METHODS: We retrospectively reviewed clinical records for patients with PIP treated with PSD between 2017 and 2020. Priapisms were confirmed as ischaemic based on clinical presentations and cavernosal blood gas abnormalities. Treatment with irrigation and injection of alpha-agonists in all patients had failed prior to PSD. Patient characteristics, peri-operative variables and outcomes, and changes in International Index of Erectile Function (IIEF) scores were evaluated.
RESULTS: We analysed 25 patients who underwent a total of 27 PSD procedures. The mean duration of priapism at initial presentation was 71.0 h. Irrigations and injections in all patients had failed, while corporoglanular shunt treatment in 48.0% of patients (12/25) had also failed prior to PSD. Of the 10 patients who underwent unilateral PSD, two (20.0%) had priapism recurrence. Both were treated with bilateral PSD, with prompt and lasting detumescence. Among the 15 patients undergoing primary bilateral PSD, none had priapism recurrence. Of the 15 patients with documented sexual function status at last follow-up, nine (60%) reported spontaneous erectile function adequate for penetration, while six (40%) reported erectile dysfunction. The median (interquartile range) decrease in IIEF-5 score was 3.5 (0-6.75) points after PSD. Two patients underwent uneventful inflatable penile prosthesis placement following PSD.
CONCLUSIONS: Penoscrotal decompression presents a simple, safe, highly effective and easily reproducible procedure for resolution of PIP. PSD should be considered as a viable salvage or alternative strategy to corporoglanular shunt procedures.

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1
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276.

Knowledge, Experiences and Coping Mechanisms for Priapism among Persons with Sickle Cell Disease in Ibadan, Nigeria.
Raji OH, Shokunbi WA, Ajuwon AJ
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
West African Journal of Medicine. 37(1):32-39, 2020 Jan-Mar.
[Journal Article]
UI: 32030709
BACKGROUND: Priapism is a prolonged, painful penile erection common among males with Sickle Cell Disease (MWSCD) predisposing to erectile dysfunction (ED) when treatment is delayed. Unlike in women with sickle cell disease (SCD), there has been little attention to male reproductive health complications of SCD.
OBJECTIVE: To investigate knowledge, experiences and coping mechanisms for priapism among MWSCD in Ibadan, Nigeria.
METHODS: This descriptive cross-sectional study employed purposive sampling technique to select 95 consenting MWSCD attending haematology clinics in Ibadan for interview. A semi-structured, interviewer-administered questionnaire was used to collect information on knowledge, coping mechanisms, and experiences of priapism. Knowledge of priapism was measured and categorised as poor and good respectively. Psychosocial Experiences (PEs) were measured and categorised as mild, moderate and severe, while the Sexual Experiences (SEs) were recorded. Coping mechanisms for priapism were grouped into Medical, Psychosocial and Harmful coping mechanisms respectively. Data were analysed using descriptive statistics and Fishers' Exact test at $p<0.05$.
RESULTS: Respondents' mean age was 23.6+/-8.8 years. Over half (55.8%) had good knowledge of priapism. Thirty-nine respondents (41.1%) had experienced priapism. Sexual Experiences reported include: total ED 10.3% and apathy for sexual intercourse 23.1%. Majority 30(76.9%) developed mild PEs especially fear of reoccurrence of priapism (56.4%) and sleeplessness (43.6%). The most used Medical Coping Mechanism (MCM) was cold shower (46.2%). There was no significant association between age and knowledge of priapism.
CONCLUSION: Knowledge of priapism among respondents was good. Psychosocial therapy through appropriate health education, counseling and social support may help improve knowledge among people with SCD.
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1
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277.

Clinical and laboratory parameters, risk factors predisposing to the development of priapism in sickle cell patients.
Alkindi S, Almufargi SS, Pathare A
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Experimental Biology & Medicine. 245(1):79-83, 2020 01.
[Journal Article]
UI: 31810382
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278.

Analysis of clinical characteristics of 92 patients with paroxysmal nocturnal hemoglobinuria: A single institution experience in China.
Fu R, Li L, Li L, Liu H, Zhang T, Ding S, Wang G, Song J, Wang H, Xing L, Guan J, Shao Z

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Clinical Laboratory Analysis. 34(1):e23008, 2020 Jan.
[Journal Article]
UI: 31502726
OBJECTIVES: We performed a retrospective analysis to investigate the clinical characteristics and therapeutic strategies of Chinese paroxysmal nocturnal hemoglobinuria (PNH) patients, and assessed the efficacy and safety of glucocorticoid in PNH patients.
METHODS: The clinical data of 92 PNH cases in our hospital were analyzed, including clinical manifestation, laboratory examination, treatment efficacy, and survival.
RESULTS: The main clinical manifestations of these patients included hemoglobinuria, anemia, fatigue, dyspnea, headache, abdominal pain, and erectile dysfunction. Glucocorticoid is still the first-line treatment for PNH patients to control hemolytic attack, and the short-term remission rate (12 months) is 79.01% (64/81). Meanwhile, the overall survival (OS) of 10 years after diagnosis was estimated as 70.77% (46/65). Moreover, Cox proportional risk model for multivariate analysis showed that the increase in LDH multiple, thrombosis complications, and complicated with bone marrow failure were the independent adverse prognostic factors affecting the survival of PNH patients.
CONCLUSION: Paroxysmal nocturnal hemoglobinuria patients in mainland China have various clinical features, while lower incidences of thrombosis and renal damage. Thrombosis and bone marrow failure are two complications with worse prognosis.

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279.

Which patients with ischaemic priapism require further investigation for malignancy?.
James Johnson M, Hallerstrom M, Alnajjar HM, Frederick Johnson T, Skrodzka M, Chiriaco G, Muneer A, Ralph DJ
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
International Journal of Impotence Research. 32(2):195-200, 2020 Mar.
[Journal Article]
UI: 30996267
Ischaemic priapism (IP) is characterised by a persistent, painful penile erection lasting for >4 h. Many causes of IP have been identified including haematological dyscrasias (particularly, sickle cell disease), drugs and rarely malignancy. There are also a large proportion of men, in which no aetiology is identified. Identification of men at risk for malignancy provides a diagnostic challenge to the clinicians looking after these patients. All cases of IP between 2007 and 2017 at a single tertiary andrology unit were identified. The case notes and electronic records of these patients were reviewed to identify cases of malignant priapism. Men with idiopathic IP were used as a control group for comparative statistics. In total, 412 men with IP were identified, 202 of which had idiopathic IP. Within this group, the prevalence of malignant priapism was 3.5% (n = 11). MP secondary to local invasion or penile metastases occurred in seven of the 11 men (bladder x 3, prostate, lung, urethral and chondrosarcoma of the pelvis). MP secondary to haematological malignancy occurred in the remaining four (chronic myeloid leukaemia x 2, chronic lymphocytic leukaemia, and myelodysplasia). IP was the initial presentation of malignancy in seven of the patients (64%). An abnormally low haemoglobin value (reference range 130-180 g/dl) was found in 82% (n = 9) of the men with MP. The mean haemoglobin value in men with MP was 109.64 +/- 20.30 g/dl compared to the control of 131.87 +/- g/dl. This difference was considered highly significant p = 0.0046. Men with MP also appear to have a very poor prognosis with an 18-month mortality of 64% (n = 7). Malignancy is a rare and important cause of IP. A low haemoglobin is a predictor of malignancy and warrants further investigation in IP.
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280.

Sickle cell disease clinical phenotypes in Nigeria: A preliminary analysis of the Sickle Pan Africa Research Consortium Nigeria database.
Isa H., Adegoke S., Madu A., Hassan A.-A., Ohiaeri C., Chianumba R., Brown B., Okocha E., Ugwu N., Diaku-Akinwumi I., Adeyemo T., Kuliya-Gwarzo A., Dogara L., Lawal H., Tanko Y., Ladu A., Kangiwa U., Ekwem L., Oniyangi S., Wakama T., Umoru D., Olanrewaju O., Akinola N., Nnebe-Agumadu U., Asala S., Adekile A., Olaniyi J., Sangeda R., Sickle Africa Data Coordinating Center (SADaCC), Nnodu O.
Embase
Blood Cells, Molecules, and Diseases. 84 (no pagination), 2020. Article Number: 102438. Date of Publication: September 2020.
[Article]
AN: 2006077728
Background/objective: Sickle cell disease (SCD) is a monogenic disease with multiple phenotypic expressions. Previous studies describing SCD clinical phenotypes in Nigeria were localized, with limited data, hence the need to understand how SCD varies across Nigeria.
Method(s): The Sickle Pan African Research Consortium (SPARCO) with a hub in Tanzania and collaborative sites in Tanzania, Ghana and Nigeria, is establishing a single patient-consented electronic database with a target of 13,000 SCD patients. In collaboration with the Sickle Cell Support Society of Nigeria, 20 hospitals, with paediatric and adult SCD clinics, are participating in patient recruitment. Demographic and clinical information, collected with uniform case report forms, were entered into Excel spreadsheets and uploaded into Research Electronic Data Capture software by trained data clerks and frequency tables generated.
Result(s): Data were available on 3622 patients enrolled in the database, comprising 1889 (52.9%) females and 1434 (39.6%) children <=15 years. The frequencies of Hb SS, Hb SC and Hb Sbeta thalassemia in this data set were 97.5%, 2.5% and 0% respectively. Sixty percent, 23.8%, 5.9%, 4.8% and 2.5% have had bone pain crisis, dactylitis, acute chest syndrome, priapism and stroke respectively. The most frequent chronic complications were: leg ulcers (6.5%), avascular necrosis of bone (6.0%), renal (6.3%) and pulmonary hypertension (1.1%). Only 13.2% had been hospitalized while 67.5% had received blood transfusion.
Conclusion(s): These data on the spectrum of clinical phenotypes of SCD are useful for planning, improving the management of SCD across Nigeria and provide a foundation for genomic research on SCD.

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281.

Adverse drug event rates in pediatric pulmonary hypertension: A comparison of real-world data sources.
Geva A., Abman S.H., Manzi S.F., Ivy D.D., Mullen M.P., Griffin J., Lin C., Savova G.K., Mandl K.D.
Embase
Journal of the American Medical Informatics Association. 27(2) (pp 294-300), 2020. Date of Publication: 01 Feb 2020.
[Article]
AN: 2011016692
Objective: Real-world data (RWD) are increasingly used for pharmacoepidemiology and regulatory innovation. Our objective was to compare adverse drug event (ADE) rates determined from two RWD sources, electronic health records and administrative claims data, among children treated with drugs for pulmonary hypertension.
Material(s) and Method(s): Textual mentions of medications and signs/symptoms that may represent ADEs were identified in clinical notes using natural language processing. Diagnostic codes for the same signs/symptoms were identified in our electronic data warehouse for the patients with textual evidence of taking pulmonary hypertension-targeted drugs. We compared rates of ADEs identified in clinical notes to those identified from diagnostic code data. In addition,

we compared putative ADE rates from clinical notes to those from a healthcare claims dataset from a large, national insurer.
Result(s): Analysis of clinical notes identified up to 7-fold higher ADE rates than those ascertained from diagnostic codes. However, certain ADEs (eg, hearing loss) were more often identified in diagnostic code data. Similar results were found when ADE rates ascertained from clinical notes and national claims data were compared.
Discussion(s): While administrative claims and clinical notes are both increasingly used for RWD-based pharmacovigilance, ADE rates substantially differ depending on data source.
Conclusion(s): Pharmacovigilance based on RWD may lead to discrepant results depending on the data source analyzed. Further work is needed to confirm the validity of identified ADEs, to distinguish them from disease effects, and to understand tradeoffs in sensitivity and specificity between data sources.

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282.

Webbed penis: Etiology, symptoms, surgical treatments, and outcomes.
Chao T.-C., Yang S., Chang S.-J., Lin C.-D.
Embase
Urological Science. 31(5) (pp 200-205), 2020. Date of Publication: September-October 2020.
[Review]
AN: 633358720
Webbed penis may be congenital or acquired in etiology. Treatments are indicated for reasons such as cosmetic concerns and erection pain. This study aims at reviewing the etiology,

symptoms, types of surgical correction, and outcomes of webbed penis. We searched Medline/PubMed for 'webbed penis' and 'inconspicuous penis' from 1956 through 2019. In this study, we discuss the advantages, drawbacks, and outcomes of each surgical method. We also explain the postoperative cosmetic outcomes and complications of the previously proposed surgical methods. Since the isolated congenital webbed penis is uncommon, there is a paucity of large-scale studies for the treatment of webbed penis. A variety of methods are proposed to correct webbed penis, including traditional transverse incision and vertical closure, Z-plasty, V-Y advancement technique, Byars preputial flap method, and other methods. Preoperative design is essential and is based on not only the degree of penoscrotal fusion but also the surgeon's experience and preference of the surgical methods. Some methods call for elaborate skin flaps that may be technically complicated. The immediate outcomes of surgical correction for webbed penis are good. However, studies on long-term cosmetic results and patient satisfaction remain scarce. Hence, surgical correction of the webbed penis generally yields good results. Long-term follow-up of postoperative cosmetic outcomes, patient satisfaction, and the impact of surgery on the psychological development of children are indicated.

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2020

283.

Clinical Outcomes of Periprocedural Antithrombotic Therapy in Ischemic Priapism Management.
Ramstein J.J., Lee A., Cohen A.J., Mmonu N.A., Rios N., Enriquez A., Shindel A.W., Lue T.F., Breyer B.N.
Embase
Journal of Sexual Medicine. 17(11) (pp 2260-2266), 2020. Date of Publication: November 2020.
[Article]
AN: 2007467010
Background: Priapism is a urologic emergency consisting of a painful erection lasting greater than 4 hours; antithrombotic therapy (ATT) have recently been recommended as an adjunct in the treatment of ischemic priapism.
Aim(s): To determine the short- and long-term outcomes of periprocedural ATT in the management of acute ischemic priapism.
Method(s): A retrospective review of patients seen at the University of California, San Francisco, from 2008 to 2019 was carried out to identify those evaluated for acute priapism. Information regarding duration of priapism, etiology, treatment, periprocedural and postprocedural ATT type and dose, and follow-up data was collected.
Outcome(s): ATT use was the exposure of interest; outcome variables included priapism resolution, repeat episodes, long-term complications, and follow-up.
Result(s): 70 patients with at least 1 detailed record of an acute priapism episode between 2008 and 2019 were identified. Of the 70 patients who underwent management for an acute episode of priapism, 59 (84%) received intracavernous injection of phenylephrine with or without corporal

aspiration. Of the 4 patients who received ATT at the same time as intracavernous injection, none had additional priapism episodes. In the 55 patients who did not receive immediate ATT, 22 (40%) required at least 1 shunting procedure. The 9 patients who received ATT concurrently with shunting experienced less recurrence than the 13 patients who did not receive ATT (11% vs 69%, respectively P =.012). There were no significant differences in long-term erectile dysfunction (P =.627), fibrosis (P =.118), genitourinary pain (P =.474), and urinary issues (P =.158) between those who received ATT and those who did not. Clinical Implications: Our findings suggest that ATT has a role in preventing priapism recurrence; we observed that long-term repeat priapism episodes are less frequent in those who received periprocedural ATT compared with those who did not and that ATT may especially reduce recurrence in cases when shunting was required Strengths & Limitations: This is the first study looking at the clinical outcomes of periprocedural ATT in the management of ischemic priapism. It is limited by the fact that it is a single-center study, types of ATT were heterogenous, and the exact timing of priapism management could not be measured for everyone.
Conclusion(s): In spite of its limitations, these preliminary findings are promising and warrant further exploration of the use of ATT in the management of ischemic priapism. Ramstein JJ, Lee A, Cohen AJ, et al. Clinical Outcomes of Periprocedural Antithrombotic Therapy in Ischemic Priapism Management. J Sex Med 2020;17:2260-2266.

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32800740 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32800740]
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2020

284.

Silent cerebral infarct in sickle cell anemia patients of southern turkey.
Nafile Sayman E., Leblebisatan G., Leblebisatan S., Bicakci K., Kilinc Y., Barutcu A.
Embase
Turkish Journal of Medical Sciences. 50(8) (pp 1887-1893), 2020. Date of Publication: 2020.
[Article]
AN: 2005719753
Background/aim: Silent cerebral infarct (SCI) is an ischemic lesion seen before clinical signs of brain infarct and ischemic changes in brain tissue. This study aimed to detect SCI with noninvasive methods and to determine related risk factors in patients with sickle cell anemia (SCA).
Material(s) and Method(s): Fifty-four SCA patients who had no history of cerebral infarct and whose neurological examinations were normal were included in this study. Brain magnetic resonance imaging (MRI) and diffusion MRI were taken and the acquired data was compared statistically.
Result(s): SCI was detected in 11.1% (6/54) of the patients. No statistical differences in age, sex, physical examination findings, or treatments were detected between the 2 groups (with and without SCI). When examined in terms of HbS, the median (min-max) value in SCI-positive

patients was 85.4 (80.5-92.1); the median value was 77.2 (49.0-96.7) in SCI-negative patients. The HbS values of the SCI group were statistically significantly higher than those of the group without SCI (P = 0.014). Patients with the HbSS or HbSbeta0 genotypes had a significantly higher prevalence of SCI when compared with other sickle cell syndromes (P = 0.038). Conclusion(s): SCI is not uncommon among SCA patients in Turkey. The presence of homozygote HbSS/Sbeta0 genotype, high MCV, and HbS are risk factors for SCI.

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32599969 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32599969]
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Publisher
Turkiye Klinikleri
Year of Publication
2020

285.

Overview of paediatric urology practice in lagos state university teaching hospital, Ikeja, Lagos, Nigeria.
Abolarinwa A.A., Ojewuyi O.O., Solarin A.U.
Embase
The Nigerian postgraduate medical journal. 27(2) (pp 132-135), 2020. Date of Publication: 01 Apr 2020.
[Article]
AN: 631534272
Introduction: Paediatric urology is one of the subspecialities of urology, and in most climes, it is practised by the urologists and paediatric surgeons, and likewise in the Lagos State University Teaching Hospital (LASUTH). The urologists see and manage most of these cases in LASUTH. There has been no formal training in this subspeciality. However, both the urologists and paediatric surgeons in LASUTH have acquired some measure of skill and experience over time by virtue of the relatively high volume of the cases seen. This study is aimed at reviewing the practice of paediatric urology in the urology division of LASUTH and to advocate for formal training in an otherwise rare but direly needed subspeciality.
Patients and Methods: The ports of entry of paediatric patients with urologic conditions were assessed retrospectively over a 5-year period (2014-2018). The paediatric age range based on the Lagos State Government policy for health care is from birth to 12 years old. The ports of entry included the urologic outpatient department, paediatric and the adult surgical emergency units and the paediatric wards. Patients referred to and managed by the paediatric surgery division were excluded from this study.
Result(s): The total paediatric urology cases seen and managed by the urologist in LASUTH within the period of review were 421. A total of 363 paediatric urology cases were seen during the period under review, making up 7.96% of the urology cases seen at the surgical outpatient department. The most common cases managed were hypospadias, posterior urethral valves and hydronephrosis. A variety of other cases include priapism, circumcision and post-circumcision injuries, urethral prolapse, testicular torsion, cystic renal dysplasia, disorder of sexual

differentiation and several others. Three hundred and seven surgical procedures were done in the period of review on 272 (64.6%) patients.
Conclusion(s): There is a need for subspecialisation in paediatric urology to harness more specialists with a specific focus, training and interest in children and their urological conditions.
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Publisher
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286.

Prevalence of priapism in individuals with sickle cell disease and implications on male sexual function.
Alvaia M.A., Maia H.A.A.D.S., Nelli A.M., Guimaraes C.O.S., Carvalho E.S.S., Netto J.M.B., Miranda E.P., Gomes C.M., Bessa Junior J.
Embase
Einstein (Sao Paulo, Brazil). 18 (pp eAO5070), 2020. Date of Publication: 2020.
[Article]
AN: 631613147
OBJECTIVE: To evaluate epidemiological aspects of priapism in patients with sickle cell disease, and these aspects impact on adult sexual function.
METHOD(S): This was a cross-sectional study including individuals with sickle cell disease who were evaluated at a reference center for sickle cell. Participants completed a structured questionnaire about their sociodemographic characteristics and priapism events. Sexual function was assessed using validated two instruments, the Erection Hardness Score and one about the sex life satisfaction.
RESULT(S): Sixty-four individuals with median aged of 12 (7 to 28) years were interviewed. The prevalence of priapism was 35.9% (23/64). The earliest priapism episode occurred at 2 years of age and the latest at 42 years. The statistical projection was that 71.1% of individuals of the study would have at least one episode of priapism throughout life. Patients with episodes of priapism (10/23) had significantly worse erectile function Erection Hardness Score of 2 [1-3]; p=0.01 and were less satisfied with sexual life 3 [3-5]; p=0.02.
CONCLUSION(S): Priapism is usually present in childhood, and severe episodes are associated with cavernous damage, impairment in the quality of the erection, and lower sexual satisfaction.
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Publisher
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287.

The Sickle Cell Disease Ontology: Enabling Collaborative Research and Co-Designing of New Planetary Health Applications.
Nembaware V., Mazandu G.K., Hotchkiss J., Serufuri J.-M.S., Kent J., Kengne A.P., Anie K., Munung N.S., Bukini D., Bitoungui V.J.N., Munube D., Chirwa U., Chunda-Liyoka C., Jonathan A., Flor-Park M.V., Esoh K.K., Jonas M., Mnika K., Oosterwyk C., Masamu U., Morrice J., Uwineza A., Nguweneza A., Banda K., Nyanor I., Adjei D.N., Siebu N.E., Nkanyemka M., Kuona P., Tayo B.O., Campbell A., Oron A.P., Nnodu O.E., Painstil V., Makani J., Mulder N., Wonkam A.
Embase
OMICS A Journal of Integrative Biology. 24(10) (pp 559-567), 2020. Date of Publication: 01 Oct 2020.
[Review]
AN: 633171408
Sickle cell disease (SCD) is one of the most common blood disorders impacting planetary health. Over 300,000 newborns are diagnosed with SCD each year globally, with an increasing trend. The sickle cell disease ontology (SCDO) is the most comprehensive multidisciplinary SCD knowledge portal. The SCDO was collaboratively developed by the SCDO working group, which includes experts in SCD and data standards from across the globe. This expert review presents highlights and lessons learned from the fourth SCDO workshop that marked the beginning of applications toward planetary health impact, and with an eye to empower and cultivate multisite SCD collaborative research. The workshop was organized by the Sickle Africa Data Coordinating Center (SADaCC) and attended by 44 participants from 14 countries, with 2 participants connecting remotely. Notably, from the standpoint of democratizing and innovating scientific meeting design, an SCD patient advocate also presented at the workshop, giving a broader real-life perspective on patients' aspirations, needs, and challenges. A major component of the workshop was new approaches to harness SCDO to harmonize data elements used by different studies. This was facilitated by a web-based platform onto which participants uploaded data elements from previous or ongoing SCD-relevant research studies before the workshop, making multisite collaborative research studies based on existing SCD data possible, including multisite cohort, SCD global clinical trials, and SCD community engagement approaches. Trainees presented proposals for systematic literature reviews in key SCD research areas. This expert review emphasizes potential and prospects of SCDO-enabled data standards and harmonization to facilitate large-scale global SCD collaborative initiatives. As the fields of public and global health continue to broaden toward planetary health, the SCDO is well poised to play a prominent role to decipher SCD pathophysiology further, and co-design diagnostics and therapeutics innovation in the field.

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Publisher
Mary Ann Liebert Inc.
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2020

288.

Hematologist and transplant physicians: How and where to meet for the best of sickle cell disease patients?.
Dalle J.-H.
Embase

Hematology/ Oncology and Stem Cell Therapy. 13(2) (pp 58-60), 2020. Date of Publication: June 2020.
[Article]
AN: 2005924210
Despite huge progress in the fields of newborn screening, encapsulated bacterial infection prophylaxis, immunization, and supportive care in general, people suffering from sickle cell anemia still continue to have a shorter life expectancy and a poorer quality of life due to painful vaso-occlusive events and strokes during childhood, and later, cardiac, pulmonary, and renal injuries, including in Western and high-income countries. From the 2000s, allogeneic stem cell transplantation for severe sickle cell disease from a sibling donor provided the best results-overall as well as disease-free survival-never obtained for any other disease. Nevertheless, this only curative option is proposed to few patient numbers, including in Western countries with high-level medical equipment development, with discrepancies between (i) patients and family, (ii) physicians and care centers dedicated to sickle cell disease, and (iii) hematopoietic stem cell transplant teams. Due to these discrepancies and in order to provide the same quality of discussion and treatment choice for every sickle cell disease patient, we developed a National French multidisciplinary pluri-annual meeting dedicated to sickle cell disease patients and transplantation. We report here our experience of such a meeting.

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Year of Publication
2020

289.

An update on the diagnosis and treatment of pediatric pulmonary hypertension.
Olgunturk F.R.
Embase
Expert Opinion on Pharmacotherapy. 21(10) (pp 1253-1268), 2020. Date of Publication: 02 Jul 2020.
[Review]
AN: 2004999458
Introduction: Pulmonary hypertension (PH) is a heterogeneous disease that mainly affects the pulmonary arterioles, leading to significant morbidity and mortality. Pulmonary hypertension in children from birth to adolescence presents important differences from that of adults. The majority of pediatric pulmonary arterial hypertension (PAH) cases are idiopathic or associated with congenital heart disease. However, the management of pediatric PAH mainly depends on the results of evidence-based adult studies and the clinical experiences of pediatric experts. Areas covered: This article briefly reviews the recent updates on the definition, classification, and diagnostic evaluation of pediatric PAH and their impact on treatment strategies. The main purpose of this review is to discuss the current pediatric therapies, as well as the prospective therapies, in terms of therapeutic targets, actions, side effects, and dosages. Expert opinion:

Although there is no cure for PAH, recent advances in the form of new treatment options have improved the quality of life and survival rates of PAH patients. PAH-targeted drugs and treatment strategies for adult PAH have not been sufficiently studied in children. However, the growing scientific activity in that field will surely change the treatment option recommendations in pediatric PH from experience-based to evidence-based in the near future.

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Publisher
Taylor and Francis Ltd
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290.

Testosterone replacement therapy in puberty.
Bouvattier C., Young J.
Embase
Current Opinion in Endocrine and Metabolic Research. 14 (pp 73-77), 2020. Date of Publication: October 2020.
[Review]
AN: 2007114136
This review focuses on testosterone replacement therapy during puberty in males. Delayed puberty may be an extreme of normal puberty, but such cases are difficult to distinguish from organic diseases of the hypothalamic-pituitary-gonadal axis. Substitutive testosterone treatment allows complete pubertal development in young adolescents with early onset hypogonadotropic hypogonadism or hypergonadotropic hypogonadism, using low doses followed by progressive escalation and then long-term therapy. In boys with constitutional delay of growth and puberty, short courses of testosterone therapy accelerate growth and sexual maturation, before the start of physiological puberty. Although few data have been published, we discuss the clinical use of these treatments in adolescents, testosterone preparations used, effects of the sex steroid therapy and outcomes.

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Publisher
Elsevier Ltd
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291.

The management of stuttering priapism.
Liguori G., Rizzo M., Boschian R., Cai T., Palmieri A., Bucci S., Pavan N., Claps F., Boltri M., Bertolotto M., Trombetta C.
Embase
Minerva Urologica e Nefrologica. 72(2) (pp 173-186), 2020. Date of Publication: April 2020.
[Review]
AN: 2005764429
Introduction: Stuttering priapism is a variation of ischemic priapism, generally transient and self-limiting, occurring during sleep and lasting less than 3-4 hours. It may progress to episodes of complete ischemic priapism in approximately one third of cases, necessitating emergent intervention.
Evidence Acquisition: This review aims to provide an up-to-date picture of the pathophysiology and management of stuttering priapism. A search using Medline and EMBASE for relevant publications using the terms "priapism", "stuttering", "diagnosis", "treatment", "fibrosis", was performed.
Evidence Synthesis: Stuttering priapism shares its etiologies with ischemic priapism and a large number of diseases or clinical situations have risk association for developing the disorder. The most common causes are sickle cell disease or other hematologic and coagulative dyscrasias especially in children. In the adult population, idiopathic priapism occurring without any discernible cause is considered to be the most common form in adults. The medical management of priapism represents a therapeutic challenge to urologists. Unfortunately, although numerous medical treatment options have been reported, the majority are through small trials or anecdotal reports. Understanding the underlying pathophysiology and understanding the current and emerging future agents and therapeutic options are mandatory in order to provide the best solution for each patient.
Conclusion(s): The goal of management of priapism is to achieve detumescence of the persistent erection in order to preserve erectile function. To achieve successful management, urologists should address this emergency clinical condition. In the present article, we review the diagnosis and clinical management of the three types of priapism.

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30957473 [https://www.ncbi.nlm.nih.gov/pubmed/?term=30957473]
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292.

Rationale of evaluation of potency in medicolegal cases of sexual assault by penile color doppler with injection of papaverine.

Domkundwar S., Jadhav V.V., Khandelwal S.
Embase
Indian Journal of Forensic Medicine and Toxicology. 14(1) (pp 61-66), 2020. Date of Publication: January-March 2020.
[Article]
AN: 2004329816
Introduction: Impotency in male is inability to develop or maintain a sufficient penile erection to conclude the act of intercourse to orgasm and ejaculation. The question of potency arises in many lawsuits in civil and criminal courts. In India, potency testing which includes penile color doppler with injection papaverine is done for all accused of sexual assault as a blanket rule. Penile color doppler with injection papaverine has its own limitations and side effects. Our study therefore aims to analyze and ascertain the justification of subjecting each accused of sexual assault to penile color doppler with injection papapverine. Aims and Objectives: 1. To analyse whether evaluating potency in every medico legal case of sexual assault referred to our department using color doppler with injection papaverine is justified. 2. To recommend changes based on our study.
Method(s): This study is a retrospective analysis of data of 166 accused of sexual assault, between the period of May 2015-April 2018. Baseline ultrasound and penile color doppler assessment of erection following papaverine injection was done.
Result(s): Procedure was performed on 166 accused of sexual assault, of whom the, 3 (1.80%) had arterial insufficiency. 6 (3.61%) accused on whom the procedure was performed developed priapism as complication. The rate of complications was found to be double than the positive result of the procedure.
Conclusion(s): We conclude from our study that, due to limited role and complications of penile doppler and change in the definition of rape and laws related to it, overburdened health infrastructure of our country, every accused of sexual assault should not be subjected to penile color doppler study.

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293.

Utility of Skin Grafting and Tissue Expansion in Penile Reconstruction for the Exstrophy-Epispadias Complex.
Harris T.G.W., Maruf M., Barone A.A.L., Redett R.J., Gearhart J.P.
Embase
Urology. 136 (pp 231-237), 2020. Date of Publication: February 2020.
[Article]
AN: 2004207375
Objective: To describe the use of additional tissue recruited for coverage after penile lengthening in male exstrophy-epispadias complex patients using either local skin from tissue expansion (TE) or extragenital skin with a skin graft (SG) and report their respective outcomes.

Method(s): An institutionally approved database of exstrophy-epispadias complex patients was retrospectively reviewed for male patients who received penile reconstruction. This included a penile lengthening procedure and the subsequent use of TE and/or a full thickness skin graft to provide cutaneous coverage of gained corporal length.
Result(s): A total of 50 patients (mean age 18.1 years) underwent penile reconstruction. TE was used in 27 patients, SG in 19, and 4 received a combination of TE and SG. The mean number of previous penile operations was 2.7 for patients that received TE and 3.1 for SG. A successful outcome from primary reconstruction was achieved in 35 patients (70%) and overall successful reconstruction was achieved by 48 patients (96%).
Conclusion(s): TE and SG are useful techniques in providing soft tissue coverage following penile lengthening. TE is the preferred technique for primary reconstruction in a lengthening procedure. When genital skin is not expandable or coverage from TE is insufficient after lengthening, extragenital skin (SG) is recruited.

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294.

Using Artificial Intelligence to Predict Surgical Shunts in Men with Ischemic Priapism.
Masterson T.A., Parmar M., Tradewell M.B., Nackeeran S., Rainer Q., Blachman-Braun R., Heller N., Greer A., Hauser N., Kava B.R., Ramasamy R.
Embase
The Journal of urology. 204(5) (pp 1033-1038), 2020. Date of Publication: 01 Nov 2020.
[Article]
AN: 632045456
PURPOSE: Ischemic priapism is a urological emergency that requires prompt intervention to preserve erectile function. Characteristics that influence escalation to surgical intervention remain unclear. We identified factors and developed machine learning models to predict which men presenting with ischemic priapism will require shunting. MATERIALS AND METHODS: We identified men with ischemic priapism admitted to the emergency department of our large county hospital between January 2010 and June 2019. We collected patient demographics, etiology, duration of priapism prior to intervention, interventions attempted and escalation to shunting. Machine learning models were trained and tested using R to predict which patients require surgical shunting.
RESULT(S): A total of 334 encounters of ischemic priapism were identified. The majority resolved with intracavernosal phenylephrine injection and/or cavernous aspiration (78%). Shunting was required in 10% of men. Median duration of priapism before intervention was longer for men requiring shunting than for men who did not (48 vs 7 hours, p=0.030). Patients with sickle cell disease as the etiology were less likely to require shunting compared to all other etiologies (2.2% vs 15.2%, p=0.035).

CONCLUSION(S): Men with longer duration of priapism before treatment more often underwent shunting. However, phenylephrine injection and aspiration remained effective for priapism lasting more than 36 hours. Having sickle cell disease as the etiology of priapism was protective against requiring shunting. We developed artificial intelligence models that performed with 87.2% accuracy and created an online probability calculator to determine which patients with ischemic priapism may require shunting.
PMID
32516073 [https://www.ncbi.nlm.nih.gov/pubmed/?term=32516073]
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Publisher
NLM (Medline)
Year of Publication
2020

295.

Embolization of high-flow priapism: technical aspects and clinical outcome from a single-center experience.
De Magistris G., Pane F., Giurazza F., Corvino F., Coppola M., Borzelli A., Silvestre M., Amodio F., Cangiano G., Cavaglia E., Niola R.
Embase
La Radiologia medica. 125(3) (pp 288-295), 2020. Date of Publication: 01 Mar 2020.
[Article]
AN: 630174542
PURPOSE: High-flow priapism is an incomplete and painless persistent erection caused by trauma. Its diagnosis is performed thanks to clinic and imaging evaluation with detection of fistula/pseudoaneurysm in the cavernous tissue. This paper aims to retrospectively assess the efficacy and safety of superselective arterial embolization in patients with high-flow priapism.
MATERIALS AND METHODS: From January 2008 to March 2017, nine patients with high-flow priapism have been treated in a single center with embolization. The main etiology was trauma in eight subjects. The patients were evaluated with laboratory examinations and clinical and imaging findings (color Doppler ultrasonography and angiography). The mean follow-up time after embolization was 24 months.
RESULT(S): Eleven procedures were performed in nine patients: two of them required a second treatment session because of recurrence after 1-2 weeks. Embolic agents were microcoils, microparticles (300-500 mum) and Spongostan. Restoration of erectile function was monitored by clinical and color Doppler evaluation during follow-up.
CONCLUSION(S): Superselective embolization should be the procedure of choice in patients affected by high-flow priapism; this technique appears to be successful in preserving erectile function. The choice of the embolic agent is crucial, and it should be tailored for each patient.
PMID
31823294 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31823294]
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Publisher
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Year of Publication
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296.

Association between MTHFR 677C>T polymorphism and vascular complications in sickle cell disease: A meta-analysis.
Lakkakula BVKS
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Transfusion Clinique et Biologique. 26(4):284-288, 2019 Nov.
[Journal Article. Meta-Analysis]
UI: 30686687
Sickle cell disease (SCD) is considered as a vascular disease due to its chronic vascular manifestations such as leg ulcers, priapism, acute chest syndrome (ACS), stroke, retinopathy, renal insufficiency, pulmonary hypertension, avascular necrosis of the femoral head (AVNF) and splenic infarction. Emerging evidence has shown that the MTHFR 677C>T variant allele is associated with vascular complications (VC) in patients with SCD; however, results from individual studies are inconclusive. The aim of this meta-analysis is to evaluate the association between the MTHFR 677C>T polymorphism and the susceptibility for VC in SCD patients. Articles published in English were collected from Medline, PubMed, Embase, and Web of Science databases. As a result, 11 studies in different populations including 614 SCD patients with VC, and 559 patients without VC were selected. Meta-analysis in fixed effect model showed that mutant genotypes (CT+TT vs. CC) of the MTHFR 677C>T polymorphism is associated with increased risk of vascular complication (OR=1.81, 95% CI=1.37-2.40, P<0.001). This study did not demonstrate publication bias or between-study heterogeneity. Our meta-analysis establishes that the MTHFR 677C>T polymorphism as a high-penetrant risk factor for VC in SCD patients. Further research is needed to support the clinical utility of MTHFR genetic testing for predicting VC in patients with sickle cell disease.

Version ID
1
Status
MEDLINE
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Year of Publication
2019

297.

Impact of Surgical Treatment of Penile Fracture on Sexual Function.
Barros R, Schul A, Ornellas P, Koifman L, Favorito LA

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Urology. 126:128-133, 2019 04.
[Journal Article]
UI: 30605691
OBJECTIVE: To conduct a comprehensive assessment of sexual function of patients undergoing surgical treatment of penile fracture (PF), covering psychological aspects related to trauma.
METHODS: Patients undergoing surgical treatment of PF from January 2014 to August 2017 were followed-up in our department for at least 6 months. The patients underwent a detailed clinical follow-up, including physical examination and were interviewed about any evidence of erectile dysfunction, penile nodules, or curvature acquired after surgery, besides psychological sexual problems.
RESULTS: A total of 58 patients conducted the follow-up. The mean age was 38.5 years (range: 18-66 years). Eight (13.7%) patients complained of penile curvature after surgery. Postoperative erectile function was recovered after 6 months in 50 (86.2%) cases. After the last evaluation at 18 months, only 1 patient developed persistent erectile dysfunction (ED) and color duplex Doppler ultrasound excluded a vascular etiology. Psycho-sexual evaluations showed that 45 (77.5%) patients feared a new episode of PF. Changes in sexual habits, such as avoiding vigorous sexual intercourse, was reported by 40 (68.9%) patients. Finally, patients with performance anxiety and those who reported a negative impact on sexual life were more susceptible to the development of ED (P=.0337 and P=.0418, respectively).
CONCLUSION: Sexual complications after surgical treatment of PF are unusual but may occur in the late postoperative period and should be treated. Psychological sequela is very common, causing fear of recurrence and psychogenic ED, resulting in negative impact on the sexual life of these patients, which should be monitored closely.

Version ID
1
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Comments
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298.

Paliperidone-Associated Priapism in an Autistic Child.
Moodliar S, Naguy A, Elsori DH, AlKhadhari S

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
American Journal of Therapeutics. 28(5):e610-e612, 2019 Nov 04.
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1
Status
PubMed-not-MEDLINE
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Year of Publication
2019

299.

Propofol-Associated Priapism in a Prepubescent Pediatric Patient.
Savoie C, Rajanna V, Khandhar P
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Global Pediatric Health. 6:2333794X19859731, 2019.
[Journal Article]
UI: 31286028
Introduction. Propofol is a commonly used sedative medication for procedural sedation with a limited side effect profile. Although well tolerated with minimal adverse reactions, uncommon side effects have been reported. Methods. Case report of priapism in a 9-year-old male following the use of propofol for sedation in the pediatric intensive care unit (PICU) setting. The patient was admitted to the PICU for postoperative management following laryngotracheal reconstruction. On postoperative day 2, our patient was initiated on continuous infusion of propofol and he developed priapism. Propofol was then immediately discontinued, and the priapism quickly resolved without any medical or surgical interventions. Results. Priapism is a low-flow state and is considered a urological emergency requiring prompt recognition, withdrawal of suspected offending agents, and possible need for urologic consultation to alleviate complications. Although rare, priapism with propofol has been reported but never in a prepubescent male. The mechanism of propofol-associated priapism is not well understood, but it is thought that it may result from an autonomic system imbalance, leading to an increase in parasympathetic activity. In addition, propofol has been shown to affect nitric oxide-mediated smooth muscle relaxation. In our patient, we suspected propofol to be contributing factor to his priapism based on the temporal relationship between the initiation of the medication and symptoms and resolution of symptoms after propofol discontinuation. Discussion. Given the expansive use of propofol in pediatrics for sedation and anesthesia, pediatric clinicians should be cognizant of this rare adverse effect in pediatric patients with potentially disastrous complications.
Version ID

1
Status
PubMed-not-MEDLINE
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PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6600496
Year of Publication
2019

300.

Management of stuttering priapism: a nonsystematic review.
Liguori G., Rizzo M., Boschian R., Cai T., Palmieri A., Bucci S., Pavan N., Claps F., Boltri M., Bertolotto M., Trombetta C.
Embase
Minerva urologica e nefrologica = The Italian journal of urology and nephrology. (no pagination), 2019. Date of Publication: 05 Apr 2019.
[Article]
AN: 627288528
INTRODUCTION: Stuttering priapism is a variation of ischemic priapism, generally transient and self-limiting, occurring during sleep and lasting less than 3-4 hours. It may progress to episodes of complete ischemic priapism in approximately one third of cases, necessitating emergent intervention. EVIDENCE ACQUISITION: This review aims to provide an up-to-date picture of the pathophysiology and management of stuttering priapism. A search using Medline and EMBASE for relevant publications using the terms "priapism", "stuttering", "diagnosis", "treatment", "fibrosis", was performed. EVIDENCE SYNTHESIS: Stuttering priapism shares its aetiologies with ischemic priapism and a large number of diseases or clinical situations have risk association for developing the disorder. The most common causes are sickle cell disease or other hematologic and coagulative dyscrasias especially in children. In the adult population, idiopathic priapism occurring without any discernible cause is considered to be the most common form in adults. Medical management of priapism represents a therapeutic challenge to urologists. Unfortunately, although numerous medical treatment options have been reported, the majority are through small trials or anecdotal reports. Understanding the underlying pathophysiology and understanding the current and emerging future agents and therapeutic options are mandatory in order to provide the best solution for each patient.
CONCLUSION(S): The goal of management of priapism is to achieve detumescence of the persistent erection in order to preserve erectile function. To achieve successful management, urologists should address this emergency clinical condition. In the present article, we review the diagnosis and clinical management of the three types of priapism.
PMID
30957473 [https://www.ncbi.nlm.nih.gov/pubmed/?term=30957473]
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Article-in-Press
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Publisher
NLM (Medline)
Year of Publication
2019

301.

Annual Meeting of the Irish Society of Urology (ISU).
Anonymous
Embase
European Urology, Supplements. Conference: Annual Meeting of the Irish Society of Urology (ISU). Clayton hotel, Cork Ireland. 18(5) (pp e2525-e2552), 2019. Date of Publication: 2019.
[Conference Review]
AN: 2002900699
The proceedings contains 70 papers. The topics discussed include: The Irish experience of kidney transplantation among recipients with prior nonrenal solid organ transplant and repeat kidney transplant;Kidney donation after circulatory death; an opportunity to expand the donor pool;Bladder dysfunction in Down's syndrome;Sacral neuromodulation in urology: early Irish experience;Use of the SF Qualiveen questionnaire to monitor treatment response in Neurourology patients;Evaluation of an Ex-Vivo Model of Catheter-Induced Trauma of the Paediatric Urethra using Porcine Tissue;Immediate penile prosthesis for the management of ischemic priapism;Patient reported outcomes in reconstructive penile surgery for Peyronie's disease;Complications and outcomes following injection of foreign material into male external genitalia for augmentation;Starting a Urethroplasty Service: Initial results from a UK centre
Status
CONFERENCE ABSTRACT
Publisher
Elsevier B.V.
Year of Publication
2019

302.

The role of color doppler ultrasound in initial evaluation of patients with priapism: A cross sectional study.
Abdulsattar O.A., Obaid A.T., Jasim H.A., Mohammad Z.B.
Embase
Indian Journal of Public Health Research and Development. 10(1) (pp 1102-1106), 2019. Date of Publication: January 2019.
[Article]
AN: 2001567880
Aim of the study: To evaluate the role of color Doppler ultrasound in the initial evaluation of patients with priapism. This cross sectional study included a total of 19 men complaining of

priapism who were referred by the urology unit in Al-Hilla teaching Hospital, Babylon province, Iraq. The study started on the 1st of February 2018 and extended through October 2018. The device used was the color Doppler ultrasound scan using high-frequency (5.0-12.5 MHz) linear transducer. The main outcome measurements were peak systolic velocity (PSV), end diastolic velocity (EDV) and resistive index (RI). After full workup, the causes were identified: ischemic pathology was seen in 13 patients and non-ischemic pathology was seen in 6 patients. Cause of ischemia were sickle cell disease (n = 7), intracavernous drug injection (n = 4) and thrombophlebitis (n = 2), as shown in table 1. Causes of non-ischemic priapism were penile trauma (n = 4) and perineal trauma (n = 2). Ultrasound finding in ischemic finding was in the form of absence of cavernous arterial blood flow. The main finding in ischemic cases was the turbulence blood flow around the caverouns arteries indicating some form of rupture of their branches.

Status
Embase
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Publisher
Institute of Medico-Legal Publications
Year of Publication
2019

303.

Clinical and Genetic Predictors of Priapism in Sickle Cell Disease: Results from the Recipient Epidemiology and Donor Evaluation Study III Brazil Cohort Study.
Cintho Ozahata M., Page G.P., Guo Y., Ferreira J.E., Dinardo C.L., Carneiro-Proietti A.B.F., Loureiro P., Mota R.A., Rodrigues D.O.W., Belisario A.R., Maximo C., Flor-Park M.V., Custer B., Kelly S., Sabino E.C.
Embase
Journal of Sexual Medicine. 16(12) (pp 1988-1999), 2019. Date of Publication: December 2019. [Article]
AN: 2003453999
Introduction: Priapism is the persistent and painful erection of the penis and is a common sickle cell disease (SCD) complication.
Aim(s): The goal of this study was to characterize clinical and genetic factors associated with priapism within a large multi-center SCD cohort in Brazil.
Method(s): Cases with priapism were compared to SCD type-matched controls within defined age strata to identify clinical outcomes associated with priapism. Whole blood single nucleotide polymorphism genotyping was performed using a customized array, and a genome-wide association study (GWAS) was conducted to identify single nucleotide polymorphisms associated with priapism.
Main Outcome Measure(s): Of the 1,314 male patients in the cohort, 188 experienced priapism (14.3%).
Result(s): Priapism was more common among older patients (P = .006) and more severe SCD genotypes such as homozygous SS (P < .0001). In the genotype- and age-matched analyses, associations with priapism were found for pulmonary hypertension (P = .05) and avascular necrosis (P = .01). The GWAS suggested replication of a previously reported candidate gene association of priapism for the gene transforming growth factor beta receptor 3 (TGFBR3) (P = 2

x 10-4). Clinical Implications: Older patients with more severe genotypes are at higher risk of priapism, and there is a lack of consensus on standard treatment strategies for priapism in SCD. Strengths & Limitations: This study characterizes SCD patients with any history of priapism from a large multi-center cohort. Replication of the GWAS in an independent cohort is required to validate the results.
Conclusion(s): These findings extend the understanding of risk factors associated with priapism in SCD and identify genetic markers to be investigated in future studies to further elucidate priapism pathophysiology. Ozahata M, Page GP, Guo Y, et al. Clinical and Genetic Predictors of Priapism in Sickle Cell Disease: Results from the Recipient Epidemiology and Donor Evaluation Study III Brazil Cohort Study. J Sex Med 2019;16:1988-1999.

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31668730 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31668730]
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Embase
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Publisher
Elsevier B.V. (Netherlands)
Year of Publication
2019

304.

Adverse events during testosterone replacement therapy in 95 young hypogonadal thalassemic men.
de Sanctis V., Soliman A.T., Daar S., di Maio S.
Embase
Acta Biomedica. 90(2) (pp 228-232), 2019. Date of Publication: 23 May 2019.
[Article]
AN: 2002176211
Background: Hormonal treatment of hypogonadism in thalassaemia major (TM) is a complex issue due to the co-existence of other contributing factors such as severity of iron overload, associated chronic liver disease and other endocrine complications.
Objective(s): Data about adverse events (AEs) of testosterone replacement therapy (TRT) in hypogonadal males with TM is scarce.We report the adverse events registered during TRT in 95 young patients with TM.
Result(s): These AEs included gynecomastia, documented in 41/95 (43.1%) TM patients of mild to moderate severity (90%). Persistent pain in the injection site and local reactions to testosterone (T) skin patch occurred in a third of patients. Priapism was reported in 2 patients on treatment with intramuscular T enanthate. In both patients, substitution with T gel was successful, and no recurrence during the following 24 months was observed.

Conclusion(s): Clinicians should exercise caution when considering TRT for hypogonadal men with TM.

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31125000 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31125000]
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Publisher
Mattioli 1885 (E-mail: edit@mattioli1885.com)
Year of Publication
2019

305.

Experience of a Tertiary-Level Urology Center in the Clinical Urological Events of Rare and Very Rare Incidence. II. Urological Self-Inflicted Harms: 1. Unintentional Patient's Side-Inflictor Urological Injuries.
Gadelkareem R.A., Shahat A.A., Abdelhafez M.F., Reda A., Khalil M.
Embase
Current Urology. 12(2) (pp 74-80), 2019. Date of Publication: 01 Mar 2019.
[Article]
AN: 626922802
Introduction: Unintentional self-inflicted injuries mainly refer to those injuries which are inflicted by the patient himself with benign intentions. In urology, they may vary and result in significant morbidities.
Patients and Methods: A retrospective search of our patients' data records for the reported cases of patient's side-inflictor urological injuries during the period July 2006-June 2016 was made. Each case was studied for age, gender, primary diagnosis, injury inflictor, involved organ, motivating factor, mechanism, diagnosis, management, and final outcome.
Result(s): Of more than 55,000 urological procedures, 26 patients (0.047%) were involved in unintentional patient's side-inflictor urological injuries. The age range was 8-76 years and included 23 males and 3 females. Fifteen patients (57.7%) had urological disorders before the injury. They could be differentiated into direct organ involvement injuries (53.8%) and catheter involvement injuries (46.2%). External male urogenital organs were involved in 69.3% of cases which were diagnosed on physical examination. The inflictor of the injury was the patient himself, a relative, and another patient in 73.1, 19.2, and 7.7% of cases, respectively. Motivating factors were relief of painful conditions (34.6%), psychiatric disorders (38.5%), and sexual purposes (27%). Final outcomes were short-term harm, long-term harm, and permanent disability in 50, 11.5, and 38.5% of cases, respectively.
Conclusion(s): Unintentional patient's side-inflictor urological injuries are very rare events and mainly involve the external male urogenital organs under different motivating stressors. They could be differen-tiated into direct organ and catheter manipulation injuries with variable final outcomes from mild short-term harms to permanent disabilities.

Status
Embase

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Publisher
S. Karger AG
Year of Publication
2019

306.

The use of hydroxyurea in sickle cell disease: A single tertiary centre experience at the National Hospital, Abuja, Nigeria.
Oniyangi O., Oyesakin A.B., Ezeh G.O., Okon E.J., Wakama T.T., Momoh J.A.F., Akano A.B., Aikhionbare H.A.
Embase
SAJCH South African Journal of Child Health. 13(4) (pp 164-167), 2019. Date of Publication: 2019.
[Article]
AN: 2003399336
Background. Hydroxyurea (HU) has been found to be beneficial in sickle cell disease (SCD), reducing the occurrence of severe manifestations of the disease such as painful crises and blood transfusions. Although a standard of care for SCD in the developed countries of the world, limited data are available on its use in Africa. Objectives. To review indications of the use of HU, laboratory monitoring and outcome in children with SCD. Methods. A retrospective review of 74 patients treated with HU (15-30 mg/kg/day) for a minimum of 6 months. The main outcome measures were indications for use of HU, haemoglobin level (Hb), packed cell volume (PCV), white cell count (WBC), absolute neutrophil count (ANC), serum alanine aminotransferase (ALT) and creatinine. Descriptive statistics were expressed as means +/-2 standard deviations. Data were compared pre and post HU therapy, using the chi-square and Student's t-test as appropriate. Results. The 74 patients constituted 7.26% of the SCD clinic population and were aged 2.25-16 years (mean (SD) 8.48 (3.67)) and were on HU therapy for 0.5-4.8 years (mean (SD) 1.72 (1.12)). The haemoglobin genotypes were Hb SS 72 (98.7%); Hb SC and Hb SS+F 1 (1.35%) each. Indications for HU use were abnormalities of transcranial Doppler ultrasound (TCD) 39 (52.7%), multiple vaso-occlusive crises (VOC) 18 (24.3%), strokes 14 (18.9%), as well as repeated blood transfusions 9 (12.2%) and hospital admissions 7 (9.5%). Some patients had more than one indication. There were significantly fewer TCD abnormalities, VOC, strokes, splenic sequestrations, blood transfusions and hospital admissions following use of HU. The mean Hb and PCV increased while WBC and ANC decreased. Occurrence of acute chest syndrome, priapism, serum creatinine, ALT and platelet levels were not affected. Conclusions. Hydroxyurea therapy reduces the occurrence of severe manifestations and improves laboratory parameters in children with SCD.

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(Akano) Department of Radiology, National Hospital, Abuja, Nigeria
Publisher
Health and Medical Publishing Group
Year of Publication

2019

307.

Pediatric Genitourinary Infections and Other Considerations.
Stephanos K., Bragg A.F.
Embase
Emergency Medicine Clinics of North America. 37(4) (pp 739-754), 2019. Date of Publication: November 2019.
[Review]
AN: 2002753385
Pediatric patients pose a unique host of challenges to the emergency provider across all complaints and ages, but this is particularly notable in the genitourinary (GU) system. The pediatric GU system is different from that of the adult in its etiology of symptoms, complications, and treatments. Based on age, there are variations in the anatomy. These differences result in symptoms and diagnoses that must be managed differently. Although in many respects management is similar to GU emergency conditions in adults, there are, occasionally subtle, differences between the care of children and adults, which can greatly impact outcomes.

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Publisher
W.B. Saunders
Year of Publication
2019

308.

Health-related Quality of Life in Children with Sickle Cell Disease Undergoing Chronic Red Cell Transfusion Therapy.
Maxwell S.L., Schlenz A.M., Kanter J.
Embase
Journal of Pediatric Hematology/Oncology. 41(4) (pp 307-312), 2019. Date of Publication: 01 May 2019.
[Article]
AN: 625355992
Chronic red cell transfusion (CRCT) therapy is one of few disease-modifying treatments for sickle cell disease (SCD). This study evaluated health-related quality of life (HRQL) in children receiving CRCT relative to 2 comparison groups: children with similar, severe SCD and children with milder disease risk defined by SCD genotype. For this study, 67 children with SCD between the ages of 8 and 18 completed the self-report Pediatric Quality of Life Sickle Cell Disease module (PedsQL SCD) as part of a pilot clinical program during routine hematologic visits. A medical chart review

was also performed. Linear regression suggested that children in the CRCT group had significantly higher self-reported HRQL ratings for domains related to pain, F2,64=4.07 (P=0.022) and pain-related functioning, F2,64=4.32 (P=0.017), compared with children with similar and milder disease risk. Exploratory analyses implied that children in the CRCT group also had fewer worries about SCD-related complications, F3,63=9.68 (P<0.001). These patient-perceived benefits of CRCT may have important implications for treatment decisions and for providing ancillary support for children with SCD and their families.

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31026251 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31026251]
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Publisher
Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)
Year of Publication
2019

309.

Sildenafil Use in Children with Pulmonary Hypertension.
Cohen J.L., Nees S.N., Valencia G.A., Rosenzweig E.B., Krishnan U.S.
Embase
Journal of Pediatrics. 205 (pp 29-34.e1), 2019. Date of Publication: February 2019.
[Article]
AN: 2001235819
Objective: To assess the demographics, treatment algorithm, and outcomes in a large cohort of children treated with sildenafil. Study design: A retrospective cohort study of children with pulmonary hypertension (PH) treated with sildenafil at a single institution between 2004 and 2015. Baseline and follow-up data collected by chart review.
Result(s): There were 269 children included in this study: 47 with idiopathic pulmonary arterial hypertension, 53 with congenital heart disease, 135 with bronchopulmonary dysplasia, 24 with congenital diaphragmatic hernia, and 7 with other causes. Sildenafil was initial monotherapy in 84.8% and add-on therapy in 15.2%. Median follow-up time was 3.1 years (2 weeks-12.4 years). On follow-up, 99 (37%) remained on sildenafil or transitioned to tadalafil, 93 (35%) stopped sildenafil for improvement in PH, 54 (20%) died, and 20 (7%) were lost to follow-up. PH was most likely to improve in those with bronchopulmonary dysplasia, allowing for the discontinuation of sildenafil in 45%. Eighteen deaths were related to PH and 36 from other systemic causes. Two patients stopped sildenafil owing to airway spasm with desaturation. Overall survival was significantly lower in World Health Organization group 3 PH (bronchopulmonary dysplasia and congenital diaphragmatic hernia) vs group 1 (idiopathic pulmonary arterial hypertension and congenital heart disease), P =.02.
Conclusion(s): In this retrospective experience in children with mainly World Health Organization groups 1 and 3 PH, low-dose sildenafil was well-tolerated, safe, and had an acceptable side effect profile. Although patients with group 3 PH have high mortality, survivors have a high likelihood of PH improving.

PMID

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Embase
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Publisher
Mosby Inc. (E-mail: customerservice@mosby.com)
Year of Publication
2019

310.

Management of Pulmonary Arterial Hypertension in the Pediatric Patient.
Ezekian J.E., Hill K.D.
Embase
Current Cardiology Reports. 21(12) (no pagination), 2019. Article Number: 162. Date of Publication: 01 Dec 2019.
[Review]
AN: 2003756376
Purpose of Review: Pediatric pulmonary arterial hypertension (PAH) is associated with significant morbidity and mortality. Herein we review the diagnosis and classification for pediatric PAH and detail the current therapeutic options available for use in the pediatric PAH population. Recent Findings: Classification and treatment of pediatric PAH is guided by adult criteria and treatment algorithms, yet the distribution of factors contributing to PAH in children differs significantly from that seen in adults. It is necessary to understand these differences in order to appropriately tailor therapy to the needs of the child or adolescent. An expanding array of targeted PAH drugs are now approved for use in adults, and many of these drugs are used "off-label" to treat children and adolescents with PAH. Use of these novel therapies has coincided with marked improvement in outcomes, suggesting significant benefit. However, because most of these drugs have not been studied in rigorous randomized, controlled trials in children, it is critical that physicians understand their mechanisms of action, potential benefits, and safety profiles.
Summary: Pediatric PAH outcomes have improved substantially in the modern era, coinciding with the "off-label" use of targeted PAH drugs in children and adolescents. Ideally, care should be provided at centers with specialized expertise in the diagnosis and treatment of pediatric PAH by providers who understand the appropriate diagnostic algorithms, classification schemes, and treatment approaches.

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31781972 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31781972]
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Publisher
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Year of Publication

2019

311.

Treatment of chronic myeloid leukemia with generic imatinib in patients from northeastern part of india.
Samrat S., Meena L.P., Chakravarty J., Rai M.
Embase
International Journal of Research in Pharmaceutical Sciences. 10(4) (pp 3107-3113), 2019. Date of Publication: 2019.
[Article]
AN: 2002884331
Imatinib is now used as the first-line drug to treat CML patient. However, the emergence of resistance to Imatinib in CML patient, the side effect of bone marrow suppression, fluid overload and gastritis are a major limitation of the use of Imatinib in the treatment of CML. This study was conducted to see the therapeutic response and side effect profile of generic Imatinib Mesylate in newly diagnosed CML patients. All cases of CML were given generic Imatinib and followed prospectively with a minimum follow-up of 6 months. They were followed at an interval of 2 weeks till complete hematologic response, thereafter at an interval of 6 to 8 weeks. Cytogenetic and molecular response at the end of one year also evaluated. Among 36 CML patients, 33 were in chronic phase 2 in accelerated phase and 1 in blast crisis while 35 were Philadel-phia+ve and 1 was ph-ve at initial presentation. Minimum duration to achieve CHR was 2 weeks with a mean of 5 weeks. At 3 month except one 35 patients achieved CHR (97%). Out of 36 patients, 27 were subjected for Philadelphia chromosome at one year which shown 23 patients (85.18%) achieved a major cytogenetic response. 8 (38%) patients achieved a major molecular response and one patient (4.76%) was having a complete molecular response at one year. 8 (22.22%) patients developed hematological toxicity to Imatinib with Pancytopenia most common. In conclusion, Generic Imatinib is having an excellent therapeutic response in CML patients although higher response rate may be due to smaller sample size and lesser duration of follow up.

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J. K. Welfare and Pharmascope Foundation (E-mail: info@pharmascope.org)
Year of Publication
2019

312.

Optimizing drug selection in psychopharmacology based on 40 significant CYP2C19- And CYP2D6-biased adverse drug reactions of selective serotonin reuptake inhibitors.
Eugene A.R.
Embase
PeerJ. 2019(10) (no pagination), 2019. Article Number: e7860. Date of Publication: 2019.
[Article]

AN: 629668138
Background: Selective serotonin reuptake inhibitors (SSRIs) are among the most widely prescribed class of drugs in the practice of psychiatry. Cytochrome P450 (CYP) 2C19 and CYP2D6 are established as clinically relevant drug metabolizing enzymes (DMEs) that influence the pharmacokinetics of SSRIs and may either be grouped as being primarily metabolized by CYP2C19 or CYP2D6. The aim of this study is to test the hypothesis that the primary drug metabolizing pathway for SSRI antidepressants are associated with adverse drug reactions (ADRs) related to physiological modulation of organs with the highest gene tissue expression.
Method(s): Post-marketing ADR cases were obtained from the United States Food and Drug Administration's Adverse Events Reporting System from each of the four quarters for the years 2016 and 2017. Cases were grouped based on one of two primary pharmacokinetic pharmacogenomic pathway biomarkers CYP2C19 and CYP2D6. Citalopram, escitalopram, and sertraline were grouped as CYP2C19 substrates and fluvoxamine, fluoxetine, and paroxetine as CYP2D6 substrates. Logistic regression was computed for the reported SSRI ADRs associated with one of two aforementioned DMEs. All data homogenization and computations were performed in R for statistical programming.
Result(s): The most commonly reported ADR among the SSRIs was anxiety (n = 3,332). The top two ADRs associated with SSRIs metabolized by CYP2D6 are: nightmare (n = 983) reporting odds-ratio (OR) = 4.37 (95% confidence interval (CI) [3.67-5.20]) and panic attack (n = 1,243) OR = 2.43 (95% CI [2.11-2.79]). Contrastingly, the top two ADRs for CYP2C19 metabolized SSRIs are: electrocardiogram QT prolonged (n = 351) OR = 0.18 (95% CI [0.13-0.24]) and small for dates baby (n = 306) OR = 0.19 (95% CI [0.14-0.26]). The study tested and produced 40 statistically significant CYP2C19- and CYP2D6-biased ADRs. In overall context, the results suggest that CYPC19 SSRI substrates are associated with ADRs related to modulation of the autonomic nervous system, seizure, pain, erectile-dysfunction, and absorption. Contrastingly, CYP2D6 SSRI substrates are associated with ADRs related to nightmares, withdrawal syndrome, and de-realization of cognitive processes. The results of this study may aid as guidance to optimize drug selection in psychopharmacology.

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313.

Improving an Administrative Case Definition for Longitudinal Surveillance of Sickle Cell Disease.
Snyder A.B., Zhou M., Theodore R., Quarmyne M.-O., Eckman J., Lane P.A.
Embase
Public Health Reports. 134(3) (pp 274-281), 2019. Date of Publication: 01 May 2019.
[Article]
AN: 627302259
Objective: Several states are building infrastructure and data collection methods for longitudinal, population-based surveillance systems for selected hemoglobinopathies. The objective of our study was to improve an administrative case definition for sickle cell disease (SCD) to aid in longitudinal surveillance.

Method(s): We collected data from 3 administrative data sets (2004-2008) on 1998 patients aged 0-21 in Georgia who had >=1 encounter in which an SCD International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) code was recorded, and we compared these data with data from a laboratory and medical record review. We assessed performance (sensitivity, specificity, positive predictive value [PPV], and negative predictive value [NPV]) of case definitions that differed by number and type of SCD-coded encounters; addition of SCD-associated treatments, procedures, and complications; and length of surveillance (1 vs 5 years). We identified correct diagnoses for patients who were incorrectly coded as having SCD.
Result(s): The SCD case definition of >=3 SCD-coded encounters in 5 years simplified and substantially improved the sensitivity (96.0% vs 85.8%) and NPV (68.2% vs 38.2%) of the original administrative case definition developed for 5-year, state-based surveillance (>=2 encounters in 5 years and >=1 encounter for an SCD-related treatment, procedure, or complication), while maintaining a similar PPV (97.4% vs 97.4%) and specificity (76.5% vs 79.0%).
Conclusion(s): This study supports an administrative case definition that specifies >=3 ICD-9-CM-coded encounters to identify SCD with a high degree of accuracy in pediatric patients. This case definition can be used to help establish longitudinal SCD surveillance systems.

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Year of Publication
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314.

Identification and Characterization of Hematopoietic Stem Cell Transplant Candidates in a Sickle Cell Disease Cohort.
Flor-Park M.V., Kelly S., Preiss L., Custer B., Carneiro-Proietti A.B.F., Araujo A.S., Loureiro P., Maximo C., Rodrigues D.O.W., Mota R.A., Sabino E.C., Rocha V.
Embase
Biology of Blood and Marrow Transplantation. 25(10) (pp 2103-2109), 2019. Date of Publication: October 2019.
[Article]
AN: 2002369025
Sickle cell disease (SCD) is associated with significant morbidity, and allogeneic hematopoietic stem cell transplantation (HSCT) remains the primary curative treatment. Recently, the Brazilian Ministry of Health released a regulation that required the publically funded healthcare system to pay for HSCT for SCD patients with defined indications. We used an existing 2794-member SCD cohort established during 2013 to 2015 to characterize candidates for HSCT and estimate the number of possible donors. Of 2064 patients with SC anemia (SCA), 152 of 974 children (16%) and 279 of 1090 adults (26%) had at least 1 HSCT indication. The most common indication for transplant was stroke (n = 239) followed by avascular necrosis (n = 96), priapism (n = 82),

cerebrovascular disease (n = 55), >2 vaso-occlusive episodes (n = 38), alloantibodies and chronic transfusion therapy (n = 18), and >2 acute chest syndrome episodes (n = 11). Increasing age, number of transfusions, abnormal transcranial Doppler, retinopathy, dactylitis, and use of hydroxyurea were more frequent in the 152 children with an indication for HSCT compared with 822 without (P <.001). Of 152 children and 279 adults meeting the eligibility definition, 77 (50%) and 204 (73%), respectively, had at least 1 non-SCD full sibling who could potentially serve as a donor. In conclusion, in a large cohort of SCA patients, 16% of children and 26% of adults had at least 1 indication for HSCT; these indications were associated with the severity of the disease. This study provides clinical data necessary for estimating the costs and infrastructure that would be required to implement HSCT in a public healthcare system.

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Year of Publication
2019

315.

Predictors for mortality in children with scorpion envenomation admitted to pediatric intensive care unit, Qena Governorate, Egypt.
Baseer K.A., Naser M.A.A.
Embase
American Journal of Tropical Medicine and Hygiene. 101(4) (pp 941-945), 2019. Date of Publication: 2019.
[Article]
AN: 2003283941
This study aimed to identify the clinical and laboratory manifestations that affect outcome of scorpion envenomation in children. It included 154 children admitted with scorpion sting envenomation over a period of 2 years. The epidemiological, clinical, and laboratory findings of patients were recorded, and grading of severity was performed based on local and systemic involvement. Organ failure was determined according to diagnostic criterion of multiple organ dysfunction syndrome, and severity of illness was assessed by the Pediatric Risk of Mortality (PRISM III) score. Of studied children, 58.4% were males and 41.6% were females. Children aged > 5 years suffered more scorpion stings (79.9%) than others did. The place of residence was rural more than urban, outdoor stings more than indoors, nocturnal more than diurnal, and most stings were on the exposed areas of the limbs. Based on clinical evaluation, 37.7% of patients were classified as class I severity followed by class II (48.7%) and class III (13.6%). Among studied cases, 21 deaths (13.6%) were registered; all of them belonged to class III severity. Mortality was significantly higher in children with agitation, coma, convulsions, arrhythmia, heart failure, pulmonary edema, and priapism. There were significantly higher values of leukocytes, platelets, creatinine, liver enzymes, glucose, and creatine phosphokinase in non-survivors than in survivors. The presence of organ failure was associated with mortality. In addition, the need for mechanical ventilation and inotropic support were at increased risk of mortality. Moreover, a significant association was found between PRISM score and the number of failed organs with fatal outcome.

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31407657 [https://www.ncbi.nlm.nih.gov/pubmed/?term=31407657]
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Year of Publication
2019

316.

Pulmonary dysfunction among adolescents and adults with sickle cell disease in Nigeria: Implications for monitoring.
Ozoh O., Kalejaiye O., Eromesele O., Adelabu Y., Dede S., Ogunlesi F.
Embase
Annals of Thoracic Medicine. 14(4) (pp 269-277), 2019. Date of Publication: October-December 2019.
[Article]
AN: 629535551

Background: Pulmonary complications of sickle cell disease (SCD) contribute to excess morbidity and mortality. The burden of pulmonary dysfunction among Nigerians with SCD has not been well elucidated.
OBJECTIVE(S): The objectives of this study are to describe the frequency and pattern of spirometry abnormalities in SCD and to explore the association between pulmonary dysfunction and selected parameters.
METHOD(S): A cross-sectional study among adolescents and adults with SCD attending a University Teaching Hospital and healthy age-and gender-matched controls. Respiratory symptoms, oxygen saturation, spirometry, complete blood counts, and fetal hemoglobin (Hb) were measured.
RESULT(S): A total of 245 participants with SCD and 216 controls were included in the study. Frequency of respiratory symptoms was similar between the two groups. The median forced expiratory volume 1 (FEV1), forced vital capacity (FVC), and the FEV1/FVC were significantly lower in SCD as compared to controls (P = 0.000 in all instances). The frequency of abnormal pulmonary patterns was higher in SCD as compared to controls with abnormal spirometry pattern in 174 (71%) and 68 (31.5%) of participants with SCD and controls, respectively (P = 0.000). The suggestive of restrictive pattern was predominant (48% vs. 23%), but obstructive (11.8% vs. 7.4%) and mixed patterns (11% vs. 0.9%) were also found among SCD versus controls. Hb concentration was positively associated with FEV1 and FVC, whereas white cell count and age were negatively associated with FVC and FEV1, respectively.
CONCLUSION(S): There is a high burden of pulmonary dysfunction in SCD among Nigerians which may be related to the severity of disease. There is a need for further research to explore the effectiveness of potential interventions so as to harness the benefits from monitoring and early detection.

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317.

Unintentional trazodone overdoses in children <=6 years of age: data from poison center over a period of 16 years.
El Zahran T., Morgan B.W., Hon S., Herrington L., Geller R.J.
Embase
Clinical Toxicology. 57(1) (pp 56-59), 2019. Date of Publication: 02 Jan 2019.
[Article]
AN: 622683538

Context: Trazodone is an atypical antidepressant with no established safety in children. Previous case reports showed no complications at doses 50-500 mg in children. Our study objective is to characterize the clinical effects, dose-related toxicity, and establish triage dose for acute trazodone ingestions in children <=6 years of age.
Method(s): Cases with acute trazodone ingestions in children <=6 years of age between 2000 and 2015 were retrospectively reviewed. Data were analyzed for dose (mg/kg), clinical effects, management site, treatment, and outcome. Cases with coingestions, unknown outcome, or unknown dose were excluded.
Result(s): A total of 84 patients (mean age 26.7 months, 35 females, 49 males) were included. Of those, 52 (61.9%) had no clinical effects; 29 (34.5%) had minor effects (vomiting, dizziness, headache); and three (3.6%) had moderate effects (ataxia, slurred speech, priapism). No major effects or deaths were observed. Moderate effects were manifested at doses >=6.9 mg/kg. Priapism occurred in a 2-year-old child at a dose of 6.9 mg/kg. Sixteen (19%) patients were managed at home and 68 (81%) patients were referred to a HCF. Among those referred to a HCF, three (4.4%) patients had moderate effects with ingested dose >=6.9 mg/kg. However, 27 (39.7%) patients of those referred to a HCF had an ingested dose <6 mg/kg and none of them manifested symptoms beyond minor effects. All referred patients had uneventful recovery and no sequela.
Conclusion(s): Children should be referred for further evaluation in acute unintentional trazodone ingestions with doses >=6 mg/kg.

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29929405 [https://www.ncbi.nlm.nih.gov/pubmed/?term=29929405]
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Publisher
Taylor and Francis Ltd
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318.

Sickle cell disease: Clinical presentation and management of a global health challenge.
Houwing M.E., de Pagter P.J., van Beers E.J., Biemond B.J., Rettenbacher E., Rijneveld A.W., Schols E.M., Philipsen J.N.J., Tamminga R.Y.J., van Draat K.F., Nur E., Cnossen M.H.
Embase
Blood Reviews. 37 (no pagination), 2019. Article Number: 100580. Date of Publication: September 2019.
[Review]
AN: 2001999406
Sickle cell disease is an autosomal recessive, multisystem disorder, characterised by chronic haemolytic anaemia, painful episodes of vaso-occlusion, progressive organ failure and a reduced life expectancy. Sickle cell disease is the most common monogenetic disease, with millions affected worldwide. In well-resourced countries, comprehensive care programs have increased life expectancy of sickle cell disease patients, with almost all infants surviving into adulthood. Therapeutic options for sickle cell disease patients are however, still scarce. Predictors of sickle cell disease severity and a better understanding of pathophysiology and (epi)genetic modifiers are warranted and could lead to more precise management and treatment. This review provides

an extensive summary of the pathophysiology and management of sickle cell disease and encompasses the characteristics, complications and current and future treatment options of the disease.

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319.

Management of sickle cell disease: management of acute episodes in the community and in hospital.
Telfer P.T.
Embase
Paediatrics and Child Health (United Kingdom). 29(8) (pp 345-351), 2019. Date of Publication: August 2019.
[Review]
AN: 2002233884
This review discusses the presentation and management of acute sickle crises, highlighting which aspects of diagnosis and management can be undertaken in the community and which require urgent referral to hospital. GP's, community nurse specialists, and community paediatricians should be aware of the different acute presentations in order to provide effective and safe care, and should understand warning symptoms and signs which indicate the need for assessment in hospital. It is also important that the parents have a good awareness of these symptoms and know when and how to seek help. The common complications which may be encountered in an acute hospital setting are described together with recommendations for management based on published evidence and the author's experience.

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Churchill Livingstone
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320.

Current perspectives of sickle cell disease in Nigeria: changing the narratives.
Ojewunmi O.O., Adeyemo T.A., Ayinde O.C., Iwalokun B., Adekile A.
Embase
Expert Review of Hematology. 12(8) (pp 609-620), 2019. Date of Publication: 03 Aug 2019.
[Review]
AN: 628790764
Introduction: Sickle cell disease (SCD) is an inherited blood disorder characterized by clinical heterogeneity that may be influenced by environmental factors, ethnicity, race, social and economic factors as well as genetic and epigenetic factors. Areas covered: The present review was carried out to provide a comprehensive assessment of the current burden of SCD and treatments available for persons with SCD in Nigeria with the aim of identifying surveillance and treatment gaps, informing to guide the planning and implementation of better crisis prevention measures for SCD patients and set an agenda for new areas of SCD research in the country. This review assessed medical, biomedical and genetic studies on SCD patients in Nigeria and other endemic countries of the world. Expert opinion: Integration of hydroxyurea therapy into the management of SCD and surveillance via new-born screening (NBS) for early detection and management will improve the survival of persons with SCD in Nigeria. However, it will be important to carry out pilot studies, initiate strategic advocacy initiatives to educate the people about NBS benefits, develop collaborations between potential stakeholders and design sustainable financing scheme.

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Publisher
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321.

The Sub-Phenotypes of Sickle Cell Disease in Kuwait.
Adekile A.D., Al-Sherida S., Marouf R., Mustafa N., Thomas D.
Embase
Hemoglobin. 43(2) (pp 83-87), 2019. Date of Publication: 04 Mar 2019.
[Article]
AN: 627998931
Kuwaiti patients with sickle cell disease generally have a mild phenotype, but exhibit considerable heterogeneity, in spite of high Hb F levels. We have carried out a cross-sectional study of patients with sickle cell disease in the five major hospitals in Kuwait. Details of their hemoglobin (Hb) genotypes, clinical presentations and complications are presented. The study was over a span of 3 years and involved 396 patients, made up of 351 (88.6%) Kuwaitis and 45 (11.4%) expatriates. They were aged <1 to 73 years. Hb SS (betaS/betaS) was the most common (in 246 patients, i.e. 62.1%) followed by Hb S (HBB: c.20A>T)-beta-thalassemia (Hb S-beta-thal) in 138 (34.8%) and 11 (2.8%) Hb S/Hb D-Punjab (HBB: c.364G>C). Hb F ranged from 1.0 to 55.0%, with a mean of 21.2 +/- 9.8%. The most common presentation was vaso-occlusive crises (VOCs), with 230 (54.8%) having had at least one prior to the study with 54 (13.2%) and 74 (18.9%) having between 2-3 and >3 VOCs, respectively. Hydroxyurea (HU) was prescribed to 157 (39.6%) patients. The most common complication was gallstones in 131 (33.1%), followed by acute splenic sequestration in 26.8% and avascular necrosis of the femoral head in 21.2% patients, respectively. Stroke, priapism and leg ulcers were rare. Gallstones, splenic sequestration and osteonecrosis were significantly more common in patients aged >16 years. Patients with Hb S-beta-thal were similar to those with Hb SS in their clinical profiles. The phenotypic expression of sickle cell disease in Kuwaitis is unique in many respects. The role(s) of Hb F and other genetic modifiers require further elucidation.

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Publisher
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322.

Prevalence of urological complications associated with sickle cell disease.
Alamri A.A.
Embase
Bahrain Medical Bulletin. 41(2) (pp 90-92), 2019. Date of Publication: June 2019.
[Article]
AN: 2002061975

Background: Sickle cell disease (SCD) is characterized by sickling of red blood cells during reduced oxygen tension. This leads to intravascular hemolysis and vaso-occlusive events which subsequently cause ischemia-reperfusion damage. Genitourinary system is one of the main organ-systems affected by these sequelae.
Objective(s): To evaluate the prevalence of associated urological complications in SCD patients.
Design(s): A Retrospective Study.
Setting(s): Aseer Central Hospital, Abha City, Kingdom of Saudi Arabia.
Method(s): One hundred patients were diagnosed with SCD, 70 males and 30 females. Forty-five had associated urological complications.
Result(s): One hundred patients were diagnosed with SCD; 45 had associated urological complications (29 males and 16 females) were included in the study. Patient's age ranged from two months to 70 years, with a mean age of 10.8 years. Twenty-four (53.3%) patients had hematuria, 14 (31%) had priapism, 3 (6.7%) had end-stage renal disease (ESRD), and 2 (4.4%) had papillary necrosis. Seven (15.6%) SCD had other associated complications. Urological complications among SCD patients did not differ significantly according to gender.
Conclusion(s): Almost half of SCD patients had associated urological complications, most commonly hematuria, priapism (among males) and ESRD. Therefore, SCD patients should be regularly examined for urological complications to detect early and manage associated urological complications.

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Publisher
Bahrain Medical Bulletin
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323.

Causes of hospitalization in sickle cell diseased children in western region of Saudi Arabia. A single center study.
Elmoneim A.A.A., Hawsawi Z.M.A., Mahmoud B.Z., Bukhari A.A., Almulla A.A., Sonbol A.M., Makhdoum A.M.
Embase
Saudi Medical Journal. 40(4) (pp 401-404), 2019. Date of Publication: April 2019.
[Article]
AN: 2001990077
Objectives: To highlight the causes of hospitalization among sickle cell diseased (SCD) children in Al-Madinah Al-Munawarah, Saudi Arabia.
Method(s): A retrospective study conducted at the Maternity and Children's Hospital, Al-Madinah Al-Munawarah, Saudi Arabia. A data of 739 SCD children admitted to the hematology/oncology unit between October 2010 and September 2015 were collected. The collected data were analyzed using an independent t test and a Chi square test as appropriate.
Result(s): Approximately 49% of the studied children were presented by acute painful crisis. Acute chest syndrome was reported in 20.9%. Infection was the cause of admission in 17.5%, and acute anemia was reported in 8.1% of the studied patients. No significant difference of the reported clinical manifestations by patients' gender. Children aged <12 years showed significantly high frequency of acute chest syndrome (ACS) (26.5%), while acute painful crisis (66.4%) was significantly more frequent among children aged >=12 years.

Conclusion(s): This study revealed high rate of hospitalization of SCD children because of acute painful crisis, ACS, infection, and anemia. These admissions causes could potentially be continuously assessed to minimize the rate of hospitalization.

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Embase
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Publisher
Saudi Arabian Armed Forces Hospital (E-mail: smjns.ksa@zajil.net)
Year of Publication
2019

324.

Prevalence and Characteristics of Priapism in Sickle Cell Disease. [Review]
Arduini GAO, Trovo de Marqui AB
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Hemoglobin. 42(2):73-77, 2018 Mar.
[Journal Article. Review]
UI: 29745276
Priapism is a pathological condition of persistent penile erection in the absence of sexual arousal or desire. It is an urological emergency and its identification is important as lack of prompt treatment can result in erectile dysfunction. The aim of this study was to estimate and describe the characteristics (number of episodes, duration, time of occurrence and evolution) of priapism in patients with sickle cell disease. A bibliographical research was carried out in PubMed, searching for papers published in the last 5 years. Thirteen scientific articles were included in this review. The main results were: 1) the highest prevalence of priapism in males reported was 48.0% and the lowest 0.67%; 2) six studies were carried out on the African Continent (46.1%), three in America (23.1%), two in Europe (15.4%) and two in Asia (15.4%); 3) the main goal of ~50.0% of the studies was to determine the rate of priapism in patients with sickle cell disease; 4) there was predominance of sickle cell anemia patients [homozygous Hb S (HBB: c.20A>T) genotype]; 5) the minimum age of patients with priapism was 7 years old and the maximum 30 years. In general, the episodes of priapism occurred during sleep, were recurrent and had variable duration. The prevalence of priapism are not real and the explanations include underreporting by patients, lack of awareness by physicians and lack of proper prospective studies. Priapism is a complication that deserves close attention due to its significant impact on the life of the patient with sickle cell disease and, therefore, should be further clarified.
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1
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MEDLINE
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Year of Publication
2018

325.

Penoscrotal Decompression-Promising New Treatment Paradigm for Refractory Ischemic Priapism.
Fuchs JS, Shakir N, McKibben MJ, Mathur S, Teeple S, Scott JM, Morey AF
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Sexual Medicine. 15(5):797-802, 2018 05.
[Journal Article]
UI: 29550463
BACKGROUND: For prolonged ischemic priapism, outcomes after distal shunt are poor, with only 30% success for priapic episodes lasting longer than 48 hours.
AIM: To present a novel, glans-sparing approach of corporal decompression through a penoscrotal approach for cases of refractory ischemic priapism (RIP) after failed distal shunt procedures.
METHODS: We describe the technique and present our initial experience with penoscrotal decompression (PSD) for treatment of RIP after failed distal shunt. We compared outcomes of patients with RIP undergoing surgical management using PSD or malleable penile prosthesis (MPP) placement after failed distal penile shunt procedures (2008-2017).
OUTCOMES: Our initial experience showed favorable outcomes with PSD compared with early MPP placement in patients with RIP whose distal shunt failed.
RESULTS: Of 14 patients with RIP undergoing surgical management after failed distal penile shunt procedures, all patients presented after a prolonged duration of priapism (median = 61 hours) after which the priapism was refractory to multiple prior treatments (median = 3, range = 1-75) including at least 1 distal shunt. MPP was inserted in 8 patients (57.1%), whereas the most recent 6 patients (42.9%) underwent PSD. All patients with PSD (6 of 6, 100%) were successfully treated with corporal decompression without additional intervention and noted immediate relief of pain postoperatively. In contrast, 37.5% of patients (3 of 8) undergoing MPP after failed distal shunt procedures required a total of 8 revision surgeries during a median follow-up of 41.5 months. The most common indications for revision surgery after MPP placement included distal (4 of 8, 50%) and impending lateral (2 of 8, 25%) extrusion.
CLINICAL IMPLICATIONS: PSD is a simple, effective technique in the management of RIP after failed distal shunt procedures with fewer complications than MPP placement.
STRENGTHS AND LIMITATIONS: Although PSD is effective in the management of RIP after failed distal shunt procedures, long-term assessment of erectile function and ease of future penile prosthetic implantation is needed.
CONCLUSION: Corporal decompression resolves RIP through a glans-sparing approach and avoids the high complication rate of prosthetic insertion after failed distal shunt procedures. Fuchs JS, Shakir N, McKibben MJ, et al. Penoscrotal Decompression-Promising New Treatment Paradigm for Refractory Ischemic Priapism. J Sex Med 2018;15:797-802.

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1
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Comments
Comment in (CIN)
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2018

326.

Preputialplasty: can be considered an alternative to circumcision? When, how, why? Experience of Italian centre.
Angotti R, Molinaro F, Ferrara F, Pellegrino C, Bindi E, Fusi G, Messina M
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Gland Surgery. 7(2):228-233, 2018 Apr.
[Journal Article]
UI: 29770316
BACKGROUND: Phimosis is a condition in which the foreskin cannot be portrayed on the glans. It is a physiological and common condition in the pediatric age. The pathological form derives from an inflammatory or traumatic lesion. Circumcision is the most common surgical treatment of phimosis but it is a controversial practice, especially in occidental world.
METHODS: We enrolled 61 patients with pathological phimosis (22/balanoposthitis, 18/painful erection, 21/urinary discomfort) between 2015-2017.
RESULTS: All patients underwent preputialplasty.
CONCLUSIONS: Various alternatives to circumcision have been described, as manual retraction therapy, topical steroid therapy, and many types of preputialplasty. We report our technique.
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1
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Year of Publication
2018

327.

Methylphenidate for attention deficit hyperactivity disorder (ADHD) in children and adolescents - assessment of adverse events in non-randomised studies.
Storebo O.J., Pedersen N., Ramstad E., Kielsholm M.L., Nielsen S.S., Krogh H.B., Moreira-Maia C.R., Magnusson F.L., Holmskov M., Gerner T., Skoog M., Rosendal S., Groth C., Gillies D., Buch Rasmussen K., Gauci D., Zwi M., Kirubakaran R., Hakonsen S.J., Aagaard L., Simonsen E., Gluud C.
Embase
Cochrane Database of Systematic Reviews. 2018(5) (no pagination), 2018. Article Number: CD012069. Date of Publication: 09 May 2018.
[Review]
AN: 622038404
Background: Attention deficit hyperactivity disorder (ADHD) is a common neurodevelopmental disorder in childhood. The psychostimulant methylphenidate is the most frequently used medication to treat it. Several studies have investigated the benefits of methylphenidate, showing possible favourable effects on ADHD symptoms, but the true magnitude of the effect is unknown. Concerning adverse events associated with the treatment, our systematic review of randomised clinical trials (RCTs) demonstrated no increase in serious adverse events, but a high proportion of participants suffered a range of non-serious adverse events.
Objective(s): To assess the adverse events associated with methylphenidate treatment for children and adolescents with ADHD in non-randomised studies.
Search Method(s): In January 2016, we searched CENTRAL, MEDLINE, Embase, PsycINFO, CINAHL, 12 other databases and two trials registers. We also checked reference lists and contacted authors and pharmaceutical companies to identify additional studies.
Selection Criteria: We included non-randomised study designs. These comprised comparative and non-comparative cohort studies, patient-control studies, patient reports/series and cross-sectional studies of methylphenidate administered at any dosage or formulation. We also included methylphenidate groups from RCTs assessing methylphenidate versus other interventions for ADHD as well as data from follow-up periods in RCTs. Participants had to have an ADHD diagnosis (from the 3rd to the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders or the 9th or 10th edition of theInternational Classification of Diseases, with or without comorbid diagnoses. We required that at least 75% of participants had a normal intellectual capacity (intelligence quotient of more than 70 points) and were aged below 20 years. We excluded studies that used another ADHD drug as a co-intervention.
Data Collection and Analysis: Fourteen review authors selected studies independently. Two review authors assessed risk of bias independently using the ROBINS-I tool for assessing risk of

bias in non-randomised studies of interventions. All review authors extracted data. We defined serious adverse events according to the International Committee of Harmonization as any lethal, life-threatening or life-changing event. We considered all other adverse events to be non-serious adverse events and conducted meta-analyses of data from comparative studies. We calculated meta-analytic estimates of prevalence from non-comparative cohorts studies and synthesised data from patient reports/series qualitatively. We investigated heterogeneity by conducting subgroup analyses, and we also conducted sensitivity analyses.
Main Result(s): We included a total of 260 studies: 7 comparative cohort studies, 6 of which compared 968 patients who were exposed to methylphenidate to 166 controls, and 1 which assessed 1224 patients that were exposed or not exposed to methylphenidate during different time periods; 4 patient-control studies (53,192 exposed to methylphenidate and 19,906 controls); 177 non-comparative cohort studies (2,207,751 participants); 2 cross-sectional studies (96 participants) and 70 patient reports/series (206 participants). Participants' ages ranged from 3 years to 20 years. Risk of bias in the included comparative studies ranged from moderate to critical, with most studies showing critical risk of bias. We evaluated all non-comparative studies at critical risk of bias. The GRADE quality rating of the evidence was very low. Primary outcomes In the comparative studies, methylphenidate increased the risk ratio (RR) of serious adverse events (RR 1.36, 95% confidence interval (CI) 1.17 to 1.57; 2 studies, 72,005 participants); any psychotic disorder (RR 1.36, 95% CI 1.17 to 1.57; 1 study, 71,771 participants); and arrhythmia (RR 1.61, 95% CI 1.48 to 1.74; 1 study, 1224 participants) compared to no intervention. In the non-comparative cohort studies, the proportion of participants on methylphenidate experiencing any serious adverse event was 1.20% (95% CI 0.70% to 2.00%; 50 studies, 162,422 participants). Withdrawal from methylphenidate due to any serious adverse events occurred in 1.20% (95% CI 0.60% to 2.30%; 7 studies, 1173 participants) and adverse events of unknown severity led to withdrawal in 7.30% of participants (95% CI 5.30% to 10.0%; 22 studies, 3708 participants). Secondary outcomes In the comparative studies, methylphenidate, compared to no intervention, increased the RR of insomnia and sleep problems (RR 2.58, 95% CI 1.24 to 5.34; 3 studies, 425 participants) and decreased appetite (RR 15.06, 95% CI 2.12 to 106.83; 1 study, 335 participants). With non-comparative cohort studies, the proportion of participants on methylphenidate with any non-serious adverse events was 51.2% (95% CI 41.2% to 61.1%; 49 studies, 13,978 participants). These included difficulty falling asleep, 17.9% (95% CI 14.7% to 21.6%; 82 studies, 11,507 participants); headache, 14.4% (95% CI 11.3% to 18.3%; 90 studies, 13,469 participants); abdominal pain, 10.7% (95% CI 8.60% to 13.3%; 79 studies, 11,750 participants); and decreased appetite, 31.1% (95% CI 26.5% to 36.2%; 84 studies, 11,594 participants). Withdrawal of methylphenidate due to non-serious adverse events occurred in 6.20% (95% CI 4.80% to 7.90%; 37 studies, 7142 participants), and 16.2% were withdrawn for unknown reasons (95% CI 13.0% to 19.9%; 57 studies, 8340 participants). Authors' conclusions: Our findings suggest that methylphenidate may be associated with a number of serious adverse events as well as a large number of non-serious adverse events in children and adolescents, which often lead to withdrawal of methylphenidate. Our certainty in the evidence is very low, and accordingly, it is not possible to accurately estimate the actual risk of adverse events. It might be higher than reported here. Given the possible association between methylphenidate and the adverse events identified, it may be important to identify people who are most susceptible to adverse events. To do this we must undertake large-scale, high-quality RCTs, along with studies aimed at identifying responders and non-responders.

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328.

Imatinib in the treatment of chronic myeloid leukemia in children and adolescents is effective and well tolerated: Report of the Polish Pediatric Study Group for the Treatment of Leukemias and Lymphomas.

Janeczko-Czarnecka M., Krawczuk-Rybak M., Karpinska-Derda I., Maciej Niedzwiecki I., Musiol K., Cwiklinska M., Drabko K., Mycko K., Ociepa T., Pawelec K., Januszkiewicz-Lewandowska D., Ussowicz M., Rybka B., Ryczan-Krawczyk R., Koltan A., Karolczyk G., Zaucha-Prazmo A., Badowska W., Kalwak K.
Embase
Advances in Clinical and Experimental Medicine. 27(1) (pp 91-98), 2018. Date of Publication: January 2018.
[Article]
AN: 620542616
Background. Chronic myeloid leukemia (CML) constitutes only 2-3% of all leukemias in pediatric patients. Philapelphia chromosome and BCR-ABL fusion are genetic hallmarks of CML, and their presence is crucial for targeted molecular therapy with tyrosine kinase inhibitors (TKIs), which replaced hematopoietic stem cell transplantation (HSCT) as a standard first-line therapy. The disease in pediatric population is rare, and despite molecular and clinical similarities to CML in adults, different approach is needed, due to the long lifetime expectancy and distinct developmental characteristics of affected children. Objectives. The objective of this study is to evaluate treatment with imatinib in Polish pediatric patients with CML. Material and methods. We analyzed the results of treatment with imatinib in 57 pediatric patients (June 2006 - January 2016) from 14 Polish pediatric hematology and oncology centers. Results. In the study group, 40

patients continued imatinib (median follow-up: 23.4 months), while in 17 the treatment was terminated (median follow-up: 15.1 months) due to therapy failure. In the latter group, 13 patients underwent HSCT, while 4 switched to second-generation TKIs. The 5-year overall survival rate (OS) in the study group was 96%, and the 5-year event-free survival (EFS) was 81%. Conclusions. Our results confirm that the introduction of TKI therapy has revolutionized the treatment of CML in the pediatric population by replacing the previous method of treatment with HSCT and allowing a high percentage of OS and EFS.

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29521048 [https://www.ncbi.nlm.nih.gov/pubmed/?term=29521048]
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Publisher
Wroclaw University of Medicine
Year of Publication
2018

329.

Ischemic priapism in pediatric patients: Spontaneous detumescence with ketamine sedation.
Zipper R., Younger A., Tipton T., Jackson B., Prasad M., Hayden G., Stec A.
Embase
Journal of Pediatric Urology. 14(5) (pp 465-466), 2018. Date of Publication: October 2018.

[Article]
AN: 2000874626
PMID
29936034 [https://www.ncbi.nlm.nih.gov/pubmed/?term=29936034]
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Publisher
Elsevier Ltd
Year of Publication
2018

330.

Guidelines for the use of hydroxycarbamide in children and adults with sickle cell disease: A British Society for Haematology Guideline.
Qureshi A., Kaya B., Pancham S., Keenan R., Anderson J., Akanni M., Howard J.
Embase
British Journal of Haematology. 181(4) (pp 460-475), 2018. Date of Publication: May 2018.
[Article]
AN: 622055553
PMID
29732531 [https://www.ncbi.nlm.nih.gov/pubmed/?term=29732531]
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Publisher
Blackwell Publishing Ltd
Year of Publication
2018

331.

Clinical manifestations of sickle cell disease in India: Misconceptions and reality.
Jain D., Mohanty D.
Embase
Current Opinion in Hematology. 25(3) (pp 171-176), 2018. Date of Publication: 01 May 2018.
[Review]
AN: 621628236
Purpose of review In the past, milder clinical manifestations of sickle cell disease (SCD) have been described from India. However, recent data from some parts of India suggest that the severity of the disease can be compared to that of African phenotypes. This review therefore describes the varied clinical manifestation of SCD, the success of newborn screening programme, prenatal diagnosis and low dose hydroxyurea therapy in India. Recent findings The varied clinical manifestations such as anemia, vaso-occlusive crisis, acute chest syndrome, renal involvement, stroke and so on vary from one part of the country to the other and also among different communities of India. Strategies for improving quality of life and controlling of SCD have been suggested. Certain factors other than genetics also play an important role in clinical manifestation of the disorder. Summary The clinical diversity of SCD is described. The natural history of SCD in India is unfolding from newborn screening programme. The use of low-dose hydroxy urea therapy both in adults and children has brought down the incidences of crisis and provides great relief to the patients. The tailor-made programme for India as regards the control and management has been discussed.

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29465435 [https://www.ncbi.nlm.nih.gov/pubmed/?term=29465435]
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Publisher
Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)
Year of Publication
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332.

Selective Penile Arterial Embolization Preserves Long-Term Erectile Function in Patients with Nonischemic Priapism: An 18-Year Experience.
Chick J.F.B., J. Bundy J., Gemmete J.J., Dauw C., Srinivasa R.N.
Embase
Urology. 122 (pp 116-120), 2018. Date of Publication: December 2018.
[Article]
AN: 2001124095
Objective: To report long term outcomes of selective arterial embolization for nonischemic priapism on erectile function utilizing validated outcome questionnaires after selective arterial embolization.
Material(s) and Method(s): Twenty men, mean age of 36 years (range: 8-58 years), underwent selective penile embolization for nonischemic priapism between December 1997 and February 2016 (218 months). Each identified case of nonischemic priapism was embolized using gelatin

sponge, autologous blood clot, platinum microcoils, polyvinyl alcohol particles, or a combination of these. A variety of procedural details, immediate complications, recurrence of nonischemic priapism, post-procedure performance on Sexual Health Inventory for Men and International Index of Erectile Function Questionnaires, and follow-up duration were recorded.
Result(s): Mean time from development of symptoms until treatment was 117 days (range: 1-1,042 days). After selective arterial embolization, nonischemic priapism resolved in 18 (90%) patients. No patients with successful treatment of their nonischemic priapism developed a recurrence of nonischemic priapism during the study period following the initial treatment. Eight (40%) patients experienced ischemic priapism following embolization with 4 (50%) resolving after treatment. Mean post-procedure Sexual Health Inventory for Men score was 22.1 (range: 16-25). Mean post-embolization erectile function, orgasmic function, sexual desire, intercourse satisfaction, and overall satisfaction domains on the International Index of Erectile Function were 25.8 (range: 16-30), 7.8 (range: 6-10), 7.4 (range: 5-10), 10.9 (range: 6-14), and 7.9 (range: 6-10), respectively. Mean follow-up was 4,601 days (range: 970-6,711 days).
Conclusion(s): Resolution of nonischemic priapism following selective arterial embolization occurred in 90% of the patients. Two validated questionnaires showed no erectile dysfunction following treatment. Mild orgasmic dysfunction, sexual desire dysfunction, intercourse dissatisfaction, and overall satisfaction dysfunction were noted following treatment.

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2018

333.

Clinical and hematological profile in a newborn cohort with hemoglobin SC. Perfil clinico e hematologico em uma coorte neonatal com hemoglobina SC <Perfil clinico e hematologico em uma coorte neonatal com hemoglobina SC.>
Rezende P.V., Santos M.V., Campos G.F., Vieira L.L.M., Souza M.B., Belisario A.R., Silva C.M., Viana M.B.
Embase
Jornal de Pediatria. 94(6) (pp 666-672), 2018. Date of Publication: November - December 2018.
[Article]
AN: 2000597854
Objectives: Hemoglobin SC is the second most common variant of sickle-cell disease worldwide, after hemoglobin SS. The objectives of the study were to describe the clinical and laboratory

characteristics of hemoglobin SC disease in children from a newborn screening program and treated at a blood center. Methodology: This study assessed a cohort of 461 infants born between 01/01/1999 and 12/31/2012 and followed-up until 12/31/2014. Clinical events were expressed as rates for 100 patient-years, with 95% confidence intervals. Kaplan-Meier survival curves were created.
Result(s): The median age of patients was 9.2 years; 47.5% were female. Mean values of blood tests were: hemoglobin, 10.5 g/dL; reticulocytes, 3.4%; white blood cells, 11.24 x 109/L; platelets, 337.1 x 109/L; and fetal hemoglobin, 6.3%. Clinical events: acute splenic sequestration in 14.8%, blood transfusion 23.4%, overt stroke in 0.2%. The incidence of painful vaso-occlusive episodes was 51 (48.9-53.4) per 100 patient-years and that of infections, 62.2 episodes (59.8-64.8) per 100 patient-years. Transcranial Doppler ultrasonography (n = 71) was normal given the current reference values for SS patients. Hydroxyurea was given to ten children, all of whom improvement of painful crises. Retinopathy was observed in 20.3% of 59 children who underwent ophthalmoscopy. Avascular necrosis was detected in seven of 12 patients evaluated, predominantly in the left femur. Echocardiogram compatible with pulmonary hypertension was recorded in 4.6% of 130 children, with an estimated average systolic pulmonary artery pressure of 33.5 mmHg. The mortality rate from all causes was 4.3%.
Conclusion(s): Clinical severity is variable in SC hemoglobinopathy. Several children have severe manifestations similar to those with SS disease.

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Year of Publication
2018

334.

Low nitric oxide level is implicated in sickle cell disease and its complications in Ghana.
Antwi-Boasiako C., Campbell A.D.
Embase
Vascular Health and Risk Management. 14 (pp 199-204), 2018. Date of Publication: 2018.
[Article]
AN: 625488293
Background: Nitric oxide (NO) plays a fundamental role in maintaining normal vasomotor tone. Recent clinical and experimental data suggest that NO may play a role in the pathogenesis and therapy of sickle cell disease (SCD). The aim of this study was to determine NO metabolites (NOx) in SCD patients at steady state and in vaso-occlusive crisis (VOC), as well as those with hemolytic clinical sub-phenotype that includes leg ulcers and priapism. Methodology: This was a case-control cross-sectional study conducted on a total of 694 subjects including 148 comparison group HbAA, 208 HbSS SCD patients in steady state, 82 HbSC SCD patients in steady state, 156 HbSS SCD patients in VOC, 34 HbSC SCD patients in VOC, 34 HbSS SCD patients in post VOC, 21 HbSS SCD patients with leg ulcer and 11 HbSS SCD patients with priapism, with age ranging from 15 to 65 years. Laboratory diagnosis of SCD was done at the Sickle Cell Clinic of

the Korle-Bu Teaching Hospital. Plasma nitric oxide metabolites were measured using Griess reagent system by ELISA method.
Result(s): Mean NOx of 59.66+/-0.75 microMol/L in the comparison group was significantly different from those in steady state (P=0.02). During VOC, there was a significant reduction in mean NOx levels to 6.08+/-0.81 microMol/L (P<0.001). Mean NOx levels were however, significantly higher (50.97+/-1.68 microMol/L) (P<0.001) in the immediate postcrisis period. The mean NOx levels in the leg ulcer (21.70+/-1.18 microMol/L) (P<0.001) and priapism (28.97+/-1.27 microMol/L) (P<0.001) patients were significantly low as compared to the SCD patients in the steady state and comparison group.
Conclusion(s): This study presents the first report on plasma NOx levels in SCD complication in Ghanaian SCD patients and confirms reduced plasma NOx levels in SCD patients in general.

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Publisher
Dove Medical Press Ltd. (PO Box 300-008, Albany, Auckland, New Zealand)
Year of Publication
2018

335.

Variability in penile duplex ultrasound international practice patterns, technique, and interpretation: an anonymous survey of ISSM members.
Butaney M., Thirumavalavan N., Hockenberry M.S., Kirby E.W., Pastuszak A.W., Lipshultz L.I.
Embase
International Journal of Impotence Research. 30(5) (pp 237-242), 2018. Date of Publication: 01 Oct 2018.
[Article]
AN: 623699295
Penile duplex ultrasound (PDU), combined with pharmacologic stimulation of erection, is the gold standard for the evaluation of multiple penile conditions. A 30-question electronic survey was distributed to members of the International Society for Sexual Medicine (ISSM). The survey assessed the variability in current PDU practice patterns, technique, and interpretation. Chi-square test was used to determine the association between categorical variables. Approximately 9.5% of all 1996 current ISSM members completed the survey. Almost 80% of members surveyed reported using PDU, with more North American practitioners utilizing PDU than their European counterparts (94% vs 69%, p < 0.01). Approximately 62% of PDU studies were performed by a urologist and more than 76% were interpreted by a urologist. Although almost 90% of practitioners reported using their own protocol, extreme variation in the technique existed among respondents. Over ten different pharmacologic mixtures were used to generate erections, and 17% of respondents did not repeat dosing for insufficient erection. Urologists personally performing PDU were more likely to assess the cavernosal artery flow using recommended techniques with the probe at the proximal penile shaft (73% vs 40%) and at a 60-degree angle or less (68% vs 36%) compared with non-urologists (p < 0.01). Large differences in PDU diagnostic thresholds were apparent. Only 38% of respondents defined arterial insufficiency with a peak

systolic velocity < 25 cm/s, while 53% of respondents defined venous occlusive disease with an end diastolic velocity > 5 cm/s. This is the first study to assess the variability in the PDU protocol and practice patterns, and to pinpoint areas of improvement. As in other surveys, recall bias, generalizability, and response rate (9.5%) are inherent limitations to this study. Although most respondents report utilizing a standardized PDU protocol, widespread variation exists among practitioners in terms of both technique and interpretation, limiting accurate diagnosis and appropriate treatment of penile conditions.

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Nature Publishing Group (Houndmills, Basingstoke, Hampshire RG21 6XS, United Kingdom)
Year of Publication
2018

336.

Pheochromocytomas and Hypertension.
Pappachan J.M., Tun N.N., Arunagirinathan G., Sodi R., Hanna F.W.F.
Embase
Current Hypertension Reports. 20(1) (no pagination), 2018. Article Number: 3. Date of Publication: 01 Jan 2018.
[Review]
AN: 620285235
Purpose of Review: Pheochromocytomas and paragangliomas (PPGLs) are uncommon catecholamine-producing neuroendocrine neoplasms that usually present with secondary hypertension. This review is to update the current knowledge about these neoplasms, the pathophysiology, genetic aspects and diagnostic and therapeutic algorithms based on scientific literature mostly within the past 3 years. Recent Findings: Eighty to eighty-five percent of PPGLs arise from the adrenal medulla (pheochromocytomas; PCCs) and the remainder from the autonomic neural ganglia (paragangliomas; PGLs). Catecholamine excess causes chronic or paroxysmal hypertension associated with sweating, headaches and palpitations, the presenting features of PPGLs, and increases the cardiovascular morbidity and mortality. Genetic testing should be considered in all cases as mutations are reported in 35-40% of cases; 10-15% of PCCs and 20-50% of PGLs can be malignant. Measurements of plasma-free metanephrines or 24-h urine-fractionated metanephrines help biochemical diagnosis with high sensitivity and specificity. Initial anatomical localization after biochemical confirmation is usually with computed tomography (CT) or magnetic resonance imaging (MRI). 123Iodine metaiodobenzylguanidine (123I-MIBG) scintigraphy, positron emission tomography (PET) or single-photon emission computed tomography (SPECT) is often performed for functional imaging and prognostication prior to curative or palliative surgery. Clinical and biochemical follow-up is recommended at least annually after complete tumour excision. Children, pregnant women and older people have higher morbidity and mortality risk. De-bulking surgery, chemotherapy, radiotherapy, radionuclide agents and ablation procedures are useful in the palliation of incurable disease.

Summary: PPGLs are unique neuroendocrine tumours that form an important cause for endocrine hypertension. The diagnostic and therapeutic algorithms are updated in this comprehensive article.

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Current Medicine Group LLC 1 (E-mail: info@phl.cursci.com)
Year of Publication
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337.

Superselective Transcatheter Artery Embolization in Patients with Non-ischemic Priapism.
Pei R., Yang M., Wang C., Wang J., Tong X., Zou Y.
Embase
CardioVascular and Interventional Radiology. 41(6) (pp 867-871), 2018. Date of Publication: 01 Jun 2018.
[Article]
AN: 620624631
Purpose: To investigate the efficacy and safety of superselective transcatheter artery embolization in patients with non-ischemic priapism.
Material(s) and Method(s): We retrospectively reviewed a cohort of 17 consecutive patients with non-ischemic priapism from September 2006 to August 2017. The median follow-up time was 8 months.
Result(s): Sixteen patients underwent superselective transcatheter artery embolization, and all had complete resolution of non-ischemic priapism. Fifteen of 16 patients (93.7%) underwent a single embolization without recurrence. A secondary embolization was required in one patient (6.3%) as a result of recurrence. Two of 16 patients (12.5%) had a decrease in their erectile function; one of the two patients had premorbid erectile dysfunction. Excluding the patient with premorbid erectile dysfunction, 14 of 15 patients (93.3%) maintained premorbid normal erectile function after embolization; the incidence of decrease in quality of erection is 6.7% (1/15). One patient did not undergo artery embolization because of negative findings of cavernous fistula by angiography. No angiography-related complications were found.
Conclusion(s): Superselective transcatheter artery embolization is an effective and safe procedure for non-ischemic priapism.

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29417263 [https://www.ncbi.nlm.nih.gov/pubmed/?term=29417263]
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Springer New York LLC (E-mail: barbara.b.bertram@gsk.com)
Year of Publication
2018

338.

Short-term adverse effects of testosterone used for priming in prepubertal boys before growth hormone stimulation test.
Albrecht A., Penger T., Marx M., Hirsch K., Dorr H.G.
Embase
Journal of Pediatric Endocrinology and Metabolism. 31(1) (pp 21-24), 2018. Date of Publication: 26 Jan 2018.
[Article]
AN: 620388379
Despite the fact that priming with sex steroids in prepubertal children before growth hormone (GH) provocative tests is recommended, there is an ongoing controversial discussion about the appropriate age of the children, the drug used for priming, the dose and the period between priming and the GH test. Interestingly, there is no discussion on the safety of this procedure. To date, only little data have been available on the possible side effects of priming with testosterone. We analyzed the outcome in 188 short-statured prepubertal boys who had been primed with testosterone enanthate (n=136: 50 mg; n=51: 125 mg, and accidentally one boy with 250 mg) 7 days prior to the GH test. Serum testosterone levels were measured on the day of the GH test in 99 boys. Overall, only five boys developed adverse side effects. Two boys (dose 125 mg) showed severe low-flow priapism and had to undergo decompression of the corpora cavernosa. One boy suffered from self-limiting priapism and testicular pain (dose 50 mg). Two patients reported testicular pain (each dose 50 mg). The single patient with 250 mg testosterone did not show any adverse effects. The total side effect rate was 2.7%. The serum testosterone levels of the boys with side effects were not different from the testosterone levels of the boys without any side effects. Parents and patients should be informed about the possible side effects of priming with testosterone such as priapism and testicular pain. However, the overall side effect rate is low. We found no correlation between the outcome and the testosterone dose used and/or the level of serum testosterone.

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Publisher
Walter de Gruyter GmbH
Year of Publication
2018

339.

Nonischemic Priapism in Childhood: A Case Series and Review of Literature.
Hacker H.-W., Schwoebel M.G., Szavay P.O.
Embase
European Journal of Pediatric Surgery. 28(3) (pp 255-260), 2018. Date of Publication: 01 Jun 2018.
[Review]
AN: 615137770
Introduction Nonischemic priapism (NIP) in childhood is a very rare affection. In the literature, patients with NIP are described mainly incidental after perineal trauma. Many of them underwent embolization of either internal pudendal artery or bulbocavernosal arteries. Patients and Methods We report on six boys between 4 and 13 years of age with NIP, treated at our institution between 2008 and 2014. Color Doppler ultrasound (CDU) was performed in all patients as emergency diagnostic evaluation. Patients were treated conservatively, including bed rest, local cooling, and perineal compression. History, etiological factors, clinical findings, diagnostics, and follow-up are presented. Results Out of the six patients, only one boy had a history of perineal injury with subsequent arteriocavernosal fistula, revealed in CDU. Five patients were circumcised, and one of them suffered from thalassemia minor, but no other underlying disease or etiological factors could be found. In all patients, normal to high blood flow velocities were detected in the cavernosal arteries. Detumescence started with nonoperative treatment within 24 hours in five boys and in one patient with recurrent priapism after 1 week. All six patients remained painless without evidence for an ischemic priapism. None of them suffered from relapse and further erections were observed during follow-up from 3 to 87 months. Conclusion In contrast to the literature, five out of six boys developed NIP without a previous perineal trauma. The etiology of idiopathic NIP in childhood remains unclear; however, circumcision may play a role as a conditional factor. One etiological thesis could be the release of the neurotransmitter nitric oxide after stimulation of the corpora cavernosa. Conservative treatment proved to be successful in all six patients. During a median follow-up of 55 months (3-87 months), none of the patients showed signs of erectile dysfunction.

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Georg Thieme Verlag (E-mail: iaorl@iaorl.org)
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340.

Andrology on the Internet: Most wanted, controversial and often primary source of information for patients.

Baunacke M., Groeben C., Borgmann H., Salem J., Kliesch S., Huber J.
Embase
Andrologia. 50(2) (no pagination), 2018. Article Number: e12877. Date of Publication: March 2018.
[Article]
AN: 617998172
The Internet is an important source of health information with relevant impact on the physician-patient relationship. The German urological associations host one of the most comprehensive platforms for patient information on urological diseases. The aim of the study was to characterise its users and their specific needs. We invited users of the website www.urologenportal.de via pop-up to complete a 26-item online survey to evaluate health-related behaviour, distress and decision-making preferences. We received n = 551 complete responses. The most frequently requested topics were from the field of andrology (45.4%, n = 250). Of these, the most popular topics were circumcision (28.9%, n = 159) and erectile dysfunction (18.1%; n = 100). Overall, 216 users (39.2%) searched for information prior to their first doctor's appointment, and 89.3% (n = 492) preferred autonomous or shared decision-making. Users seeking information on circumcision were less frequently under urological treatment (p <.001), and more self-determined regarding healthcare decisions (p =.01). Circumcision was the only information on the website, which received relevant critical comments. Andrology was the most frequently requested urological topic. The vast majority of patients wanted to take self-determined healthcare decisions and searched for information prior to a doctor's appointment. This might have an impact on the physician-patient relationship and causes a high demand for good-quality health information websites.

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Publisher
Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)
Year of Publication
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341.

Management of adverse effects of sleep medications in pediatrics.
Soares N., Kanungo S.
Embase
Current Psychopharmacology. 7(1) (pp 36-48), 2018. Date of Publication: 2018.
[Review]
AN: 623441681
Background: There are no published guidelines for the pharmacological management of insomnia in the pediatric population, and there are no Food and Drug Administration (FDA) approved

medications for this purpose. Yet, many classes of psychopharmacological medications are used off-label in children and adolescents.
Objective(s): To describe the side effects of different classes of medications used as sleep aids in the pediatric population, and management of those side effects.
Method(s): Literature review and summary of existing evidence.
Result(s): Several medications used as pediatric sleep aids have side effects that range from inconvenient constitutional symptoms, major systemic cardiac, endocrinological and neurological symptoms to potentially fatal syndromes.
Conclusion(s): Clinicians need to be vigilant for adverse effects of these medications and to implement strategies to mitigate some of the effects, while educating patients and families about the pros and cons of medication use for insomnia.

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Bentham Science Publishers B.V. (P.O. Box 294, Bussum 1400 AG, Netherlands)
Year of Publication
2018

342.

Management of adverse effects from atypical antipsychotics.
Nazeer A., Calles J.L.
Embase
Current Psychopharmacology. 7(1) (pp 23-35), 2018. Date of Publication: 2018.
[Review]
AN: 623441678
The use of antipsychotic medications presents a trade-off for the treating physician. On the one hand, there is enough literature regarding the efficacy of these medications to support their judicial use, while on the other, chronic and at time impairing side effects are troubling to both physicians and the patients. Extrapyramidal side effects are the hallmark of first-generation antipsychotics, while metabolic side effects including weight gain, diabetes mellitus, and lipid abnormalities are more common with second-generation antipsychotics. This article presents a concise overview of the current literature on antipsychotic-related side effects and treatment options.

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Bentham Science Publishers B.V. (P.O. Box 294, Bussum 1400 AG, Netherlands)
Year of Publication
2018

343.

Pediatric genitourinary intervention.
Towbin R., Aria D., Davis T., Kaye R., Schaefer C.
Embase
Medical Radiology. (pp 721-750), 2018. Date of Publication: 2018.
[Chapter]
AN: 623076696
Percutaneous techniques offer several advantages over open surgery in the treatment of many pediatric genitourinary diseases. The pediatric interventionalist routinely performs minimally invasive procedures on patients, frequently as outpatients utilizing procedural sedation, which would otherwise require general anesthesia and lengthy hospital admissions if treated surgically. The minimally invasive nature of percutaneous therapy also results in cost reduction. The outcomes of percutaneous techniques have now been established as equal to or better than the corresponding surgical techniques in many instances. In spite of this, pediatric genitourinary intervention has grown relatively slowly over the past decade. Limited growth in this area is likely due to a variety of factors, especially the preference of urologists to perform combined percutaneous and surgical procedures in the operating room. Most referrals to pediatric interventional radiologists are cases that are difficult to treat operatively or with endoscopic techniques. Consequently, a relatively small number of children are referred to pediatric interventionalists for routine percutaneous urologic procedures. This trend continues today.

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344.

Imaging in male genital queries.
Augdal T.A., Ording-Muller L.-S., Riccabona M.
Embase
Medical Radiology. (pp 353-371), 2018. Date of Publication: 2018.
[Chapter]
AN: 623076479
A great variety of congenital and acquired conditions may affect the male genital tract, many of them rarely encountered by radiologists, as a thorough history and clinical examination will reveal their nature and guide treatment. Most often the indication for imaging of congenital anomalies is to establish the extent of disease and detect associated anomalies to inform decision-making with regard to management, whereas in conditions like vascular malformations, imaging is necessary to guide treatment before the malformation becomes potentially debilitating. The true emergency of spermatic cord torsion is discussed in more detail, as correct management can be challenging.

Malignancy is thankfully rare in children, but must always be kept in mind by the vigilant radiologist.

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Publisher
Springer Verlag (E-mail: service@springer.de)
Year of Publication
2018

345.

Acute transverse myelitis in children, literature review.
Tavasoli A., Tabrizi A.
Embase
Iranian Journal of Child Neurology. 12(2) (pp 7-16), 2018. Date of Publication: Spring 2018.
[Review]
AN: 621308304
Objective Acute transverse myelitis (ATM) is a rare inflammatory demyelinating disorder characterized by relatively acute onset of motor, sensory, and autonomic dysfunction. Children comprise 20% of total cases of ATM. In this review, we described the current literature on childhood ATM, focusing on the epidemiology, pathogenesis, clinical presentation, approach to diagnosis, differential diagnosis, treatment and outcome in the pediatric population. Materials &Methods We searched the related articles in electronic databases such as Scopus, EMBASE, Google Scholar, and PubMed. All study designs were included and the essential key words for searching were myelitis, acute transverse myelitis, childhood transverse myelitis, and acquired demyelinating syndromes. Results The related data focusing on the epidemiology, pathogenesis, clinical presentation, diagnostic approach and differential diagnosis, treatment and outcome of pediatric ATM were gathered and described. Conclusion ATM is a heterogeneous disorder in children with a broad spectrum of clinical presentation, etiology, and outcome. It may be the first presentation of relapsing acquired demyelinating syndromes and also must be distinguished from compressive and noninflamatory myelopathies. Correct diagnosis is crucial for treatment and prognosis.

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Embase
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Publisher
Iranian Child Neurology Society (E-mail: IJCN.Journal@sbmu.ac.ir)
Year of Publication
2018

346.

Efficacy and Safety of Treatment of High-flow Priapism with Superselective Transcatheter Embolization.
Qi T., Ye L., Chen Z., Huang Z.-S., Wang B., Li H., Zhang B., Chen J.
Embase
Current medical science. 38(1) (pp 101-106), 2018. Date of Publication: 01 Feb 2018.
[Article]
AN: 624691702
This study is aimed to evaluate the effectiveness and safety of the treatment of highflow priapism with superselective transcatheter embolization. From Sep. 1999 to Jan. 2013, six patients with high-flow priapism underwent superselective transcatheter embolization of the cavernous artery. Recurrence of priapism, and change in erectile function detected by nocturnal penile tumescence and rigidity (NPTR) test and the International Index of Erectile Function 5-item questionnaire (IIEF-5) were evaluated during a mean follow-up of 12 months. A single superselective transcatheter embolization was sufficient for complete resolution of priapism in the six patients. None of the patients had a relapse of priapism after embolization, and all the patients who had premorbid normal erectile function showed maintained potency with normal results of NPTR and a mean postoperative IIEF-5 score of 23.5 (range 23 to 24) during the follow-up period. In conclusion, superselective transcatheter embolization is an effective and safe treatment method for high-flow priapism, and it can ensure a high level of preservation of premorbid erectile function.
PMID
30074158 [https://www.ncbi.nlm.nih.gov/pubmed/?term=30074158]
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(Zhang) Guangzhou 510610, China
Year of Publication
2018

347.

Evaluation of sociodemographic, clinical, and laboratory markers of sickle leg ulcers among young nigerians at a tertiary health institution.
Olatunya O.S., Albuquerque D.M., Adekile A.D., Costa F.F.
Embase
Nigerian journal of clinical practice. 21(7) (pp 882-887), 2018. Date of Publication: 01 Jul 2018.
[Article]
AN: 624452273
Background: Sickle leg ulcer (SLU) is a chronic and debilitating complication of sickle cell disease (SCD) associated with huge physical and psychosocial discomfort. The occurrence of SLU has remained steady despite successful preventive strategies and advances in SCD care. Although multifactorial factors have been implicated in SLU, these are not fully understood, and data on how these relate to young Nigerian SCD patients are scanty. Aims: This study aims to evaluate the sociodemographic, clinical, and laboratory markers of SLU in a young Nigerian SCD cohort.

Patients and Methods: This study involved 109 young SCD patients and 67 healthy peers. The sociodemographic and laboratory parameters of the participants were examined in addition to the evaluation of the SCD cohort for SLU.
Results: Only the HbSS patients had SLU. This was found in six of them giving a prevalence of 5.9% (6/101). Their median age was 17, range 14-21 years. There was a preceding history of trauma in 4 (66.7%), and this included a case of traditional scarifications for local therapeutic purposes. Two of the three (66.7%) males with SLU also had priapism (P = 0.0132). Patients with SLU were older, had less frequent bone pain crises, and significantly belonged to the low socioeconomic class (P < 0.05). Although patients with SLU had relatively higher lactate dehydrogenase, platelet count, aspartate transaminase, bilirubin, white blood cell, and lower Hb concentration and HbF, these did not attain statistical significance (P > 0.05).
Conclusion: This study confirms that SLU is common among young SCD patients with HbSS genotype, low socioeconomic background, and older age. It also suggests that SLU could be more related to hemolysis-associated SCD phenotypes among the patients.
PMID
29984720 [https://www.ncbi.nlm.nih.gov/pubmed/?term=29984720]
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Year of Publication
2018

348.

Intermittent Projectile Urethraggia: An Unusual Sequela of a Skateboarding Accident in an Adolescent Male.
Dallas KB, Guo D, Harris C, Elliott C, Sung J, Abidari J
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Urology. 107:229-231, 2017 Sep.
[Journal Article]
UI: 28571948
Our patient suffered a perineal straddle injury, resulting in right cavernosal artery pseudoaneurysm in combination with a cavernosal-urethral fistula. The urethra failed to heal after several weeks, and the patient presented with severe intermittent urethral bleeding. The pseudoaneurysm was successfully treated by coil embolization, with resolution of the bleeding. The patient recovered completely, with normal erectile and voiding function. This type of injury is very rare in the literature: traumatic cavernosal arterial pseudoaneurysm is known to cause high flow priapism, but in this case additional cavernosal-urethral fistula resulted in a severe urethraggia. This is the only case, to our knowledge, of delayed urethral bleeding from cavernosal artery pseudoaneursym in combination with a cavernosal-urethral fistula.

Version ID
1
Status
MEDLINE
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Abidari, Jennifer. Stanford University School of Medicine, Stanford, CA; Santa Clara Valley Medical Center, San Jose, CA.
Year of Publication
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349.

Olanzapine-induced Priapism in a Child with Asperger's Syndrome.
Bozkurt H, Sahin S
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Balkan Medical Journal. 34(1):85-87, 2017 01.
[Journal Article]
UI: 28251031
BACKGROUND: Priapism is a potentially painful and prolonged erection that occurs in the absence of any stimulation. Olanzapine has been reported to induce priapism in several adult cases with schizophrenia and/or mood disorders but very rarely reported in children.
CASE REPORT: 9-year-old male with Asperger's Syndrome (AS) referred to our clinic with the complaints of inattention, hyperactivity and impulsivity. He was diagnosed with attention deficit hyperactivity disorder (ADHD) and given methylphenidate treatment which ameliorated his ADHD symptoms. He started to have severe loss of appetite after methylphenidate treatment so olanzapine 2.5 mg/day was added to cope with severe inappetence. However he experienced priapism after olanzapine and priapism resolved after ceasing the drug. His mother restarted olanzapine because he benefited from olanzapine. But the same episodes occurred soon after olanzapine again and his mother had to stop the medication.
CONCLUSION: Because atypical antipsychotics are now widely used in children, unusual side effects such as priapism should be taken into consideration for the differential diagnosis.
Version ID
1
Status
MEDLINE
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Comments
Comment in (CIN)
PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5322509
Year of Publication
2017

350.

Cycling Trauma as a Cause of Arterial Priapism in Children and Teenagers. [Review]
De Rose AF, Paraboschi I, Mantica G, Szpytko A, Ackermann H, De Caro G, Terrone C, Mattioli G
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Reviews in Urology. 19(4):273-277, 2017.
[Journal Article. Review]
UI: 29472833
Bicycle riding has multiple beneficial cardiovascular effects; however, it is a well-documented source of significant urologic injuries. Priapism is a rare condition in children, and occurs primarily because of congenital hematologic diseases or adverse drug reactions. A pediatric clinical case and literature review of a high-flow priapism secondary to cycling trauma is described here to highlight their etiopathologic correlation. Bicycle riding trauma is a rare but possible cause of high-flow priapism in children, and a high index of suspicion should ensure appropriate management.
Version ID
1
Status
PubMed-not-MEDLINE
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PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5811887
Year of Publication
2017

351.

Ultrasound-guided penile nerve block in pediatrics: An answer to intraoperative priapism.
Bara M, Kumar A, Sinha C, Sinha AK
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Saudi Journal of Anaesthesia. 11(3):376-377, 2017 Jul-Sep.
[Journal Article]
UI: 28757858
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1
Status
PubMed-not-MEDLINE
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PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5516520
Year of Publication
2017

352.

Acute crises and complications of sickle cell anemia among patients attending a pediatric tertiary unit in Kinshasa, democratic Republic of Congo.
Aloni M.N., Kadima B.T., Ekulu P.M., Budiongo A.N., Ngiyulu R.M., Gini-Ehungu J.L.
Embase
Hematology Reports. 9(2) (pp 41-45), 2017. Date of Publication: 01 Jun 2017.
[Article]
AN: 616601804
In the Democratic Republic of Congo, the incidence of sickle cell anemia (SCA) is estimated to affect 30,000 to 40,000 neonates per year. However, there is paucity of data on acute clinical manifestations in sickle cell children. In these circumstances, it is difficult to develop a health care policy for an adequate management of sickle cell patients. This was a seven years' retrospective study of children admitted with acute sickle cell crisis in the Department of Pediatrics in University Hospital of Kinshasa, Kinshasa, the Democratic Republic of Congo. A total of 108 patients were identified as having SCA. There were 56 (51%) girls and 52 (49%) boys. Median age was 10.5 years (range 1-24 years). No child was diagnosed by neonatal screening. The median age of diagnosis of sickle cell anemia was 90 months (range: 8-250 months). The median age at the first transfusion was 36 months (range 4-168). In this series, 61 (56.5%) patients were eligible for hydroxyurea. However, this treatment was only performed in 4 (6.6%) of them. Pain episodes, acute anemic crisis and severe infection represent respectively 38.2%, 34.3% and 21.9% of events. Altered sensorium and focal deficit were encountered occasionally and represented 3.4% of acute events. Acute renal manifestations, cholelithiasis and priapism were rarely reported, in this cohort. In Kinshasa, the care of patients suffering from sickle cell anemia is characterized by the delayed diagnosis and low detection of organ complications compared to reports of Western countries. This situation is due to resources deficiencies.

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Publisher
Page Press Publications
Year of Publication
2017

353.

Etiological factors and management in priapism patients and attitude of emergency physicians.
Sonmez M.G., Sonmez L.O., Taskapu H.H., Kara C., Dundar Z.D., Goger Y.E., Evrin T., Ozturk A.
Embase
Archivio Italiano di Urologia e Andrologia. 89(3) (pp 203-207), 2017. Date of Publication: 2017.
[Article]
AN: 619708935
Objective: To present the underlying etiological factors in patients referring with priapism, sharing how they are managed according to etiology and priapism type together with our experiences, creating awareness so that urologists and emergency physicians may play a more active role together in priapism management.
Material(s) and Method(s): Patients referring to emergency service with priapism were examined. Penile Doppler ultrasonography (PDU) and/or corporeal aspiration and blood gas analysis were made in order to determine priapism type after anamnesis and physical examination. The most appropriate treatment option was chosen and applied on the patients considering priapism type, underlying etiological factors and priapism time. Presence of a statistical difference between etiological factors causing priapism, priapism type and applied treatment methods was calculated using Chi square (chi2) test.
Result(s): A total of 51 patients referring to emergency service with priapism attacks for 53 times were included in the evaluation. When compared to other etiological factors, number of priapism cases developing secondary to papaverine after PDU was found statistically significantly high ($p < 0.001$). Ischemic priapism ratio was detected statistically higher compared to other groups ($p < 0.001$). Aspiration and/or irrigation treatment were the most common method used for treatment at a statistically significant level ($p < 0.001$). All patients (100%) were hospitalized in urology service without applying any treatment in emergency service and had treatment and intervention under the control of the urologist.
Conclusion(s): Application of non-invasive treatments in suitable priapism patients would protect patients from invasive painful interventions. We believe that emergency physicians should be more effective in priapism phase management and at least noninvasive treatment phase.
PMID
28969405 [https://www.ncbi.nlm.nih.gov/pubmed/?term=28969405]
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Publisher
Edizioni Scripta Manent s.n.c. (E-mail: scriman@tin.it)
Year of Publication
2017

354.

Partial red blood cell exchange in children and young patients with sickle cell disease: Manual versus automated procedure. Transfusao permuta parcial em criancas e jovens com doenca falciforme: Comparacao da experiencia manual com o procedimento automatizado <Transfusao permuta parcial em criancas e jovens com doenca falciforme: Comparacao da experiencia manual com o procedimento automatizado.>

Escobar C., Moniz M., Nunes P., Abadesso C., Ferreira T., Barra A., Lichtner A., Loureiro H., Dias A., Almeida H.

Embase
Acta Medica Portuguesa. 30(10) (pp 727-733), 2017. Date of Publication: October 2017.
[Article]
AN: 619098162

Introduction: The benefits of manual versus automated red blood cell exchange have rarely been documented and studies in young sickle cell disease patients are scarce. We aim to describe and compare our experience in these two procedures.
Material(s) and Method(s): Young patients (<= 21 years old) who underwent manual-or automated-red blood cell exchange for prevention or treatment of sickle cell disease complications were included. Clinical, technical and hematological data were prospectively recorded and analyzed.
Result(s): Ninety-four red blood cell exchange sessions were performed over a period of 68 months, including 57 manual and 37 automated, 63 for chronic complications prevention, 30 for acute complications and one in the pre-operative setting. Mean decrease in sickle hemoglobin levels was higher in automated-red blood cell exchange ($p < 0.001$) and permitted a higher sickle hemoglobin level decrease per volume removed ($p < 0.001$), while hemoglobin and hematocrit remained stable. Ferritin levels on chronic patients decreased 54%. Most frequent concern was catheter outflow obstruction on manual-red blood cell exchange and access alarm on automated-red blood cell exchange. No major complication or alloimunization was recorded.
Discussion(s): Automated-red blood cell exchange decreased sickle hemoglobin levels more efficiently than manual procedure in the setting of acute and chronic complications of sickle cell disease, with minor technical concerns mainly due to vascular access. The threshold of sickle hemoglobin should be individualized for clinical and hematological goals. In our cohort of young patients, the need for an acceptable venous access was a limiting factor, but iron-overload was avoided.
Conclusion(s): Automated red blood cell exchange is safe and well tolerated. It permits a higher sickle hemoglobin removal efficacy, better volume status control and iron-overload avoidance.

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29268067 [https://www.ncbi.nlm.nih.gov/pubmed/?term=29268067]
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Publisher
CELOM
Year of Publication
2017

355.

Editor's Choice - Reconstruction of the femoro-ilio-caval outflow by percutaneous and hybrid interventions in symptomatic deep venous obstruction.
van Vuuren T.M.A.J., de Wolf M.A.F., Arnoldussen C.W.K.P., Kurstjens R.L.M., van Laanen J.H.H., Jalaie H., de Graaf R., Wittens C.H.A.
Embase
European Journal of Vascular and Endovascular Surgery. 54(4) (pp 495-503), 2017. Date of Publication: October 2017.
[Article]
AN: 617617518
Objective/Background Deep venous obstruction is relatively prevalent in patients with chronic venous disease. Endovascular treatments and hybrid interventions can be used to relieve venous outflow obstructions. This paper assesses mid-term clinical outcomes and patency rates in a large cohort after percutaneous and hybrid interventions. Methods This was a prospectively analysed cohort study. Patients with symptomatic deep venous obstruction who presented at a tertiary referral hospital were divided into three groups: patients who underwent percutaneous stenting for non-thrombotic iliac vein compression syndrome (IVCS group); patients with post-thrombotic syndrome (PTS) treated by percutaneous stent placement (P-PTS group); and PTS patients with obstruction involving the veins below the saphenofemoral junction in which a hybrid procedure was performed, combining stenting with open surgical disobliteration (H-PTS group). Patency rates, complications, and clinical outcomes were analysed. Results A total of 425 lower extremities in 369 patients were treated. At 60 months, primary patency, assisted primary patency, and secondary patency rates were 90%, 100%, and 100% for IVCS, and 64%, 81%, and 89% for the P-PTS group, respectively. The H-PTS group, showed patency rates of 37%, 62%, and 72%, respectively, at 36 months. Venous claudication subsided in 90%, 82%, and 83%, respectively. At the 24 month follow-up, mean Venous Clinical Severity Score decreased for all patients and improvement in Villalta score was seen in post-thrombotic patients. The number of complications was related to the extent of deep venous obstruction in which patients in the H-PTS group showed the highest complication rates (81%) and re-interventions (59%). Conclusion Percutaneous stent placement to treat non-thrombotic iliac vein lesions, and post-thrombotic ilio-femoral obstructions are safe, effective, and showed patency rates comparable with previous research. Patients with advanced disease needing a hybrid procedure showed a lower patency rate and more complications. However, when successful, the clinical outcome was favourable at mid-term follow-up and the procedure may be offered to selected patients.

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28778457 [https://www.ncbi.nlm.nih.gov/pubmed/?term=28778457]
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Publisher
W.B. Saunders Ltd
Year of Publication
2017

356.

Long-Term Follow-Up of Lymphatic Malformations in Children Treated with Sildenafil.
Tu J.H., Tafoya E., Jeng M., Teng J.M.
Embase
Pediatric Dermatology. 34(5) (pp 559-565), 2017. Date of Publication: September/October 2017.
[Article]
AN: 618229491
Background/Objectives: Lymphatic malformations (LMs) are challenging to treat. Reports on the benefits of sildenafil for LM management have been mixed. This study evaluated long-term clinical outcomes of pediatric LM patients after sildenafil treatment.
Method(s): A retrospective chart review was performed on pediatric LM patients treated with sildenafil in the past 5 years. Patients were also contacted to complete a survey of comprehensive questions about their LM after sildenafil and subsequent interventions.
Result(s): Of 12 patients identified, 10 (83.3%) participated in the follow-up survey. The average age was 8 years (range 4-16 yrs), median treatment duration was 9 months, and the average time of follow-up after sildenafil was 4 years; one patient is still taking sildenafil. Ten patients surveyed (83.3%) reported positive therapeutic response, with improvement in the size and compressibility of their LM during posttreatment clinical visits. Six received additional interventions (four sirolimus, one sclerotherapy, one surgery) after sildenafil was discontinued, with all but one reporting a positive response to subsequent interventions. Minor side effects at the time of sildenafil treatment included mild flushing, dizziness, and transient nausea, but no adverse effects were reported at the long-term follow-up.
Conclusion(s): This is the first report of long-term follow-up of pediatric LM patients treated with sildenafil. Our findings suggest that sildenafil is beneficial for the symptomatic treatment of LMs. Additional analysis on the role of sildenafil as adjuvant therapy is necessary to optimize the use of this medication in the management of complex LMs.

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28884903 [https://www.ncbi.nlm.nih.gov/pubmed/?term=28884903]
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Publisher
Blackwell Publishing Inc. (E-mail: subscrip@blackwellpub.com)
Year of Publication

2017

357.

Genome-wide association study of erythrocyte density in sickle cell disease patients.
Ilboudo Y., Bartolucci P., Rivera A., Sedzro J.-C., Beaudoin M., Trudel M., Alper S.L., Brugnara C., Galacteros F., Lettre G.
Embase
Blood Cells, Molecules, and Diseases. 65 (pp 60-65), 2017. Date of Publication: 01 Jun 2017.
[Article]
AN: 616411819
Deoxy-hemoglobin S polymerization into rigid fibers is the direct cause of the clinical sequelae observed in sickle cell disease (SCD). The rate of polymerization of sickle hemoglobin is determined primarily by intracellular hemoglobin concentration, itself dependent on the amount of sickle hemoglobin and on red blood cell (RBC) volume. Dense, dehydrated RBC (DRBC) are observed in SCD patients, and their number correlates with hemolytic parameters and complications such as renal dysfunction, leg ulcers and priapism. To identify new genes involved in RBC hydration in SCD, we performed the first genome-wide association study for DRBC in 374 sickle cell anemia (HbSS) patients. We did not find genome-wide significant results, indicating that variants that modulate DRBC have modest-to-weak effects. A secondary analysis demonstrated a nominal association (P = 0.003) between DRBC in SCD patients and a variant associated with mean corpuscular hemoglobin concentration (MCHC) in non-anemic individuals. This intronic variant controls the expression of ATP2B4, the main calcium pump in erythrocytes. Our study highlights ATP2B4 as a promising target for modulation of RBC hydration in SCD patients.

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Publisher
Academic Press Inc. (E-mail: apjcs@harcourt.com)
Year of Publication
2017

358.

Management of acute ischemic priapism at National Hospital Lamorde of Niamey. Prise en charge du priapisme ischemique aigu a l'Hopital National de Lamorde de Niamey <Prise en charge du priapisme ischemique aigu a l'Hopital National de Lamorde de Niamey.>
Habou O., Adamou H., Amadou Magagi I., Amadou S., Magagi A., Malam Bade A., Sanda Ganda O., Abarchi H.
Embase
African Journal of Urology. 23(4) (pp 338-341), 2017. Date of Publication: December 2017.
[Article]
AN: 619197334
Objectives To describe the clinical features of acute ischemic priapism and to assess the results of the management. Patients and methods This is a prospective study over a period of 19 months from June 2011 to December 2012, involving 29 patients treated for acute ischemic priapism in the service of surgical and urological emergencies of National hospital of Lamorde. The age, the consultation period, the etiology and results of the treatment were the variables studied. Results The mean age was 19 years (range 5-43 years). The average time of consultation was 26 hours (range: 5 hours and 5 days). Sickle cell disease (18 cases) and self-medication (7 cases) were the main causes. De tumescence was complete (15 cases) after cavernous puncture and etilefrine administration. The erection was satisfactory (7 cases) with a mean of 3 months and 5 patients had erectile dysfunction. Conclusion Sickle cell disease is the leading cause of acute ischemic priapism in our context. Winter's procedure is a simple treatment option, reliable and effective for the treatment of this condition.

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Embase
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Publisher
Pan African Urological Surgeons Association(PAUSA) (E-mail: sunnydoodu@yahoo.com)
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359.

Reproductive endocrine issues in men with sickle cell anemia.
Huang A.W., Muneyyirci-Delale O.
Embase
Andrology. 5(4) (pp 679-690), 2017. Date of Publication: July 2017.
[Review]
AN: 617043673
In patients with sickle cell anemia, the sickling of red blood cells is known to cause end-organ damage by infarction. In some men who are affected by sickle cell anemia, the obstruction of venous outflow of the penis causes priapism, which could lead to erectile dysfunction. There is also evidence that the disease is linked to other reproductive issues in men-specifically delayed

puberty, low testosterone, and sperm abnormalities-although the causes of these problems are less clear. Treatment of sickle cell anemia can have effects on the reproductive system as well. This review summarizes the findings from various publications pertaining to reproductive endocrinology, along with their conclusions and discrepancies.

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Year of Publication
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360.

Degree of anemia, indirect markers of hemolysis, and vascular complications of sickle cell disease in Africa.
Dubert M., Elion J., Tolo A., Diallo D.A., Diop S., Diagne I., Sanogo I., Belinga S., Guifo O., Wamba G., Sack F.N., Boidy K., Kamara I., Traore Y., Diakite C.O., Gbonon V., Faye B.F., Seck M., Ly I.D., Chelo D., N'Guetta R., Diop I.B., Gaye B., Jouven X., Ranque B.
Embase
Blood. 130(20) (pp 2215-2223), 2017. Date of Publication: 16 Nov 2017.
[Article]
AN: 619286117
The hyperhemolysis paradigm that describes overlapping "hyperhemolytic-endothelial dysfunction" and "high hemoglobin-hyperviscous" subphenotypes of sickle cell disease (SCD) patients is based on North American studies. We performed a transversal study nested in the CADRE cohort to analyze the association between steady-state hemolysis and vascular complications of SCD among sub-Saharan African patients. In Mali, Cameroon, and Ivory Coast, 2407 SCD patients (1751 SS or sickle beta-zero-thalassemia [Sbeta0], 495 SC, and 161 sickle beta+-thalassemia [Sbeta+]), aged 3 years old and over, were included at steady state. Relative hemolytic intensity was estimated from a composite index derived from principal component analysis, which included bilirubin levels or clinical icterus, and lactate dehydrogenase levels. We assessed vascular complications (elevated tricuspid regurgitant jet velocity [TRV], microalbuminuria, leg ulcers, priapism, stroke, and osteonecrosis) by clinical examination, laboratory tests, and echocardiography. After adjustment for age, sex, country, and SCD phenotype, a low hemoglobin level was significantly associated with TRV and microalbuminuria in the whole population and with leg ulcers in SS-Sbeta0 adults. A high hemolysis index was associated with microalbuminuria in the whole population and with elevated TRV, microalbuminuria, and leg ulcers in SS-Sbeta0 adults, but these associations were no longer significant after adjustment for hemoglobin level. In conclusion, severe anemia at steady state in SCD patients living in West and Central Africa is associated with elevated TRV, microalbuminuria, and leg ulcers, but these vascular complications are not independently

associated with indirect markers of increased hemolysis. Other mechanisms leading to anemia, including malnutrition and infectious diseases, may also play a role in the development of SCD vasculopathy.

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Publisher
American Society of Hematology (E-mail: publishing@hematology.org)
Year of Publication
2017

361.

Perioperative management of paediatric patients with sickle cell disease.
Sullivan K.J., Dayan J., Reichenbach M., Irwin M., Pitkin A., Gauger C., Goodwin S.R., Kissoon N.
Embase
West Indian Medical Journal. 66(4) (pp 469-477), 2017. Date of Publication: 2017.
[Review]
AN: 619492937
Patients with sickle cell disease (SCD) are prone to acute and chronic organ injuries that may necessitate surgical interventions earlier and with more frequency than non-SCD cohorts. They are also at an increased risk for perioperative morbidity and mortality because of the inherent pathophysiological derangements associated with SCD. Perioperative outcomes are influenced

by phenotype variability, end-organ injury and the variable risks of surgical procedures, as well as the availability of beneficial therapies, especially where resources may be limited. Safe and effective perioperative management relies on anticipation and avoidance of complications, which can be best achieved by collaboration among anaesthesiologists, intensivists, surgeons and haematologists. This review addresses potential perioperative complications and contemporary management to assist in the perioperative care of paediatric patients with SCD.
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362.

A phase 3 randomized placebo-controlled trial of tadalafil for Duchenne muscular dystrophy.
Victor R.G., Sweeney H.L., Finkel R., McDonald C.M., Byrne B., Eagle M., Goemans N., Vandenborne K., Dubrovsky A.L., Topaloglu H., Miceli M.C., Furlong P., Landry J., Elashoff R., Cox D.
Embase
Neurology. 89(17) (pp 1811-1820), 2017. Date of Publication: 24 Oct 2017.
[Article]
AN: 618952443
Objective: To conduct a randomized trial to test the primary hypothesis that once-daily tadalafil, administered orally for 48 weeks, lessens the decline in ambulatory ability in boys with Duchenne muscular dystrophy (DMD).
Method(s): Three hundred thirty-one participants with DMD 7 to 14 years of age taking glucocorticoids were randomized to tadalafil 0.3 mg kg21 d21, tadalafil 0.6 mg kg21 d21, or placebo. The primary efficacy measure was 6-minute walk distance (6MWD) after 48 weeks. Secondary efficacy measures included North Star Ambulatory Assessment and timed function tests. Performance of Upper Limb (PUL) was a prespecified exploratory outcome.
Result(s): Tadalafil had no effect on the primary outcome: 48-week declines in 6MWD were 51.0 6 9.3 m with placebo, 64.7 6 9.8 m with low-dose tadalafil (p 5 0.307 vs placebo), and 59.1 6 9.4 m with high-dose tadalafil (p 5 0.538 vs placebo). Tadalafil also had no effect on secondary outcomes. In boys .10 years of age, total PUL score and shoulder subscore declined less with low-dose tadalafil than placebo. Adverse events were consistent with the known safety profile of tadalafil and the DMD disease state.
Conclusion(s): Tadalafil did not lessen the decline in ambulatory ability in boys with DMD. Further studies should be considered to confirm the hypothesis-generating upper limb data and to determine whether ambulatory decline can be slowed by initiation of tadalafil before 7 years of age.

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Clinical Trial Number
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2017

363.

Foetal haemoglobin and disease severity in Nigerian children with sickle cell anaemia.
Adeodu O.O., Akinlosotu M.A., Adegoke S.A., Oseni S.B.
Embase
Mediterranean Journal of Hematology and Infectious Diseases. 9(1) (no pagination), 2017. Article Number: e2017063. Date of Publication: 2017.
[Article]
AN: 618984417
Background: Foetal haemoglobin (HbF) is a major modifying factor influencing sickle cell disease (SCD) severity. Despite this, HbF estimation is not routinely done in Nigeria. The relationship between HbF and SCD severity among affected children is also poorly studied.
Method(s): In this descriptive cross-sectional study, we determined the relationship between steady state HbF levels and disease severity of Nigerian children aged 1 - 15 years with homozygous SCD. For each child, the socio-demographic characteristics and SCD clinical severity were determined. The latter was assessed based on the frequency of significant painful episodes, blood transfusion, and hospitalisation in the preceding 12 months; lifetime cumulative incidence of SCD-related complications; the degree of splenic and hepatic enlargement; current haematocrit and leucocyte count. Foetal haemoglobin levels were quantified with high-performance liquid chromatography.
Result(s): The mean HbF level of the 105 children with SCA was 9.9 +/- 6.0%. Male had significantly lower mean HbF levels than females, 8.0 +/- 5.6% vs. 12.2 +/- 5.8% ($p < 0.001$). None of the children had severe disease. However, the 32 children with moderate disease had significantly lower mean foetal haemoglobin levels than the 73 with mild disease (7.7 +/- 5.6% vs 10.8 +/- 6.0% respectively). The mean HbF level was also significantly lower in children who had a history of acute chest syndrome and stroke compared to those without these complications, $p = 0.002$ and 0.010 respectively.
Conclusion(s): Children with SCA who had a moderate disease and those with a history of life-threatening complications such as stroke and acute chest syndrome had significantly low HbF

levels. Therefore, it is recommended that facilities for early quantification of foetal haemoglobin and HbF inducement were made available to reduce the morbidity and mortality among these children.
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Universita Cattolica del Sacro Cuore (Policlinico Gemelli, Largo Gemelli 8, Rome 000168, Italy)
Year of Publication
2017

364.

Pediatric sickle cell disease: Past successes and future challenges.
Meier E.R., Rampersad A.
Embase
Pediatric Research. 81(1-2) (pp 249-258), 2017. Date of Publication: 01 Jan 2017.
[Review]
AN: 614113585
Once a fatal disease of childhood, more than 95% of patients born today with sickle cell disease (SCD) in developed countries are expected to survive into adulthood, largely because of improvements in supportive and preventive care (newborn screening, penicillin prophylaxis, transcranial Doppler (TCD) screening). Hydroxyurea (HU) therapy, the only oral medication currently available to prevent SCD complications, has become more widespread over the past 20 y. The NHLBI recommends that HU be offered to all patients with HbSS beginning at 9 mo of age, and the recently published Abnormal TCD with Transfusions Changing to HU (TWiTCH) trial has shown HU as an acceptable alternative to transfusion therapy for patients at high risk of stroke. While hematopoietic stem cell transplant (HSCT) is a curative option for SCD, less than 25% of patients have a suitable donor. Alternative stem cell sources from unrelated donors and haplo-identical donors are currently under investigation as are gene therapy trials. This review will focus on early efforts to elucidate SCD pathophysiology as well as supportive and preventive care improvements. Findings from recent multi-center studies (Silent Infarct Transfusion (SIT) Trial and TWiTCH) will be summarized. Finally, HSCT trials and gene therapy will be reviewed.

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Nature Publishing Group (Houndmills, Basingstoke, Hampshire RG21 6XS, United Kingdom)
Clinical Trial Number
https://clinicaltrials.gov/show/NCT00745420
Year of Publication
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365.

Neurologic Complications in Children with Scorpionism: A Retrospective Study in Upper Egypt.
Saad K., El-Hamed M.A.A., Abo-Elela M.G.M., Ahmed A.E., Abdel-Baseer K.A., Aboul-Khair M.D., Metwalley K.A., El-Houfey A.A., Hasan G.M., El-Shareef A.M.
Embase
Journal of Child Neurology. 32(6) (pp 537-542), 2017. Date of Publication: 01 May 2017.
[Article]
AN: 615980251
Scorpion envenomation is a life-threatening health problem in tropical and subtropical regions, particularly among children. The aim of this study was to describe the epidemiologic characteristics, clinical profile, and prognosis of neurologic complications among children with scorpionism in Upper Egypt. In this retrospective study, the neurologic complications of scorpionism in 2 university hospitals were analyzed from the points of epidemiologic and clinical picture and outcomes. The neurologic manifestations were found at a high percentage (85%). Irritability was the main manifestation (83.4%), followed by sweating (81.5%), hyperthermia (33.6%), and priapism (48.2% of males). Moreover, convulsion and coma were found in 14.7% and 11% of children, respectively. Neurologic manifestations were common in children with scorpionism and they correlated with poor outcome. Identification of epidemiologic and clinical features of central nervous system complications of scorpionism in children provide important data, helping in development of management policies aiming at preventive control of scorpionism and decrease its mortality.

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Publisher
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Year of Publication
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366.

National registry of hemoglobinopathies in Spain (REPHem).
Cela E., Bellon J.M., de la Cruz M., Belendez C., Berrueco R., Ruiz A., Elorza I., Diaz de Heredia C., Cervera A., Valles G., Salinas J.A., Coll M.T., Bermudez M., Prudencio M., Argiles B., Vecilla C.
Embase

Pediatric Blood and Cancer. 64(7) (no pagination), 2017. Article Number: e26322. Date of Publication: July 2017.
[Article]
AN: 613413022
Background: Although highly prevalent throughout the world, the accurate prevalence of hemoglobinopathies in Spain is unknown. Procedure: This study presents data on the national registry of hemoglobinopathies of patients with thalassemia major (TM), thalassemia intermedia (TI), and sickle cell disease (SCD) in Spain created in 2014. Fifty centers reported cases retrospectively. Data were registered from neonatal screening or from the first contact at diagnosis until last follow-up or death.
Result(s): Data of the 715 eligible patients were collected: 615 SCD (497 SS, 64 SC, 54 SBeta phenotypes), 73 thalassemia, 9 CC phenotype, and 18 other variants. Most of the SCD patients were born in Spain (65%), and 51% of these were diagnosed at newborn screening. Median age at the first diagnosis was 0.4 years for thalassemia and 1.0 years for SCD. The estimated incidence was 0.002 thalassemia cases and 0.03 SCD cases/1,000 live births. Median age was 8.9 years (0.2-33.7) for thalassemia and 8.1 years (0.2-32.8) for SCD patients. Stroke was registered in 16 SCD cases. Transplantation was performed in 43 TM and 23 SCD patients at a median age of 5.2 and 7.8 years, respectively. Twenty-one patients died (3 TM, 17 SCD, 1 CC) and 200 were lost to follow-up. Causes of death were related to transplantation in three patients with TM and three patients with SCD. Death did not seem to be associated with SCD in six patients, but nine patients died secondary to disease complications. Overall survival was 95% at 15 years of age.
Conclusion(s): The registry provides data about the prevalence of hemoglobinopathies in Spain and will permit future cohort studies and the possibility of comparison with other registries.

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Publisher
John Wiley and Sons Inc. (P.O.Box 18667, Newark NJ 07191-8667, United States)
Year of Publication
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367.

The epidemiology of sickle cell disease in Germany following recent large-scale immigration.
Kunz J.B., Cario H., Grosse R., Jarisch A., Lobitz S., Kulozik A.E.
Embase
Pediatric Blood and Cancer. 64(7) (no pagination), 2017. Article Number: e26550. Date of Publication: July 2017.
[Article]
AN: 615331600
Background: The epidemiology of sickle cell disease (SCD) in Germany is currently changing fundamentally with ongoing immigration. Here, we address the challenges resulting from the increased frequency, that is, the morbidity, and mortality of SCD in this population. Procedure: The number of immigrants with SCD was estimated based on the data of the German central

registry of migrants (2007-2015) and published epidemiologic data. Additional data analysis was based on nationwide aggregated data from the diagnosis-related groups' (DRG) statistics of the German Federal Statistical Office.
Result(s): The total number of patients with SCD among migrants was estimated at 2,016 in 2007 and 3,216 in 2015, thus showing a 60% increase, which was particularly remarkable during 2014 and 2015. The countries of origin included those of West sub-Saharan Africa, followed by Syria, and other countries of the Middle East. In parallel, the number of SCD inpatient treatments increased from 780 in 2002 to 1,340 in 2015. Between 2012 and 2014, 42 patients with SCD died in hospital, mostly at an age of less than 5 years (n = 7) or over 30 years (n = 29).
Conclusion(s): More than 3,000 patients with SCD are estimated to live among the immigrant population in Germany. In addition, the number of SCD patients of German nationality is not known. The increasing number of inpatient treatments and the death of young children from SCD indicate the need for a general newborn screening program and an increased awareness of this disease among medical practitioners in a country in which SCD used to be rare.

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Year of Publication
2017

368.

Sickle cell disease: an update on management.
Brewin J., Howard J.
Embase
Paediatrics and Child Health (United Kingdom). 27(11) (pp 506-510), 2017. Date of Publication: November 2017.
[Review]
AN: 617738976
Sickle cell disease (SCD) is a common inherited disease affecting 12-15,000 individuals in the UK with approximately 250 new births per annum. Life expectancy has improved with the majority of those affected now surviving to adulthood, but it is associated with acute and chronic complications including haemolytic anaemia and intermittent episodes of severe bony pain, which may need hospital admission for management. Other acute complications include acute chest syndrome, stroke, priapism, splenic sequestration and red cell aplasia. Individuals with SCD also have an increased risk of infection and may develop renal dysfunction, respiratory complications and bony complications including avascular necrosis. Newborn screening will identify affected

individuals and ensures early entrance into comprehensive care, which should include infection prophylaxis and primary stroke prevention by trans-cranial doppler screening. In addition annual review by a specialist team should continue throughout life. Optimal care provision comes from a strong multidisciplinary approach, with easy access to psychological services and an active community support team. With these measures, patients and their families can be educated to manage the minor complications of SCD with minimal impact to their daily lives and to recognize the more serious complications early, allowing quick and effective intervention to reverse the sickling process. Current treatments options are hydroxycarbamide (hydroxyurea), blood transfusion and haematopoietic stem cell transplant.

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Publisher
Churchill Livingstone
Year of Publication
2017

369.

Alpha-thalassaemia promotes frequent vaso-occlusive crises in children with sickle cell anaemia through haemorheological changes.
Renoux C., Connes P., Nader E., Skinner S., Faes C., Petras M., Bertrand Y., Garnier N., Cuzzubbo D., Divialle-Doumdo L., Kebaili K., Renard C., Gauthier A., Etienne-Julan M., Cannas G., Martin C., Hardy-Dessources M.-D., Pialoux V., Romana M., Joly P.
Embase
Pediatric Blood and Cancer. 64(8) (no pagination), 2017. Article Number: e26455. Date of Publication: August 2017.
[Article]
AN: 616788895
Background: Sickle cell anaemia (SCA) is a severe hereditary haemoglobinopathy characterised by haemorheological abnormalities, which play a role in the occurrence of several acute and chronic clinical complications. While betaS-haplotypes and alpha-thalassaemia modulate SCA clinical severity, their effects on blood rheology have been incompletely described. The aim of this study was to test the effects of these genetic modifiers on the haemorheological properties and clinical complication of children with SCA. Procedure: Steady-state haemorheological profile, biological parameters, betaS-haplotypes, alpha-globin status, vaso-occlusive crisis (VOC) and acute chest syndrome frequencies were analysed in 128 children (aged 5 to 18 years) with SCA. Result(s): Patients with alpha-thalassaemia showed increased red blood cell (RBC) deformability and aggregation compared to those without. Median VOC rate was higher in patients with homozygous alpha-thalassaemia compared to those with a normal alpha genotype. Conversely, the haemorheological profile and clinical complications were not influenced by the betaS-haplotypes in our study.
Conclusion(s): Our results demonstrate that alpha-thalassaemia is associated with higher risk for VOC events in children with SCA, which may be due in part to its effects on RBC deformability and aggregation.

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370.

Sexual Consequences of Cancer and Its Treatment in Adolescents and Young Adults.
Soanes L., White I.D.
Embase
Pediatric Oncology. (9783319336770) (pp 603-631), 2017. Date of Publication: 2017.
[Chapter]
AN: 618183577
Sexual difficulties arising from cancer and its treatment remain a neglected aspect of survivorship within the adolescent and younger adult age group. This life stage is important in the development of sexual identity and orientation, sexual expression and function and intimate relationship formation. Hence, the impact of serious illness and treatment can be highly disruptive, leading to immediate- and longer-term/delayed physical, psychological, interpersonal and thus psychosexual consequences. This chapter adopts a biopsychosocial model to address the aetiology, assessment and management of commonly encountered sexual difficulties in AYA oncology, including loss of sexual interest (desire), sexual pain, erectile dysfunction and ejaculatory and orgasmic changes. The chapter concludes with recommendations for improved service provision within cancer centres and a greater focus on intervention research to raise the profile and standards of care for this aspect of people's recovery and lives after cancer.

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371.

Combined genotypes of the MBL2 gene related to low mannose-binding lectin levels are associated with vaso-occlusive events in children with sickle cell anemia.
Medeiros F.S., de Mendonca T.F., Lopes K.A.M., Franca L.M.C., da Silva A.S., Vasconcelos L.R.S., de Oliveira M.C.V.C., dos Anjos A.C.M., Hatzlhofer B.L.D., Bezerra M.A.C., Araujo A.S., de Moura P.M.M.F., Cavalcanti M.S.M.
Embase
Genetics and Molecular Biology. 40(3) (pp 600-603), 2017. Date of Publication: 2017.
[Article]
AN: 618214405
Sickle cell anemia (SCA) presents heterogenous clinical manifestations that cannot be explained solely by alterations to hemoglobin (Hb); other components such as endothelial adhesion, thrombosis and inflammation may be involved. The mannose-binding lectin (MBL) has an important role in innate immunity and inflammatory diseases. In this report, we describe an association betweenMBL2 polymorphism related to low production of serum MBL and the frequency of vasoocclusive events (FVOE) in children <= 5 years old with SCA (p = 0.0229; OR 5.55; CI 1.11-27.66). Further studies are needed to explore the role of low MBL2 in the pathophysiology of vasoocclusive events in SCA.

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Embase
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Publisher
Brazilian Journal of Genetics
Year of Publication
2017

372.

Pulmonary hypertension therapy and a systematic review of efficacy and safety of PDE-5 inhibitors.
Unegbu C., Noje C., Coulson J.D., Segal J.B., Romer L.
Embase
Pediatrics. 139(3) (no pagination), 2017. Article Number: e20161450. Date of Publication: March 2017.
[Review]
AN: 614992633
Pulmonary hypertension (PH) is a syndrome that is of growing concern to pediatricians worldwide. Recent data led to concerns about the safety of phosphodiesterase type 5 (PDE5)

inhibitors in children and a US Food and Drug Administration safety advisory. Our objective is to provide insight into therapies for PH in children and to systematically review the comparative effectiveness and safety of PDE5 inhibitors in the management of pediatric patients with PH. We searched the following databases through February 2015: Medline, Embase, SCOPUS, and the Cochrane Central Register of Controlled Trials. We included studies that examined PDE5 inhibitor use in children withPH. Allowed comparators were either no medication or other classes of medication for management of PH. Study inclusion was via a 2-stage process with 2 reviewers and a predesigned form. Of 1270 papers identified by literature search, 21 were included: 8 randomized controlled trials and 13 observational studies (9 retrospective, 4 prospective). There is strong evidence that PDE5 inhibitor use improves echocardiography measurements, cardiac catheterization parameters, and oxygenation compared with baseline or placebo in pediatric patients with PH. Evidence suggests that low-and moderate-dose sildenafil are safe regimens for children. There are a relatively small number of randomized controlled trials that address use of PDE5 inhibitors in pediatric patients with PH. PDE5 inhibitors are effective agents for cardiovascular and oxygenation end points in pediatric PH and important components of a multimodal pharmacotherapeutic approach to this growing challenge. Additional studies are needed to define optimal PH therapy in childhood.

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28235796 [https://www.ncbi.nlm.nih.gov/pubmed/?term=28235796]
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Publisher
American Academy of Pediatrics (141 Northwest Point Blvd, P.O. Box 927, Elk Grove Village IL 60007-1098, United States)
Year of Publication
2017

373.

Clinical and laboratory predictors of frequency of painful crises among sickle cell anaemia patients in Nigeria.
Ugwu A.O., Ibegbulam O.G., Nwagha T.U., Madu A.J., Ocheni S., Okpala I.
Embase
Journal of Clinical and Diagnostic Research. 11(6) (pp EC22-EC25), 2017. Date of Publication: 01 Jun 2017.
[Article]
AN: 616783110

Introduction: The severity of Sickle Cell Anaemia (SCA) in terms of frequency of painful Vaso-Occlusive Crises (VOC) may be affected by clinical and haematological parameters amongst others. Elucidation of these factors in a given disease prevalent environment is necessary for prompt and effective management of patients with frequent painful VOC.
Aim(s): This study aimed at determining the clinical and laboratory predictors of frequency of painful VOC among SCA patients in Enugu, Southeastern Nigeria.
Material(s) and Method(s): It was a cross-sectional study of 100 consecutive SCA patients receiving care at the University of Nigeria Teaching Hospital, Enugu, Nigeria between May 2012 and February 2014. The eligible patients were categorized into two groups namely; Group A and Group B. Group A/study group (severe disease) comprised SCA patients who had experienced three or more painful crises (>=3 crises) in the last one year preceding the study but, currently in steady state, while Group B/control group (mild-moderate disease), comprised SCA patients matched for age, sex, highest educational status, and occupation but who have had no painful crisis or had only one or two painful crises (0-2 crises) in the last one year preceding the study and currently in steady state.
Result(s): The overall mean age of the patients was 18.4+/-12.2 (range=2-52) years. The mean values of the haematological parameters including haemoglobin concentration, white cell count, platelet count, and neutrophil count were significantly higher in those with severe crises than mild-moderate crises ($p<0.05$). Sickle cell related complications including Avascular Necrosis (AVN) and leg ulcers were significantly higher in the study group than the control group ($p<0.05$).
Conclusion(s): There was significant association between the frequency of crises and haemogblobin level, platelet and neutrophil counts and some clinical parameters: AVN, nephropathy and stroke. Future preventive interventions for reduction in frequency of crisis amongst patients with SCA could be targeted at controlling the blood levels of the identified haematological parameters.

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Journal of Clinical and Diagnostic Research (No 3, 1/9 Roop Nagar,GT Karnal Road, Delhi 110007, India)
Year of Publication
2017

374.

Histological features of bone marrow in paediatric patients during the asymptomatic phase of early-stage Black African sickle cell anaemia.
Mauriello A., Giacobbi E., Saggini A., Isgro A., Facchetti S., Anemona L.
Embase
Pathology. 49(3) (pp 297-303), 2017. Date of Publication: 01 Apr 2017.
[Article]
AN: 614544149
Bone marrow histological features of sickle cell anaemia (SCA) patients during early stages and in the asymptomatic phase of the disease appear an interesting area of study, representing early-stage consequences of SCA with a close relation to its pathophysiology. Unfortunately, this field of research has never been specifically addressed before. Bone marrow biopsies from 26 consecutive Black African SCA patients (M:F = 1.6:1; age 2-17 years), free of clinical signs of

chronic bone marrow damage, with no recent history of symptomatic vaso-occlusive episodes, and waiting for haematopoietic stem cell transplantation (HSCT), underwent morphological, immunohistochemical and electron microscopy evaluation. Additional comparison with three bone marrow specimens from post-HSCT SCA patients and 10 bone marrow specimens from AS healthy carriers was performed. Bone marrow of SCA patients was normocellular or slighly hypercellular in all cases. Erythroid hyperplasia was a common feature. Myeloid lineage was slightly decreased with normal to slightly diminished neutrophilic granulocytes; CD68 positive monocytic-macrophagic cells appeared slightly increased, with a predominant CD163 positive M2/M(Hb) phenotype. A positive correlation was found between haemoglobin values and number of bone marrow erythroid cells (R2 = 0.15, p = 0.05). Intravascular and interstitial clusters of erythroid sickle cells were found in bone marrow of pre-HSCT homozygous SS SCA patients, as well as heterozygous AS healthy carriers, and the single post-HSCT patient matched to an AS health carrier donor.

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28238414 [https://www.ncbi.nlm.nih.gov/pubmed/?term=28238414]
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Publisher
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Year of Publication
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375.

Chronic complications and quality of life of patients living with sickle cell disease and receiving care in three hospitals in Cameroon: A cross-sectional study.
Andong A.M., Ngouadjeu E.D.T., Bekolo C.E., Verla V.S., Nebongo D., Mboue-Djieka Y., Choukem S.-P.
Embase
BMC Hematology. 17(1) (no pagination), 2017. Article Number: 7. Date of Publication: 20 Apr 2017.
[Article]
AN: 615548213
Background: Sickle Cell Disease (SCD) is associated with chronic multisystem complications that significantly influence the quality of life (QOL) of patients early in their life. Although sub-Saharan Africa bears 75% of the global burden of SCD, there is a paucity of data on these complications and their effects on the QOL. We aimed to record these chronic complications, to estimate the QOL, and to identify the corresponding risk factors in patients with SCD receiving care in three hospitals in Cameroon.
Method(s): In this cross-sectional study, a questionnaire was used to collect data from consecutive consenting patients. Information recorded included data on the yearly frequency of painful crisis, the types of SCD, and the occurrence of chronic complications. A 36-Item Short Form (SF-36) standard questionnaire that examines the level of physical and mental well-being, was administered to all eligible participants. Data were analyzed with STATA software.
Result(s): Of 175 participants included, 93 (53.1%) were female and 111 (aged >=14years) were eligible for QOL assessment. The median (interquartile range, IQR) age at diagnosis was 4.0

(2.0-8.0) years and the median (IQR) number of yearly painful crisis was 3.0 (1.0-7.0). The most frequent chronic complications reported were: nocturnal enuresis, chronic leg ulcers, osteomyelitis and priapism (30.9%, 24.6%, 19.4%, and 18.3% respectively). The prevalence of stroke and avascular necrosis of the hip were 8.0% and 13.1% respectively. The median (IQR) physical and mental scores were 47.3 (43.9-58.5) and 41.0 (38.8-44.6) respectively. Age and chronic complications such as stroke and avascular necrosis were independently associated with poor QOL.
Conclusion(s): In this population of patients living with SCD, chronic complications are frequent and their QOL is consequently poor. Our results highlight the need for national guidelines for SCD control, which should include new-born screening programs and strategies to prevent chronic complications.

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Publisher
BioMed Central Ltd. (E-mail: info@biomedcentral.com)
Year of Publication
2017

376.

The role of rs1984112_G at CD36 gene in increasing reticulocyte level among sickle cell disease patients.
Kalai M., Dridi M., Chaouch L., Moumni I., Ouragini H., Darragi I., Boudrigua I., Chaouachi D., Mellouli F., Bejaoui M., Abbes S.
Embase
Hematology. 22(3) (pp 178-182), 2017. Date of Publication: 16 Mar 2017.
[Article]
AN: 613359134
Aims and background: Mediators of adhesion become a potential new target for pharmacological therapy to struggle the complications of sickle cell disease (SCD). Several mechanisms for increased adherence have been postulated and the well-studied are CD36 and VLA4 which encoded by ITGA4. Herein, we sought to determine whether one polymorphism of CD36 namely: rs1984112 and three exons of ITGA4 (4, 5, and 6) are implicated in hemolytic status and clinical events among SCD Tunisian patients.
Material(s) and Method(s): This study enrolled 99 unrelated Tunisian subjects (63SS and 36Sbeta). All SCD patients are children (less than 16 years old). The rs1984112 and the ITGA4's exons 4, 5, and 6 were analyzed for all subjects by PCR/sequencing. The association of each genotype found with both clinical complications and hemolytic status was performed using t-test. Clinical events studied included vaso-occlusive crisis (VOC), osteonecrosis, stroke, frequent infection, priapism, and acute syndrome.

Result(s): The results show that rs1984112_G allele at CD36 gene revealed to be associated with higher levels of reticulocyte count ($p < 0.01$). The statistical result show a near significance of homozygous mutant GG genotype with VOC ($p = 0.051$). No association between rs1984112_G allele and the clinical severity of SCD were found. Mutational screening of exon 4, 5, and 6 of ITGA4 gene revealed absence of mutated variant.
Conclusion(s): Our results are similar to those found in Portuguese population which reported the role of rs1984112_G in increasing reticulocyte level among SCD patients. Consequently, the rs1984112_G of CD36 could be considered as a reliable biomarker for predicting patients at high risk for vascular occlusions and thus, allows earlier and more effective therapeutic management.

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27869039 [https://www.ncbi.nlm.nih.gov/pubmed/?term=27869039]
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Publisher
Taylor and Francis Ltd. (E-mail: maney@maney.co.uk)
Year of Publication
2017

377.

Sickle Cell Disease: A Brief Update.
Azar S., Wong T.E.
Embase
Medical Clinics of North America. 101(2) (pp 375-393), 2017. Date of Publication: 01 Mar 2017.
[Review]
AN: 613962531
Sickle cell disease (SCD) is an inherited monogenic disease characterized by misshapen red blood cells that causes vaso-occlusive disease, vasculopathy, and systemic inflammation. Approximately 300,000 infants are born per year with SCD globally. Acute, chronic, and acute-on-chronic complications contribute to end-organ damage and adversely affect quantity and quality of life. Hematopoietic stem cell transplantation is the only cure available today, but is not feasible for the vast majority of people suffering from SCD. Fortunately, new therapies are in late clinical trials and more are in the pipeline, offering hope for this unfortunate disease, which has increasing global burden.

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28189177 [https://www.ncbi.nlm.nih.gov/pubmed/?term=28189177]
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Publisher
W.B. Saunders
Clinical Trial Number
https://clinicaltrials.gov/show/NCT02186418 https://clinicaltrials.gov/show/NCT02247843
Year of Publication
2017

378.

Persistent erectile dysfunction in men exposed to the 5alpha-reductase inhibitors, finasteride, or dutasteride.
Kiguradze T., Temps W.H., Yarnold P.R., Cashy J., Brannigan R.E., Nardone B., Micali G., West D.P., Belknap S.M.
Embase
PeerJ. 2017(3) (no pagination), 2017. Article Number: e3020. Date of Publication: 2017.
[Article]
AN: 614768856
Importance: Case reports describe persistent erectile dysfunction (PED) associated with exposure to 5alpha-reductase inhibitors (5alpha-RIs). Clinical trial reports and the manufacturers' full prescribing information (FPI) for finasteride and dutasteride state that risk of sexual adverse effects is not increased by longer duration of 5alpha-RI exposure and that sexual adverse effects of 5alpha-RIs resolve in men who discontinue exposure.
Objective(s): Our chief objective was to assess whether longer duration of 5alpha-RI exposure increases risk of PED, independent of age and other known risk factors. Men with shorter 5alpha-RI exposure served as a comparison control group for those with longer exposure.
Design(s): We used a single-group study design and classification tree analysis (CTA) to model PED (lasting >=90 days after stopping 5alpha-RI). Covariates included subject attributes, diseases, and drug exposures associated with sexual dysfunction.
Setting(s): Our data source was the electronic medical record data repository for Northwestern Medicine. Subjects: The analysis cohorts comprised all men exposed to finasteride or dutasteride or combination products containing one of these drugs, and the subgroup of men 16-42 years old and exposed to finasteride <=1.25 mg/day. Main outcome and measures: Our main outcome measure was diagnosis of PED beginning after first 5alpha-RI exposure, continuing for at least 90 days after stopping 5alpha-RI, and with contemporaneous treatment with a phosphodiesterase-5 inhibitor (PDE5I). Other outcome measures were erectile dysfunction (ED) and low libido. PED was determined by manual review of medical narratives for all subjects with ED. Risk of an adverse effect was expressed as number needed to harm (NNH).
Result(s): Among men with 5alpha-RI exposure, 167 of 11,909 (1.4%) developed PED (persistence median 1,348 days after stopping 5alpha-RI, interquartile range (IQR) 631.5-2320.5 days); the multivariable model predicting PED had four variables: prostate disease, duration of 5alpha-RI exposure, age, and nonsteroidal antiinflammatory drug (NSAID) use. Of 530 men with new ED, 167 (31.5%) had new PED. Men without prostate disease who combined NSAID use with > 208.5 days of 5alpha-RI exposure had 4.8-fold higher risk of PED than men with shorter exposure (NNH 59.8, all $p < 0.002$). Among men 16-42 years old and exposed to finasteride <=1.25 mg/day, 34 of 4,284 (0.8%) developed PED (persistence median 1,534 days, IQR 651-2,351 days); the multivariable model predicting PED had one variable: duration of 5alpha-RI exposure. Of 103 young men with new ED, 34 (33%) had new PED. Young men with > 205 days of finasteride exposure had 4.9-fold higher risk of PED (NNH 108.2, $p < 0.004$) than men with shorter exposure. Conclusion and relevance: Risk of PED was higher in men with longer

exposure to 5alpha-RIs. Among young men, longer exposure to finasteride posed a greater risk of PED than all other assessed risk factors.

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Publisher
PeerJ Inc. (E-mail: pete@peerj.com)
Year of Publication
2017

379.

Clinical and laboratory profile of patients with sickle cell anemia.
Sant'Ana P.G.D.S., Araujo A.M., Pimenta C.T., Bezerra M.L.P.K., Junior S.P.B., Neto V.M., Dias J.S., Lopes A.D.F., Rios D.R.A., Pinheiro M.D.B.
Embase
Revista Brasileira de Hematologia e Hemoterapia. 39(1) (pp 40-45), 2017. Date of Publication: 01 Jan 2017.
[Article]
AN: 613862365
Objective This study aimed to describe and analyze clinical and laboratory characteristics of patients with sickle cell anemia treated at the Hemominas Foundation, in Divinopolis, Brazil. Furthermore, this study aimed to compare the clinical and laboratory outcomes of the group of patients treated with hydroxyurea with those patients that were not treated with hydroxyurea. Methods Clinical and laboratorial data were obtained by analyzing medical records of patients with sickle cell anemia. Results Data from the medical records of 50 patients were analyzed. Most of the patients were female (56%), aged between 20 and 29 years old. Infections, transfusions, cholecystectomy, splenectomy and systemic arterial hypertension were the most common clinical adverse events of the patients. The most frequent cause of hospitalization was painful crisis. The majority of patients had reduced values of hemoglobin and hematocrit (8.55 +/- 1.33 g/dL and 25.7 +/- 4.4%, respectively) and increased fetal hemoglobin levels (12 +/- 7%). None of the clinical variables was statistically significant on comparing the two groups of patients. Among hematological variables only hemoglobin and hematocrit levels were statistically different between patients treated with hydroxyurea and untreated patients (p-value = 0.005 and p-value = 0.001, respectively). Conclusion Sickle cell anemia requires treatment and follow-up by a multiprofessional team. A current therapeutic option is hydroxyurea. This drug reduces complications and improves laboratorial parameters of patients. In this study, the use of the drug increased the hemoglobin and hematocrit levels of patients.

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Publisher
Elsevier Editora Ltda (E-mail: sbhh@terra.com.br)
Year of Publication
2017

380.

Crizanlizumab for the prevention of pain crises in sickle cell disease.
Ataga K.I., Kutlar A., Kanter J., Liles D., Cancado R., Friedrisch J., Guthrie T.H., Knight-Madden J., Alvarez O.A., Gordeuk V.R., Gualandro S., Colella M.P., Smith W.R., Rollins S.A., Stocker J.W., Rother R.P.
Embase
New England Journal of Medicine. 376(5) (pp 429-439), 2017. Date of Publication: 02 Feb 2017.
[Article]
AN: 614334784
BACKGROUND The up-regulation of P-selectin in endothelial cells and platelets contributes to the cell-cell interactions that are involved in the pathogenesis of vaso-occlusion and sickle cell-related pain crises. The safety and efficacy of crizanlizumab, an antibody against the adhesion molecule P-selectin, were evaluated in patients with sickle cell disease. METHODS In this double-blind, randomized, placebo-controlled, phase 2 trial, we assigned patients to receive low-dose crizanlizumab (2.5 mg per kilogram of body weight), high-dose crizanlizumab (5.0 mg per kilogram), or placebo, administered intravenously 14 times over a period of 52 weeks. Patients who were receiving concomitant hydroxyurea as well as those not receiving hydroxyurea were included in the study. The primary end point was the annual rate of sickle cell-related pain crises with high-dose crizanlizumab versus placebo. The annual rate of days hospitalized, the times to first and second crises, annual rates of uncomplicated crises (defined as crises other than the acute chest syndrome, hepatic sequestration, splenic sequestration, or priapism) and the acute chest syndrome, and patientreported outcomes were also assessed. RESULTS A total of 198 patients underwent randomization at 60 sites. The median rate of crises per year was 1.63 with high-dose crizanlizumab versus 2.98 with placebo (indicating a 45.3% lower rate with high-dose crizanlizumab, P = 0.01). The median time to the first crisis was significantly longer with high-dose crizanlizumab than with placebo (4.07 vs. 1.38 months, P = 0.001), as was the median time to the second crisis (10.32 vs. 5.09 months, P = 0.02). The median rate of uncomplicated crises per year was 1.08 with high-dose crizanlizumab, as compared with 2.91 with placebo (indicating a 62.9% lower rate with high-dose crizanlizumab, P = 0.02). Adverse events that occurred in 10% or more of the patients in either activetreatment group and at a frequency that was at least twice as high as that in the placebo group were arthralgia, diarrhea, pruritus, vomiting, and chest pain. CONCLUSIONS In patients with sickle cell disease, crizanlizumab therapy resulted in a significantly lower rate of sickle cell-related pain crises than placebo and was associated with a low incidence of adverse events.

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27959701 [https://www.ncbi.nlm.nih.gov/pubmed/?term=27959701]
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Publisher
Massachussetts Medical Society
Clinical Trial Number
https://clinicaltrials.gov/show/NCT01895361
Year of Publication
2017

381.

Use of High-Dose Phenylephrine in the Treatment of Ischemic Priapism: Five-Year Experience at a Single Institution.
Ridyard DG, Phillips EA, Vincent W, Munarriz R
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Sexual Medicine. 13(11):1704-1707, 2016 11.
[Journal Article]
UI: 27692841
INTRODUCTION: Ischemic priapism is an uncommon urologic emergency characterized by a compartment syndrome-like ischemic insult to the corpora cavernosa of the penis. The goal of treatment in ischemic priapism is rapid detumescence to prevent long-term erectile dysfunction. Non-surgical treatment options include aspiration, irrigation, and intracavernous injections of sympathomimetic agents. At our institution, phenylephrine is used in the treatment of ischemic priapism at concentrations and doses that are higher than those recommended in established guidelines.
AIM: To characterize our experience with high-concentration intracavernous phenylephrine in the treatment of ischemic priapism at an urban tertiary care center.
METHODS: A retrospective chart review identified 58 unique patients presenting to the emergency department on 136 occasions and receiving the diagnosis of ischemic priapism by urologic physicians. Patients' charts were reviewed to record the dosing of phenylephrine and the outcomes and circumstances of the presentation.
MAIN OUTCOME MEASURES: Success rates of different treatment strategies for different circumstances of presentation.
RESULTS: Successful detumescence was achieved with non-surgical management in 86% of unique patients and the overall resolution rate when including repeat visits was 94%. All patients presenting within less than 36 hours of priapism were successfully treated with non-surgical

management. There were no reported complications or associated symptoms related to the use of intracavernous phenylephrine during the 5-year period.
CONCLUSION: The use of high concentration and dosing of intracavernous phenylephrine demonstrates a high success rate in the treatment of ischemic priapism. Future prospective studies are needed to further characterize appropriate phenylephrine dosing for its efficacy and safety.

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1
Status
MEDLINE
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Year of Publication
2016

382.

Arterial Stiffness Impairment in Sickle Cell Disease Associated With Chronic Vascular Complications: The Multinational African CADRE Study.
Ranque B, Menet A, Boutouyrie P, Diop IB, Kingue S, Diarra M, N'Guetta R, Diallo D, Diop S, Diagne I, Sanogo I, Tolo A, Chelo D, Wamba G, Gonzalez JP, Abough'elie C, Diakite CO, Traore Y, Legueun G, Deme-Ly I, Faye BF, Seck M, Kouakou B, Kamara I, Le Jeune S, Jouven X
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BACKGROUND: Although a blood genetic disease, sickle cell disease (SCD) leads to a chronic vasculopathy with multiple organ involvement. We assessed arterial stiffness in SCD patients and looked for associations between arterial stiffness and SCD-related vascular complications.
METHODS: The CADRE (Coeur Arteres et Drepanocytose, ie, Heart Arteries and Sickle Cell Disease) study prospectively recruited pediatric and adult SCD patients and healthy controls in Cameroon, Ivory Coast, Gabon, Mali, and Senegal. Patients underwent clinical examination, routine laboratory tests (complete blood count, serum creatinine level), urine albumin/creatinine ratio measure, and a measure of carotid-femoral pulse wave velocity (cf-PWV) and augmentation index (AI) at a steady state. The clinical and biological correlates of cf-PWV and AI were investigated by using a multivariable multilevel linear regression analysis with individuals nested in families further nested in countries.
RESULTS: Included were 3627 patients with SCD and 943 controls. Mean cf-PWV was lower in SCD patients (7.5+/-2.0 m/s) than in controls (9.1+/-2.4 m/s, P<0.0001), and lower in SS-Sbeta(0) than in SC-Sbeta(+) phenotypes. AI, corrected for heart rate, increased more rapidly with age in SCD patients and was higher in SCD than in control adults. cf-PWV and AI were independently associated with age, sex, height, heart rate, mean blood pressure, hemoglobin level, country, and hemoglobin phenotype. After adjustment for these correlates, cf-PWV and AI were associated

with the glomerular filtration rate and osteonecrosis. AI was also associated with stroke, pulmonary hypertension, and priapism, and cf-PWV was associated with microalbuminuria. CONCLUSIONS: PWV and AI are deeply modified in SCD patients in comparison with healthy controls. These changes are independently associated with a lower blood pressure and a higher heart rate but also with the hemoglobin phenotype. Moreover, PWV and AI are associated with several SCD clinical complications. Their prognostic value will be assessed at follow-up of the patients.

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Methylphenidate-induced priapism in a prepubertal boy.
Chauhan N, Grover S, Patidar V
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High Flow Priapism in a Pediatric Patient after Circumcision with Dorsal Penile Nerve Block.
Granieri MA, Fantony JJ, Routh JC
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Case Reports in Pediatrics. 2016:6976439, 2016.
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We report the first documented case of high flow priapism after circumcision with dorsal penile nerve block. A 7-year-old male who had undergone circumcision three years before presented to our institution with a 3-year history of persistent nonpainful erections. Workup revealed a high flow priapism and, after discussion of the management options, the patient's family elected continued observation.
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Emergency department visits and inpatient admissions associated with Priapism among males with sickle cell disease in the United States, 2006-2010.
Dupervil B., Grosse S., Burnett A., Parker C.
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[Article]
AN: 609927136
People with sickle cell disease (SCD) suffer from numerous acute complications that can result in multiple hospitalizations and emergency department (ED) and outpatient care v ISIts. Priapism, a prolonged unwanted erection of the penis not due to sexual stimulation, is a serious complication among males with SCD. Variations in estimates of prevalence make it difficult to accurately assess the burden of this complication of SCD. We analyzed data from the Nationwide Emergency Department Sample (NEDS), a product of the Healthcare Cost and Utilization Project, for the years 2006 through 2010 to measure the numbers of ED v ISIts and to examine patterns of subsequent hospitalizations associated with priapism among male patients with SCD. We find that among ED v ISIts associated with males with SCD, those prompted by priapism are more likely to result in hospitalization than are those associated with pain.

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Publisher
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Year of Publication
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386.

International Consultation on Urological Diseases: Congenital Anomalies of the Genitalia in Adolescence.
Higuchi T., Holmdahl G., Kaefer M., Koyle M., Wood H., Woodhouse C., Wood D.
Embase
Urology. 94 (pp 288-310), 2016. Date of Publication: 01 Aug 2016.
[Article]
AN: 612748615
Objective To provide a comprehensive overview of genital anomalies encountered among adolescents, including late effects of problems addressed earlier in childhood. Materials and Methods The major congenital genital anomalies encountered in pediatric urology were identified. They include hypospadias, exstrophy-epispadias, cloacal malformations, disorders of sexual development, undescended testes, and some acquired penile anomalies seen in adolescence (priapism, adolescent varicocele). Recommendations of the International Consultation on Urological Diseases are provided on various aspects of these conditions, such as postpubertal cosmesis and function, fertility implications, and long-term nephrological considerations (when relevant). Results Specific recommendations for care, including strength of clinical recommendation, are provided in this paper. Whereas the basis of this paper is to discuss specific management recommendations as they relate to several heterogeneous conditions, general recommendations include patient-centered discussions regarding operative treatment be deferred until the patient is able to articulate goals and participate in shared decision-making and utilization of multidisciplinary teams for conditions where multiple organ systems may be involved. Conclusion Congenital abnormalities of the genitalia are common and widely heterogeneous. Late effects and concerns often emerge after puberty, and patients should be followed throughout their adult lives to address such concerns.

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387.

Management of sickle cell disease in children.
Noronha S.A., Sadreameli S.C., Strouse J.J.
Embase
Southern Medical Journal. 109(9) (pp 495-502), 2016. Date of Publication: 01 Sep 2016.
[Review]

AN: 612058136
Sickle cell disease (SCD) is a heterogeneous inherited disorder of hemoglobin that causes chronic hemolytic anemia, vaso-occlusion, and endothelial dysfunction. These physiologic derangements often lead to multiorgan damage in infancy and throughout childhood. The most common types of SCD are homozygous hemoglobin S (HbSS disease), hemoglobin SC disease, and sickle beta thalassemia. HbSS disease and sickle beta 0 thalassemia often are referred to as sickle cell anemia because they have similar severity. Screening and preventive measures, including infection prophylaxis and vaccination, have significantly improved outcomes for children with SCD. Evidence-based therapies, such as hydroxyurea and transfusion, play an important role in preventing progression of select complications. Many chronic complications develop insidiously and require multidisciplinary care for effective treatment. Primary care physicians, as well as physicians in many other disciplines, may care for these patients and should be familiar with the potential acute and chronic complications of this disease. This review addresses healthcare maintenance guidelines, common complications, and recommendations for management of pediatric patients with SCD.

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388.

Erythrocytapheresis for chronic transfusion therapy in sickle cell disease: survey of current practices and review of the literature.
Kelly S., Quirolo K., Marsh A., Neumayr L., Garcia A., Custer B.
Embase
Transfusion. 56(11) (pp 2877-2888), 2016. Date of Publication: 01 Nov 2016.
[Review]
AN: 613128295
BACKGROUND: Chronic red blood cell (RBC) transfusion therapy (CTT) is an integral component of the management of severe sickle cell disease (SCD) and can prevent complications, such as stroke. RBC units can be administered via simple transfusion or exchange transfusion, and erythrocytapheresis (automated RBC exchange transfusion [aRBX]), is increasingly used for CTT. Comparisons of simple and aRBX transfusions are limited, and the current scope of aRBX use is not known. STUDY DESIGN AND METHODS: We administered a survey to define current transfusion practices for CTT and performed a review of the erythrocytapheresis literature. The survey was disseminated to 62 SCD centers, and 31 institutions responded.
RESULT(S): Collectively, 1274 of 12,644 patients (10.1%) received CCT, including 929 of 9324 children (10.0%) and 345 of 3320 adults (10.4%). The most common indication for CTT in children was a risk of stroke (86.8%), defined by abnormal transcranial Doppler, previous stroke, or abnormal brain imaging; whereas the most common indications in adults were previous stroke

(37.5%) and recurrent/severe pain (29.0%). Simple transfusion was the most common method for children (480 of 919 children; 52.2%) followed by aRBX (344 of 919 children; 37.4%); whereas, in adults, aRBX was more common (180 of 345 adults; 52.2%) than simple transfusion (102 of 345 adults; 29.6%). A smaller percentage of patients received transfusion via manual exchange (7.2% of children and 16.5% of adults) or a combination of methods.
CONCLUSION(S): The current literature review was conducted to summarize reported methods, outcomes, and adverse effects with aRBX. Comparisons between chronic simple and aRBX transfusions were included when possible, and areas warranting further study are highlighted.

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27759170 [https://www.ncbi.nlm.nih.gov/pubmed/?term=27759170]
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Publisher
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389.

Recent treatment guidelines for managing adult patients with sickle cell disease: challenges in access to care, social issues, and adherence.
Adams-Graves P., Bronte-Jordan L.
Embase
Expert Review of Hematology. 9(6) (pp 541-552), 2016. Date of Publication: 02 Jun 2016.
[Review]
AN: 610902639
ABSTRACT: Introduction: Advances in research, medical care, and public health practice have led to individuals with sickle cell disease (SCD) living into adulthood. However, premature mortality persists in youth and young adults with SCD, and adults with SCD are subjected to increased disease burden, organ damage, pain, and disruptions in family and work life. Areas covered: These issues have led to inappropriate utilization of hospital resources, significantly increasing costs related to prolonged inpatient stays, high readmission rates, and increased emergency room visits. Expert commentary: Steps are being taken to address these challenges to improve care, including development of evidence-based guidelines targeted to primary care providers, innovative care models, and programs to prepare adolescents for transition to adult care. Previous and current guidelines, as well as health-care policies and practices, for treatment of adults with SCD are reviewed.

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390.

Psychosocial Results from a Phase i Trial of a Nonsurgical Circumcision Device for Adult Men in Zimbabwe.
Kasprzyk D., Montano D.E., Hamilton D.T., Down K.L., Marrett K.D., Tshimanga M., Xaba S., Mugurungi O.
Embase
AIDS Patient Care and STDs. 30(1) (pp 25-33), 2016. Date of Publication: January 2016.
[Article]
AN: 607721251
Male circumcision (MC), an effective HIV prevention tool, has been added to Zimbabwe's Ministry of Health and Child Care HIV/AIDS Prevention Program. A Phase I safety trial of a nonsurgical male circumcision device was conducted and extensive psychosocial variables were assessed. Fifty-three men (18 and older) were recruited for the device procedure; 13 follow-up clinical visits were completed. Interviews conducted three times (before the procedure, at 2 weeks and 90 days post-procedure) assessed: Satisfaction; expectations; actual experience; activities of daily living; sexual behavior; and HIV risk perception. Using the Integrated Behavioral Model, attitudes towards MC, sex, and condoms, and sources of social influence and support were also assessed. Men (mean age 32.5, range 18-50; mean years of education = 13.6; 55% employed) were satisfied with device circumcision results. Men understand that MC is only partially protective against HIV acquisition. Most (94.7%) agreed that they will continue to use condoms to protect themselves from HIV. Pain ratings were surprisingly negative for a procedure billed as painless. Men talked to many social networks members about their MC experience; post-procedure (mean of 14 individuals). Minimal impact on activities of daily living and absenteeism indicate possible cost savings of device circumcisions. Spontaneous erections occurred frequently post-procedure. The results had important implications for changes in the pre-procedure clinical counseling protocol. Clear-cut counseling to manage pain and erection expectations should result in improved psychosocial outcomes in future roll-out of device circumcisions. Men's expectations must be managed through evidence-based counseling, as they share their experiences broadly among their social networks.

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391.

Management of Sleep Disorders in Children with Neurodevelopmental Disorders: A Review.
Blackmer A.B., Feinstein J.A.
Embase
Pharmacotherapy. 36(1) (pp 84-98), 2016. Date of Publication: 01 Jan 2016.
[Review]
AN: 609067773
Neurodevelopmental disorders (NDDs) are defined as a group of disorders caused by changes in early brain development, resulting in behavioral and cognitive alterations in sensory and motor systems, speech, and language. NDDs affect approximately 1-2% of the general population. Up to 80% of children with NDDs are reported to have disrupted sleep; subsequent deleterious effects on daytime behaviors, cognition, growth, and overall development of the child are commonly reported. Examples of NDDs discussed in this review include autism spectrum disorder, cerebral palsy, Rett syndrome, Angelman syndrome, Williams syndrome, and Smith-Magenis syndrome. The etiology of sleep disorders in children with NDDs is largely heterogeneous and disease specific. The diagnosis and management of sleep disorders in this population are complex, and little high-quality data exist to guide a consistent approach to therapy. Managing sleep disorders in children with NDDs is critical both for the child and for the family but is often frustrating due to the refractory nature of the problem. Sleep hygiene must be implemented as first-line therapy; if sleep hygiene alone fails, it should be combined with pharmacologic management. The available evidence for the use of common pharmacologic interventions, such as iron supplementation and melatonin, as well as less common interventions, such as melatonin receptor agonists, clonidine, gabapentin, hypnotics, trazodone, and atypical antipsychotics is reviewed. Further, parents and caregivers should be provided with appropriate education on the nature of the sleep disorders and the expectation for modest pharmacologic benefit, at best. Additional data from well-designed trials in children with NDDs are desperately needed to gain a better understanding of sleep pharmacotherapy including efficacy and safety implications. Until then, clinicians must rely on the limited available data, as well as clinical expertise, when managing sleep disorders in the population of children with NDDs.

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Publisher
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392.

Are medical students interested in sexual health education? A nationwide survey.
Turner D., Nieder T.O., Dekker A., Martyniuk U., Herrmann L., Briken P.
Embase
International Journal of Impotence Research. 28(5) (pp 172-175), 2016. Date of Publication: 01 Sep 2016.
[Review]
AN: 610530554
The majority of medical students and medical healthcare providers do not feel comfortable when addressing sexual problems. It was suggested that more courses in sexual health are needed at medical schools to overcome this shortcoming. To assess medical students' interest in and attitude about sexual health education at medical schools in Germany, a 13-item online questionnaire was developed. The link to the questionnaire was distributed at all medical schools in Germany. In total, 3264 medical students (69.9% female) from all 37 medical schools in Germany participated. Students from all universities indicated that contents related to sexual health are taught at their university. The majority (n=1809; 62.1%) answered that courses in sexual health should be mandatory. The types of educational experiences that were viewed as most appropriate were lectures (n=2281, 78.3%) and seminars without patient contact (n=1414, 48.5%). Students were most interested in child sexual abuse and sexually transmitted infections. It should be ensured that all medical students have acquired basic knowledge in diagnosing and treating frequent sexual problems at the end of their medical studies. Suggestions are made about how to improve current efforts of sexual health education at medical schools.

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393.

Reduced rate of sickle-related complications in Brazilian patients carrying HbF-promoting alleles at the BCL11A and HMIP-2 loci.
Leonardo F.C., Brugnerotto A.F., Domingos I.F., Fertrin K.Y., de Albuquerque D.M., Bezerra M.A.C., Araujo A.S., Saad S.T.O., Costa F.F., Menzel S., Conran N., Thein S.L.
Embase
British Journal of Haematology. 173(3) (pp 456-460), 2016. Date of Publication: 01 May 2016.

[Article]
AN: 610092598
The presence of high levels of fetal haemoglobin (HbF) provides well-validated clinical benefits to patients with sickle cell anaemia (SCA). Nevertheless it has been difficult to show clear direct effects of the known genetic HbF modifiers, such as the enhancer polymorphisms for haematopoietic transcription factors BCL11A and MYB, on SCA severity. Investigating SCA patients from Brazil, with a high degree of European genetic admixture, we have detected strong effects of these variants on HbF levels. Critically, we have shown, for the first time, that the presence of such HbF-promoting variants leads to a reduced rate of SCA complications, especially stroke.

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26888013 [https://www.ncbi.nlm.nih.gov/pubmed/?term=26888013]
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Publisher
Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)
Year of Publication
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394.

The Safety of Metoclopramide in Children: A Systematic Review and Meta-Analysis.
Lau Moon Lin M., Robinson P.D., Flank J., Sung L., Dupuis L.L.
Embase
Drug Safety. 39(7) (pp 675-687), 2016. Date of Publication: 01 Jul 2016.
[Review]
AN: 609239367
Introduction: Metoclopramide is recommended for adults with breakthrough or refractory chemotherapy-induced nausea and vomiting (CINV) and for CINV prophylaxis in children. The drug regulatory agencies of Canada and the EU have revised the labelling of metoclopramide to contraindicate its use in children aged <1 year and to caution against its use in children aged <5 years and its duration of use beyond 5 days.
Objective(s): This review describes the safety of metoclopramide in children when given for any indication.
Method(s): We conducted electronic searches in MEDLINE and Embase as of 9 March 2015. All studies in English reporting adverse effects associated with the use of metoclopramide in children (aged <=18 years) were included. Adverse effects that had a cumulative incidence of at least 1 % and were reported in prospective studies were synthesized.
Result(s): A total of 108 (57 prospective) studies involving 2699 patients (2745 metoclopramide courses) were included. The most common adverse effects reported in prospective studies of metoclopramide in children were extrapyramidal symptoms (EPS; 9 %, 95 % confidence interval [CI] 5-17), diarrhea (6 %, 95 % CI 4-9), and sedation (multiple-dose studies: 6 %, 95 % CI 3-12).

Dysrhythmia, respiratory distress/arrest, neuroleptic malignant syndrome, and tardive dyskinesia were rarely associated with metoclopramide use.
Limitation(s): The definitions of adverse effects reported in the included studies were heterogeneous, and the risk of bias in most studies was moderate.
Conclusion(s): The most commonly reported adverse effects associated with the use of metoclopramide in children-EPS, diarrhea, and sedation-were reversible and of no long-term significance. Adverse effects that were life threatening or slow to resolve were rarely associated with its use in children.

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Publisher
Springer International Publishing
Year of Publication
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395.

Leukostasis in Children and Adolescents with Chronic Myeloid Leukemia: Japanese Pediatric Leukemia/Lymphoma Study Group.
Kurosawa H., Tanizawa A., Tono C., Watanabe A., Shima H., Ito M., Yuza Y., Hotta N., Muramatsu H., Okada M., Kajiwara R., Moriya Saito A., Mizutani S., Adachi S., Horibe K., Ishii E., Shimada H.
Embase
Pediatric Blood and Cancer. 63(3) (pp 406-411), 2016. Date of Publication: 01 Mar 2016.
[Article]
AN: 607325362
Background: The details of leukostasis in children and adolescents with chronic myeloid leukemia (CML) are unknown. This study determined the characteristics of leukostasis in children and adolescents with CML. Procedure: A total of 256 cases from a retrospective study of patients with CML conducted by the Japanese Pediatric Leukemia/Lymphoma Study Group from 1996 to 2011 were analyzed, and of these, 238 cases were evaluated in this study.
Result(s): Leukostasis was diagnosed in 23 patients (9.7%). The median leukocyte count and spleen size below the left costal margin in cases with leukostasis were significantly higher and larger when compared to those in cases without leukostasis (458.5 x 109/l vs. 151.8 x 109/l ($P < 0.01$), and 13 vs. 5 cm ($P < 0.01$), respectively). Leukostasis occurred with ocular symptoms in 14 cases, priapism in four cases, and dyspnea, syncope, headache, knee pain, difficulty hearing, and aseptic necrosis of the femoral head in one case each. One case had two leukostasis symptoms simultaneously. Three cases were diagnosed before imatinib became available. Five cases received special treatment, and in the remaining 15 cases, all of these symptoms resolved after treatment with imatinib.

Conclusion(s): This retrospective study represents the largest series of children and adolescents in which leukostasis of CML has been reported. Our data provide useful insight into the characteristics of leukostasis in recent cases of children and adolescents with CML.

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396.

Evolving locally appropriate models of care for Indian sickle cell disease.
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Embase
Indian Journal of Medical Research. 143(April) (pp 405-413), 2016. Date of Publication: April 2016.
[Review]
AN: 610903159
The sickle cell gene in India represents a separate occurrence of the HbS mutations from those in Africa. Sickle cell disease in India occurs against different genetic and environmental backgrounds from those seen in African patients and there is evidence of clinical differences between the populations. Knowledge of the clinical features of African disease was drawn from the Jamaican Cohort Study, based on prospective follow up of all cases of sickle cell disease detected by the screening of 100,000 consecutive newborns in Kingston, Jamaica, and supplemented by observations from the Cooperative Study of Sickle Cell Disease in the US. Defining the principal causes of early morbidity in African sickle cell disease led to successful

interventions including pneumococcal prophylaxis, parental education in the early diagnosis of acute splenic sequestration, and the early detection by trans-cranial Doppler of cerebral vessel stenosis predictive of stroke but their success depended on early diagnosis, ideally at birth. Although reducing mortality among patients with African forms of SS disease, the question remains whether these interventions are appropriate or justified in Indian patients. This dilemma is approached by comparing the available data in African and Indian forms of SS disease seeking to highlight the similarities and differences and to identify the deficiencies in knowledge of Indian disease. These deficiencies could be most readily addressed by cohort studies based on newborn screening and ince much of the morbidity of African disease occurs in the first five years of life, these need not be a daunting prospect for Indian health care personnel. Newborn screening programmes for sickle cell disease are already underway in India and appropriate protocols and therapeutic trials could quickly answer many of these questions. Without this knowledge, Indian physicians may continue to use possibly unnecessary and expensive models of care.

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397.

Folate supplementation in people with sickle cell disease.
Dixit R., Nettem S., Madan S.S., Soe H.H.K., Abas A.B.L., Vance L.D., Stover P.J.
Embase
Cochrane Database of Systematic Reviews. 2016(2) (no pagination), 2016. Article Number: CD011130. Date of Publication: 16 Feb 2016.
[Review]
AN: 610489133
Background: Sickle cell disease is a group of disorders that affects haemoglobin, which causes distorted sickle- or crescent-shaped red blood cells. It is characterized by anaemia, increased susceptibility to infections and episodes of pain. The disease is acquired by inheriting abnormal genes from both parents, the combination giving rise to different forms of the disease. Due to increased erythropoiesis in people with sickle cell disease, it is hypothesized that they are at an increased risk for folate deficiency. For this reason, children and adults with sickle cell disease, particularly those with sickle cell anaemia, commonly take 1 mg of folic acid orally every day on the premise that this will replace depleted folate stores and reduce the symptoms of anaemia. It is thus important to evaluate the role of folate supplementation in treating sickle cell disease.
Objective(s): To analyse the efficacy and possible adverse effects of folate supplementation (folate occurring naturally in foods, provided as fortified foods or additional supplements such as tablets) in people with sickle cell disease.
Search Method(s): We searched the Cochrane Cystic Fibrosis and Genetic Disorders Group's Haemoglobinopathies Trials Register comprising references identified from comprehensive electronic database searches and handsearches of relevant journals and abstract books of conference proceedings. We also conducted additional searches in both electronic databases and clinical trial registries. Date of last search: 07 December 2015.
Selection Criteria: Randomised, placebo-controlled trials of folate supplementation for sickle cell disease.

Data Collection and Analysis: Four review authors assessed the eligibility and risk of bias of the included trials and extracted and analysed the data included in the review. We used the standard Cochrane-defined methodological procedures.
Main Result(s): One trial, undertaken in 1983, was eligible for inclusion in the review. This was a double-blind placebo-controlled quasi-randomised trial of supplementation of folic acid in people with sickle cell disease. A total of 117 children with homozygous sickle cell (SS) disease aged six months to four years of age participated over a one-year period (analysis was restricted to 115 children). Serum folate measures, obtained after trial entry at six and 12 months, were available in 80 of 115 (70%) participants. There were significant differences between the folic acid and placebo groups with regards to serum folate values above 18 mug/l and values below 5 mug/l. In the folic acid group, values above 18 mug/l were observed in 33 of 41 (81 %) compared to six of 39 (15%) participants in the placebo (calcium lactate) group. Additionally, there were no participants in the folic acid group with serum folate levels below 5 mug/l, whereas in the placebo group, 15 of 39 (39%) participants had levels below this threshold. Haematological indices were measured in 100 of 115 (87%) participants at baseline and at one year. After adjusting for sex and age group, the investigators reported no significant differences between the trial groups with regards to total haemoglobin concentrations, either at baseline or at one year. It is important to note that none of the raw data for the outcomes listed above were available for analysis. The proportions of participants who experienced certain clinical events were analysed in all 115 participants, for which raw data were available. There were no statistically significant differences noted; however, the trial was not powered to investigate differences between the folic acid and placebo groups with regards to: minor infections, risk ratio 0.99 (95% confidence interval 0.85 to 1.15); major infections, risk ratio 0.89 (95% confidence interval 0.47 to 1.66); dactylitis, risk ratio 0.67 (95% confidence interval 0.35 to 1.27); acute splenic sequestration, risk ratio 1.07 (95% confidence interval 0.44 to 2.57); or episodes of pain, risk ratio 1.16 (95% confidence interval 0.70 to 1.92). However, the investigators reported a higher proportion of repeat dactylitis episodes in the placebo group, with two or more attacks occurring in 10 of 56 participants compared to two of 59 in the folic acid group ($P < 0.05$). Growth, determined by height-for-age and weight-for-age, as well as height and growth velocity, was measured in 103 of the 115 participants (90%), for which raw data were not available. The investigators reported no significant differences in growth between the two groups. The trial had a high risk of bias with regards to random sequence generation and incomplete outcome data. There was an unclear risk of bias in relation to allocation concealment, outcome assessment, and selective reporting. Finally, There was a low risk of bias with regards to blinding of participants and personnel. Overall the quality of the evidence in the review was low. There were no trials identified for other eligible comparisons, namely: folate supplementation (fortified foods and physical supplementation with tablets) versus placebo; folate supplementation (naturally occurring in diet) versus placebo; folate supplementation (fortified foods and physical supplementation with tablets) versus folate supplementation (naturally occurring in diet). Authors' conclusions: One double-blind, placebo-controlled trial on folic acid supplementation in children with sickle cell disease was included in the review. Overall, the trial presented mixed evidence on the review's outcomes. No trials in adults were identified. With the limited evidence provided, we conclude that, while it is possible that folic acid supplementation may increase serum folate levels, the effect of supplementation on anaemia and any symptoms of anaemia remains unclear. Further trials may add evidence regarding the efficacy of folate supplementation. Future trials should assess clinical outcomes such as folate concentration, haemoglobin concentration, adverse effects and benefits of the intervention, especially with regards to sickle cell disease-related morbidity. Trials should include people with sickle cell disease of all ages and both sexes, in any setting. To investigate the effects of folate supplementation, trials should recruit more participants and be of longer duration, with long-term follow up, than the trial currently included in this review.

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Publisher
John Wiley and Sons Ltd (Southern Gate, Chichester, West Sussex PO19 8SQ, United Kingdom)
Year of Publication
2016

398.

Evolution of sickle cell disease from a life-threatening disease of children to a chronic disease of adults: The last 40 years.
Chaturvedi S., Debaun M.R.
Embase
American Journal of Hematology. 91(1) (pp 5-14), 2016. Date of Publication: 01 Jan 2016.
[Article]
AN: 607774633
Over the past 40 years, public health measures such as universal newborn screening, penicillin prophylaxis, vaccinations, and hydroxyurea therapy have led to an impressive decline in sickle cell disease (SCD)-related childhood mortality and SCD-related morbidity in high-income countries. We remain cautiously optimistic that the next 40 years will be focused on meeting current challenges in SCD by addressing chronic complications of SCD to reduce mortality and improve quality of life in a growing population of adults with SCD in high-income countries, while simultaneously decreasing the disparity of medical care between high and low-income countries. Am. J. Hematol. 91:5-14, 2016.

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Clinical Trial Number
https://clinicaltrials.gov/show/NCT00977691
Year of Publication
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399.

Psychosocial and respiratory disease related to severe bladder dysfunction and non-monosymptomatic enuresis.
Jesus L.E.D., Tome A., Cobe D., Camelier P.
Embase
Journal of Pediatric Urology. 12(2) (pp e1-126), 2016. Date of Publication: 01 Apr 2016.
[Article]
AN: 607490992
Objective Complicated bladder dysfunctions (BD) (associated with infections/urological complications or irresponsive to treatment) are a small proportion of all cases, but are highly morbid, clinically and psychosocially. Our aim is to describe a cohort of complicated pediatric BD, using subgroup analysis to compare presentations and responses to treatment among genders, age groups, and patients with or without non-monosymptomatic enuresis (NME). We also relate severe BD to other health conditions or to social/behavioral problems and report treatment results. Method Thirty-five cases of complicated BD were reviewed. Neurogenic bladders and anatomical urological problems were excluded. Justifications for referral, comorbidities, and social aspects/familial dynamics were studied. Overactive bladders were primarily treated with oxybutynin. Transcutaneous parasacral neuromodulation was used in case of insufficient response or unbearable side effects. For infrequent voiders, timed voiding and transcutaneous neuromodulation were counseled. Results Incontinence/enuresis were the motives for referral in only a third of the cases. UTI (42.9%) was the main reason for referral. Hydronephrosis was observed in 8.6% of the children. Respiratory/ENT problems, obesity, and precocious puberty were highly prevalent. Schooling problems and neuropsychiatric disease were common. Social problems were common. Five patients presented urological problems secondary to BD (hydroureteronephrosis, VUR, trabeculated bladder). Twenty percent of cases required high anticholinergic doses and 37.1% transcutaneous electrostimulation. Eight (22.9%) patients abandoned but later resumed therapy, and 14.6% did not follow treatment. Boys tended to be older than girls and presented NME, respiratory, and behavioral problems more often, with a significant difference for asthma and anxiety/depression. Associated health problems and neuropsychiatric treatment tended to be more frequent among those presenting NME. Non-enuretic children tended to show better results from treatment (see Table). Conclusion The social characteristics of our population (severe cases, socially deprived, very poor, not well educated, and with limited access to health care) determine a very specific sampling. Our research demonstrated that even severe cases of BD affecting socially deprived children may be treated, with adhesion to treatment and results comparable with other cohorts of BD, although the children need multidisciplinary attention and close follow-up. Boys, older children, and NME are more difficult to treat and often have other associated health and behavioral problems. Stress-related conditions were common in severe BD. A relatively high occurrence of precocious puberty was an unexpected finding in our research.

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400.

Trends in Sickle Cell Disease-related Priapism in U.S. Children's Hospitals.
Wang H.-H.S., Herbst K.W., Rothman J.A., Shah N.R., Wiener J.S., Routh J.C.
Embase
Urology. 89 (pp 118-122), 2016. Date of Publication: 01 Mar 2016.
[Article]
AN: 607759329
Objective To define rates of priapism diagnosis and inpatient admission among males with sickle cell disease (SCD). Patients and Methods We retrospectively reviewed the Pediatric Health Information System database for males aged <21 years treated 2004-2012. We identified patients with SCD and priapism based on the International Classification of Diseases, Ninth Revision, Clinical Modification diagnosis codes. Logistic regression and generalized estimating equation models were used to control for confounding and to adjust for within-hospital clustering of similar patients. Results We identified 17,186 males who were admitted 137,710 times during the study period. Of these, 362 (2.1%) were diagnosed with priapism on 748 admissions. There was a significant decrease in the number of priapism admissions among patients with SCD over time (0.81% in 2004 to 0.44% in 2012, P <.001). The number of patients diagnosed with SCD-related priapism varied over time without a statistically significant trend (2.3% in 2004, 2.69% in 2008, 1.01% in 2012, P =.34). Rates of priapism admissions (0-4.4%) varied widely between hospitals. Older patient age was associated with an increased likelihood of a priapism admission in the multivariate logistic regression model after adjusting for treatment year, hospital region, and for hospital-level clustering of similar patients. Conclusion From 2004 to 2012, the number of admissions for SCD-related priapism declined whereas the number of individual patients diagnosed with SCD-related priapism did not. Rates of priapism-related admissions in males with SCD vary widely among PHIS hospitals.

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401.

A rare entity: Idiopathic priapism in a newborn and review of the literature.
Karakaya A.E., Koklu E., Ozturk S.
Embase
Journal of Maternal-Fetal and Neonatal Medicine. 29(3) (pp 440-442), 2016. Date of Publication: 01 Feb 2016.
[Article]

AN: 607373999
Priapism is a pathological condition of a penile erection that persists beyond or is unrelated to sexual stimulation. Priapism is an important medical condition, which requires evaluation and may require emergency management. This condition occurs very infrequently in paediatrics outside of the sickle-cell population and is exceedingly rare in newborns. The evaluation and management of neonatal priapism can be challenging for paediatricians, neonatologists and paediatric urologists alike given the lack of experience with this condition, its poorly understood pathophysiology and the absence of well-established guidelines. We present a case of idiopathic neonatal priapism because of its rarity and review of the literature.

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Year of Publication
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402.

Safety and usage of darbepoetin alfa in children with chronic kidney disease: prospective registry study.
Schaefer F., Hoppe B., Jungraithmayr T., Klaus G., Pape L., Farouk M., Addison J., Manamley N., Vondrak K.
Embase
Pediatric Nephrology. 31(3) (pp 443-453), 2016. Date of Publication: 01 Mar 2016.
[Article]
AN: 606537199
Background: Limited prospective data are available on the long-term safety of darbepoetin alfa (DA) for treating anemia in children with chronic kidney disease (CKD).
Method(s): In this prospective, phase IV, observational registry study, children <=16 years of age with CKD anemia and receiving DA were observed for <=2 years. Adverse events (AEs), DA dosing, hemoglobin (Hb) concentrations, and transfusions were recorded.
Result(s): A total of 319 patients were included in the analysis (mean age, 9.1 years), 158 (49.5 %) of whom were on dialysis at study entry. Of 434 serious AEs reported in 162 children, the most common were peritonitis (10.0 %), gastroenteritis (6.0 %), and hypertension (4.1 %). Six patients (1.9 %) died (unrelated to DA). Four patients (1.3 %) experienced six serious adverse drug reactions. The geometric mean DA dose range was 1.4-2.0 mug/kg/month. Mean baseline Hb concentration was 11.1 g/dl; mean values for children receiving and not receiving dialysis at baseline ranged between 10.9 and 11.5 g/dl and 11.2-11.7 g/dl, respectively. Overall, 48 patients (15.0 %) received >=1 transfusion.
Conclusion(s): No new safety signals for DA were identified in children receiving DA for CKD anemia for <=2 years. Based on Hb concentrations and transfusion requirements, DA was effective at managing anemia in these patients.

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403.

Arterial stiffness impairment in sickle cell disease associated with chronic vascular complications.
Ranque B., Menet A., Boutouyrie P., Diop I.B., Kingue S., Diarra M., N'Guetta R., Diallo D., Diop S., Diagne I., Sanogo I., Tolo A., Chelo D., Wamba G., Gonzalez J.P., Abough'elie C., Diakite C.O., Traore Y., Legueun G., Deme-Ly I., Faye B.F., Seck M., Kouakou B., Kamara I., Le Jeune S., Jouven X.
Embase
Circulation. 134(13) (pp 923-933), 2016. Date of Publication: 27 Sep 2016.
[Article]
AN: 612076132
Background: Although a blood genetic disease, sickle cell disease (SCD) leads to a chronic vasculopathy with multiple organ involvement. We assessed arterial stiffness in SCD patients and looked for associations between arterial stiffness and SCD-related vascular complications.
Method(s): The CADRE (Coeur Arteres et Drepanocytose, ie, Heart Arteries and Sickle Cell Disease) study prospectively recruited pediatric and adult SCD patients and healthy controls in Cameroon, Ivory Coast, Gabon, Mali, and Senegal. Patients underwent clinical examination, routine laboratory tests (complete blood count, serum creatinine level), urine albumin/creatinine ratio measure, and a measure of carotid-femoral pulse wave velocity (cf-PWV) and augmentation index (AI) at a steady state. The clinical and biological correlates of cf-PWV and AI were investigated by using a multivariable multilevel linear regression analysis with individuals nested in families further nested in countries.
Result(s): Included were 3627 patients with SCD and 943 controls. Mean cf-PWV was lower in SCD patients (7.5+/-2.0 m/s) than in controls (9.1+/-2.4 m/s, P<0.0001), and lower in SS-Ss 0 than in SC-Sbeta + phenotypes. AI, corrected for heart rate, increased more rapidly with age in SCD patients and was higher in SCD than in control adults. cf-PWV and AI were independently associated with age, sex, height, heart rate, mean blood pressure, hemoglobin level, country, and hemoglobin phenotype. After adjustment for these correlates, cf-PWV and AI were associated with the glomerular filtration rate and osteonecrosis. AI was also associated with stroke, pulmonary hypertension, and priapism, and cf-PWV was associated with microalbuminuria.
Conclusion(s): PWV and AI are deeply modified in SCD patients in comparison with healthy controls. These changes are independently associated with a lower blood pressure and a higher heart rate but also with the hemoglobin phenotype. Moreover, PWV and AI are associated with several SCD clinical complications. Their prognostic value will be assessed at follow-up of the patients.

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Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)
Year of Publication
2016

404.

Sickle cell disease in Madhya Pradesh, Central India: A comparison of clinical profile of sickle cell homozygote vs. sickle-beta thalassaemia individuals.
Yadav R., Lazarus M., Ghanghoria P., Singh M.P.S.S., Gupta R.B., Kumar S., Sharma R.K., Shanmugam R.
Embase
Hematology. 21(9) (pp 558-563), 2016. Date of Publication: 20 Oct 2016.
[Article]
AN: 611288290
Background and objectives: The clinical manifestation in sickle cell disease (SCD) patients varies from one individual to another due to factors like the presence of alpha-thalassaemia mutation, foetal haemoglobin, and beta-globin gene haplotype. The present study enumerates the clinical profile of sickle cell anaemia patients from Central India.
Method(s): Seven hundred seventy-six SCD patients from Jabalpur and surrounding districts (Madhya Pradesh) in central India were registered with the sickle cell clinic of NIRTH, Jabalpur.

The present study reveals recorded signs and symptoms of genetically confirmed sickle cell anaemia (404) and sickle beta thalassaemia (92) patients.
Result(s): Majority of the patients were from scheduled caste communities (47.9%) and Gond tribal community (13.8%). Splenomegaly was the most common clinical manifestation observed (71.4%). Overall, 63.5% patients had a history of blood transfusion. The most frequent signs and symptoms observed were Pallor, Icterus, Joint pain, Fever, and Fatigue. Majority of the patients revealed onset of disease prior to attaining the age of 3 years (sickle cell anaemia 44.3% and sickle beta thalassaemia 35.9%). Mean haemoglobin levels among SCA individuals were marginally higher than SBT patients. On the other hand, mean foetal haemoglobin levels among SBT individuals showed the reverse trend. Notably, the present study reports the first incidence of priapism recorded in Central India.
Conclusion(s): The study revealed a high prevalence of SCD among scheduled caste, backward caste, and tribal communities. Dissemination of study findings, screening, pre-marriage counselling, and pre-natal diagnosis are fundamental to preventing or lowering of birth of sickle cell anaemia children in the affected populations.

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Year of Publication
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405.

Complications of sickle cell anaemia in children in Northwestern Tanzania.
Saidi H., Smart L.R., Kamugisha E., Ambrose E.E., Soka D., Peck R.N., Makani J.
Embase
Hematology. 21(4) (pp 248-256), 2016. Date of Publication: 20 Apr 2016.
[Article]
AN: 611856903
Objectives: Tanzania has the third highest birth rate of sickle cell anaemia (SCA) in Africa, but few studies describe severity of complications or available treatments, especially in Northwest Tanzania around Lake Victoria where the sickle gene is most prevalent. This is a report of the spectrum of clinical disease and range of interventions available at Bugando Medical Centre (Bugando) in Northwest Tanzania in Africa.
Method(s): A cross-sectional study was carried out in Bugando between 1 August 2012 and 30 September 2012. Children (<15 years old) with SCA attending Bugando were sequentially enrolled. A trained research assistant completed a Swahili questionnaire with the parent or guardian of each participant concerning demographic information, clinical features of disease, and treatments received.
Result(s): Among the 124 participants enrolled, the median age was 6 years (interquartile range [IQR] 4-8.5), and only 13 (10.5%) were < 3 years old. Almost all participants (97.6%) had a prior history of a vaso-occlusive episode, 83 (66.9%) had prior acute chest syndrome, and 21 (16.9%) had prior stroke. In the preceding 12 months, 120 (96.8%) had been hospitalized, and a vaso-

occlusive episode was the most common reason for hospitalization (35.5%). Prescriptions for folic acid (92.7%) and malaria prophylaxis (84.7%) were common, but only one had received a pneumococcal vaccine, and none had received hydroxyurea or prophylactic penicillin. Conclusion(s): Children with SCA receiving care in Tanzania are diagnosed late, hospitalized frequently, and have severe complications. Opportunities exist to improve care through wider access to screening and diagnosis as well as better coordination of comprehensive care.

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406.

The pattern of sickle cell disease in sickle cell patients from Northwestern Nigeria.
Saganuwan S.
Embase
Clinical Medicine Insights: Therapeutics. 8 (pp 53-57), 2016. Date of Publication: 19 Sep 2016. [Article]
AN: 614375344
Abstract: Sickle cell disease is caused due to a genetic disorder, which accounts for people dying at an early age in Nigeria. A retrospective study of sickle cell disease patients was carried out with a view to determining the disease pattern in sickle cell patients from the Northwestern Nigeria. Case notes of 319 sickle cell patients were collected and reviewed retrospectively. The prevalence of sickle cell trait, comorbidity of sickle cell disease and malaria, and the effects of sickle cell disease and age on the weight and hematological parameters of sickle cell patients were determined and analyzed. Results showed the prevalence rate of sickle cell trait to be 61.8% (197) and that of non-sickle cell trait to be 38.2% (122). The sickle cell trait comprised 96 males (48.7%) and 101 females (51.3%). Among these patients, 51 (41.8%) males and 71 (58.2%) females had malaria. However, 35.4% (113) of sickle cell patients and 7.5% (24) of malaria patients showed anemia. Genotyping revealed 32 AS (16.2%), 102 SS (51.8%), SS+F (3.6%), and 56 SC (28.4%). The associated prevalence rates of clinical signs were pain/crisis 45.1% (89), pneumonia 28.4% (56), gastric disorders 9.1% (18), central nervous system (CNS) disorders 4.1% (8), renal diseases 2.5% (5), musculo-skeletal disorders 2.5% (5), conjunctivitis 0.5% (1), acute chest syndrome 0.5% (1), cholecystitis 0.5% (1), hemophilia 0.5% (1), fever 0.5% (1), priapism 2.0% (4), splenomegaly 2.0% (4), and epistaxis 1.5% (3). Few patients lived up to

49 years. There was significant difference (P < 0.05) in hematological parameters of the patients from various age groups. The use of anti-sickling, hematonic, analgesic, anti-inflammatory, and antimalarial drugs in the treatment of the affected disease in patients might have improved their quality of life.

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Year of Publication
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407.

Urolithiasis in Children-Treatment and Prevention.
Jackson E.C., Avendt-Reeber M.
Embase
Current Treatment Options in Pediatrics. 2(1) (pp 10-22), 2016. Date of Publication: 01 Mar 2016. [Review]
AN: 611920201
The incidence of stones is increasing in children especially among Caucasian adolescents. Every child with stones deserves an evaluation because the majority has a diagnosable metabolic defect and 50 % will have a recurrence of stones. Diet, sedentary lifestyle, and climate change contribute to the changing frequency of stones. There is some evidence to support the following lifestyle changes: high fluid intake, low sugar intake, low sodium intake, higher plant protein intake and lower animal protein intake, normal calcium intake, high potassium citrate intake, moderate exercise, and reduced environmental temperature. Our challenge is to help our patients commit to and maintain a healthy lifestyle. After dietary influences, having a family member with nephrolithiasis poses the greatest risk. Identifying the underlying defect that permits stones to form in some members of the family will permit targeted therapy. For instance there is a "gain of function" mutation in the calcium-sensing receptor gene in families with autosomal dominant hypocalcemic hypercalciuria. Treating these patients with vitamin D to increase the blood calcium results in marked hypercalciuria, nephrocalcinosis, and nephrolithiasis. Thus, the second challenge in addition to lifestyle changes is to identify the gene defects permitting stone formation.

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Publisher
Springer International Publishing
Year of Publication
2016

408.

Ischemic priapism in South-East Nigeria: Presentation, management challenges, and aftermath issues.
Ugwumba F.O., Ekwedigwe H.C., Echetabu K.N., Okoh A.D., Nnabugwu I., Ugwuidu E.S.
Embase
Nigerian journal of clinical practice. 19(2) (pp 207-211), 2016. Date of Publication: 01 Mar 2016.
[Article]
AN: 620717433
CONTEXT: Ischemic priapism is the more common variety of priapism and often presents late. Outcome is largely dependent on the duration of ischemia. AIMS: To determine the etiology, presentation, management, and outcome of ischemic priapism.
SETTINGS AND DESIGN: Retrospective analysis of consecutive cases presenting to three hospitals offering specialist urological services in South-East Nigeria from January 2000 to December 2010.
PATIENTS AND METHODS: Fifteen patients were assessed for clinical data and outcome.
STATISTICAL ANALYSIS USED: The data were analyzed descriptively and inferentially using Statistical Package for Social Sciences (SPSS version 16, SPSS Inc., Chicago IL, USA) with P < 0.05.
RESULTS: Mean age was 30.5 years (standard deviation [SD] =1.63), range: 14-79 years. Onset to presentation interval ranged from 6 h to 28 days. Eight patients (53.3%) had sickle cell disease (SCD). Four patients (26.7%) had unidentified causes. The 8 SCD patients had stuttering priapism on several occasions previously. Six patients (40%) had taken oral herbal medications as treatment prior to presentation. Initial resuscitative measures were intravenous hydration, aspiration, and irrigation with normal saline in 13 patients. Glanulo-cavernous shunt (Al-Ghorab) was performed in all the patients. Detumescence was immediate in 14 and delayed in 1 patient. Three patients had transient recurrence of tumescence, while one had to be reshunted. Erectile dysfunction (ED) occurred in 7 patients (46.7%). Occurrence of ED increased significantly in patients presenting 24 h after onset of symptoms ([P = 0.032] Fishers exact test). Mean duration of follow-up was 21.9 weeks (SD = 4.1), range: 3-156 weeks.
CONCLUSIONS: Low flow priapism is common in our environment, and approximately half will occur in SCD patients who have had stuttering priapism previously. Timely diagnosis and treatment will reduce the probability of severe ED. In our experience, the Al-Ghorab shunt provides rapid relief. Enlightenment is vital in reducing ischemia time. Emphasis on preventive measures in SCD patients is vital.
PMID
26856282 [https://www.ncbi.nlm.nih.gov/pubmed/?term=26856282]
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Year of Publication
2016

409.

Managing Acute Complications Of Sickle Cell Disease In Pediatric Patients.
Subramaniam S., Chao J.H.
Embase

Pediatric emergency medicine practice. 13(11) (pp 1-28), 2016. Date of Publication: 01 Nov 2016. [Review]
AN: 616505663
Sickle cell disease is a chronic hematologic disease with a variety of acute, and often recurring, complications. Vaso-occlusive crisis, a unique but common presentation in sickle cell disease, can be challenging to manage. Acute chest syndrome is the leading cause of death in patients with sickle cell disease, occurring in more than half of patients who are hospitalized with a vaso-occlusive crisis. Uncommon diagnoses in children, such as stroke, priapism, and transient red cell aplasia, occur more frequently in patients with sickle cell disease and necessitate a degree of familiarity with the disease process and its management. Patients with sickle cell trait generally have a benign course, but are also subject to serious complications. This issue provides a current review of evidence-based management of the most common acute complications of sickle cell disease seen in pediatric patients in the emergency department.
PMID
27775898 [https://www.ncbi.nlm.nih.gov/pubmed/?term=27775898]
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(Chao) Clinical Assistant Professor, Pediatric Emergency Medicine Department, SUNY Downstate Medical Center/Kings County Hospital Center, New York, NY
Year of Publication
2016

410.

Erectile dysfunction after sickle cell disease-associated recurrent ischemic priapism: profile and risk factors.
Anele UA, Burnett AL
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Sexual Medicine. 12(3):713-9, 2015 Mar.
[Comparative Study. Journal Article]
UI: 25572153
INTRODUCTION: Risk factors associated with erectile dysfunction (ED) that results from recurrent ischemic priapism (RIP) in sickle cell disease (SCD) are incompletely defined.
AIM: This study aims to determine and compare ED risk factors associated with SCD and non-SCD-related "minor" RIP, defined as having >=2 episodes of ischemic priapism within the past 6 months, with the majority (>75%) of episodes lasting <5 hours.
METHODS: We performed a retrospective study of RIP in SCD and non-SCD patients presenting from June 2004 to March 2014 using the International Index of Erectile Function (IIEF), IIEF-5, and priapism-specific questionnaires.
MAIN OUTCOME MEASURES: Prevalence rates and risk factor correlations for ED associated with RIP.
RESULTS: The study was comprised of 59 patients (40 SCD [mean age 28.2 +/- 8.9 years] and 19 non-SCD [15 idiopathic and four drug-related etiologies] [mean age 32.6 +/- 11.7 years]). Nineteen of 40 (47.5%) SCD patients vs. four of 19 (21.1%) non-SCD patients (39% overall) had ED (IIEF <26 or IIEF-5 <22) (P = 0.052). SCD patients had a longer mean time-length with RIP than non-SCD patients (P = 0.004). Thirty of 40 (75%) SCD patients vs. 10 of 19 (52.6%) non-SCD patients (P = 0.14) had "very minor" RIP (episodes regularly lasting <=2 hours). Twenty-eight of 40 (70%) SCD patients vs. 14 of 19 (73.7%) non-SCD patients had weekly or more frequent episodes (P = 1). Of all patients with very minor RIP, ED was found among 14 of 30 (46.7%) SCD patients vs. none of 10 (0%) non-SCD patients (P = 0.008). Using logistic

regression analysis, the odds ratio for developing ED was 4.7 for SCD patients, when controlling for RIP variables (95% confidence interval: 1.1-21.0).
CONCLUSIONS: ED is associated with RIP, occurring in nearly 40% of affected individuals overall. SCD patients are more likely to experience ED in the setting of "very minor" RIP episodes and are five times more likely to develop ED compared with non-SCD patients.

Version ID
1
Status
MEDLINE
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PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4437763
Year of Publication
2015

411.

Is testosterone deficiency a possible risk factor for priapism associated with sickle-cell disease?.
Morrison BF, Anele UA, Reid ME, Madden WA, Feng Z, Burnett AL
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
International Urology & Nephrology. 47(1):47-52, 2015 Jan.
[Journal Article]
UI: 25371242
PURPOSE: The purpose of this study was to determine the association of testosterone deficiency and priapism in adult men with sickle cell disease (SCD).
METHODS: A cross-sectional study of 50 adult men with SCD (hemoglobin SS) was performed. All patients had early morning blood taken for total and free testosterone, FSH, LH, prolactin, lipid levels, LDH and hematological indices. Patients completed an interviewer-administered questionnaire regarding priapism frequency, duration and treatment. Testosterone deficiency was defined as a serum total testosterone<12 nmol/L (346 ng/dL).
RESULTS: The mean age of the study population was 34.2+/-8.9 years. Priapism was noted in 24 (48%) patients and was most frequently seen in men between ages 18-25 years. Testosterone deficiency was observed in 11 of the 50 (22%) patients, particularly in 6 of 24 (25%) patients with histories of priapism. There was no difference in mean total testosterone levels in patients with and without a history of priapism (16.7+/-4.9 nmol/L and 15.4+/-5.9 nmol/L, respectively) (p=0.43). Similarly, there was no difference in serum LH and FSH levels based on history of priapism.
CONCLUSION: Testosterone deficiency is prevalent in patients with SCD; however, we did not identify an association based on a history of priapism. Larger, prospectively gathered data are needed to define the priapism profile of SCD patients with testosterone deficiency.
Version ID
1
Status
MEDLINE
Authors Full Name

Morrison, Belinda F, Anele, Uzoma A, Reid, Marvin E, Madden, Wendy A, Feng, Zhaoyong, Burnett, Arthur L
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PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4432835
Year of Publication
2015

412.

Resistant pediatric priapism: A real challenge for the urologist.
Sekerci CA, Akbal C, Sener TE, Sahan A, Sahin B, Baltacioglu F, Simsek F
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Canadian Urological Association Journal. 9(7-8):E562-4, 2015 Jul-Aug.
[Journal Article]
UI: 26609335
Priapism in pediatric patients is a rare entity. We present an 8-year-old boy with known cerebral palsy. He came to the emergency department with sustained painful erection for 12 hours. Physical examination showed rigid penis. Blood count and biochemical analysis were normal. Although penile Doppler ultrasound revealed normal arterial and venous flow, cavernosal blood gas was hypoxic. A total of 50 mL of dark blood was aspirated, and 2 mL of 0.001% adrenalin solution was applied to both corpus cavernosum, twice within 20 minutes, which eventually did not achieve detumescence. A distal Winter shunt was performed at the end of which the penis was semi-flaccid. By the 18th hour of surgery, the penis re-gained painful erection status, so an Al-Ghorab shunt was performed. After the Al-Ghorab shunt, the penis was still in the semi-flaccid state. The next day, an angiography was performed and an arteriovenous fistula was discovered and treated by embolization. The flaccid state was achieved and the patient was discharged the day after the embolization.
Version ID
1
Status
PubMed-not-MEDLINE
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Sekerci, Cagri Akin, Akbal, Cem, Sener, Tarik Emre, Sahan, Ahmet, Sahin, Bahadir, Baltacioglu, Feyyaz, Simsek, Ferruh
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PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4641879
Year of Publication
2015

413.

Priapism in Homozygous Sickle Cell Disease: A 40-year Study of the Natural History.
Serjeant G, Hambleton I
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
West Indian Medical Journal. 64(3):175-80, 2015 Jun.
[Journal Article]
UI: 26426165
OBJECTIVES: To describe the incidence, pattern, and outcome of priapism in homozygous sickle cell (SS) disease.
METHODS: Regular review, for periods up to 40 years, was done of all 162 males with SS disease detected during the screening of 100 000 consecutive non-operative deliveries at the main government maternity hospital in Kingston, Jamaica, between June 1973 and December 1981.
RESULTS: Priapism occurred in 52 (32.7%) patients overall, the incidence rising steeply in late adolescence to 32% by age 20 years and a cumulative incidence of nearly 60% of patients by age 40 years. Many cases were elicited only on direct questioning because of embarrassment and the lack of realization that priapism complicates SS disease. Initial events were recurrent stuttering episodes in 39 patients, a single short-term event in six patients and a major attack (more than six hours) in seven patients. Erectile function was preserved in almost all patients with simple stuttering or single events. Major attacks (> 6 hours) occurred in 17 patients, preceded by stuttering episodes in nine, by a single event in one, and occurring de novo in seven. In these, erectile function was unknown in five, deemed satisfactory in five (sometimes improving over three years), weak in three and impotence persisted in four (two with major attacks three and six months previously).
CONCLUSION: A history of stuttering priapism should be routinely enquired and prophylactic measures used if attacks exceed once weekly. Major events generally result in short-term impotence, but the late recovery of erectile function cautions against the early insertion of penile prostheses.
Version ID
1
Status
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PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4763886
Year of Publication
2015

414.

Haematopoietic stem cell transplantation in Nigerian sickle cell anaemia children patients.
Isgro A, Paciaroni K, Gaziev J, Sodani P, Gallucci C, Marziali M, Angelis GD, Alfieri C, Ribersani M, Roveda A, Akinyanju OO, Wakama TT, Olowoselu FO, Adediran A, Lucarelli G

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Nigerian Medical Journal. 56(3):175-9, 2015 May-Jun.
[Journal Article]
UI: 26229224
BACKGROUND: Sickle cell anaemia (SCA) remains associated with high risks of morbidity and early death. Children with SCA are at high risk for ischaemic stroke and transient ischaemic attacks, secondary to intracranial arteriopathy involving carotid and cerebral arteries. Allogeneic haematopoietic stem cell transplantation (HSCT) is the only curative treatment for SCA. We report our experience with transplantation in a group of patients with the Black African variant of SCA.
PATIENTS AND METHODS: This study included 31 consecutive SCA patients who underwent bone marrow transplantation from human leukocyte antigen (HLA)-identical sibling donors between 2010 and 2014 following a myeloablative-conditioning regimen.
RESULTS: The median patient age was 10 years (range 2-17 years). Before transplantation, 14 patients had recurrent, painful, vaso-occlusive crisis; ten patients had recurrent painful crisis in association with acute chest syndrome; three patients experienced ischaemic stroke and recurrent vaso-occlusive crisis; two patients experienced ischaemic stroke; one patient exhibited leukocytosis; and one patient exhibited priapism. Of the 31 patients, 28 survived without sickle cell disease, with Lansky/Karnofsky scores of 100. All surviving patients remained free of any SCA-related events after transplantation.
CONCLUSION: The protocols used for the preparation to the transplant in thalassaemia are very effective also in the other severe haemoglobinopathy as in the sickle cell anaemia with 90% disease free survival. Today, if a SCA patient has a HLA identical family member, the cellular gene therapy through the transplantation of the allogeneic haemopoietic cell should be performed. Tomorrow, hopefully, the autologous genetically corrected stem cell will break down the wall of the immunological incompatibility.
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1
Status
PubMed-not-MEDLINE
Authors Full Name
Isgro, Antonella, Paciaroni, Katia, Gaziev, Javid, Sodani, Pietro, Gallucci, Cristiano, Marziali, Marco, Angelis, Gioia De, Alfieri, Cecilia, Ribersani, Michela, Roveda, Andrea, Akinyanju, Olufemi O, Wakama, T Thompson, Olowoselu, Festus Olusola, Adediran, Adewumi, Lucarelli, Guido
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PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4518332
Year of Publication
2015

415.

Hematologic Disorders: Sickle Cell Disease.
Baltierra D, Harper T, Jones MP, Nau KC
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Fp Essentials. 433:27-39, 2015 Jun.
[Journal Article]
UI: 26080456
Sickle cell disease, the most common inherited hemoglobinopathy in the United States, is a group of autosomal recessive red cell disorders resulting from hemoglobin S. Hemoglobin S forms rigid polymers when deoxygenated that give red blood cells their sickle crescent shape. Increased viscosity and cell adhesion result in vasoocclusion. Universal screening of US newborns enables early detection. Prophylactic penicillin through age 5 years and pneumococcal immunization lower the risk of serious pneumococcal infections. Vasoocclusive crises are a major complication and cause severe pain; there is no objective confirmatory test. Intravenous hydration and rapid pain treatment with parenteral opioids are indicated for severe pain. Acute chest syndrome presents as a new pulmonary infiltrate with acute onset of symptoms of lower respiratory disease with or without fever. Stroke, acute ocular conditions, leg ulcers, priapism, and anemia are common complications of sickle cell disease. Hydroxyurea decreases sickling, improves red cell survival, and reduces the frequency of vasoocclusive crises. Hydroxyurea should be considered if three or more vasoocclusive crises occur per year. Multiple therapeutic transfusions are required, and the risks of iron overload and blood antibody development are high. Increased maternal-fetal risk occurs in pregnancy with sickle cell disease.

Version ID
1
Status
PubMed-not-MEDLINE
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Year of Publication
2015

416.

Acute health problems due to recreational drug use in patients presenting to an urban emergency department in Switzerland.
Liakoni E., Dolder P.C., Rentsch K., Liechti M.E.
Embase
Swiss Medical Weekly. 145 (no pagination), 2015. Article Number: w14166. Date of Publication: 2015.
[Article]
AN: 611554060
QUESTIONS UNDER STUDY: To describe acute toxicity of recreational drugs including novel psychoactive substances.
METHOD(S): We included all cases presenting at the emergency department (ED) of the University Hospital of Basel, Switzerland, between October 2013 and September 2014 with acute toxicity due to self-reported recreational drug use or with symptoms/signs consistent with acute toxicity. Isolated ethanol intoxications were excluded. Intoxications were confirmed with immunoassays and liquid chromatography coupled with mass spectrometry (LC-MS/MS), which also detected novel psychoactive substances.
RESULT(S): Among the 47,767 attendances at the ED, 216 were directly related to acute toxicity of recreational drugs. The mean patient age was 31 years and 69% were male. Analytical drug confirmation was available in 180 cases. Most presentations were related to cocaine (36%), cannabis (31%), opioids (13%), 3,4-methylenedioxy-methamphetamine (MDMA, 9%), other amphetamines (7%), benzodiazepines (7%), and lysergic acid diethylamide (LSD, 5%). The substances most commonly detected analytically were cannabis (37%), cocaine (33%), opioids (29%), benzodiazepines (21%), and amphetamines including MDMA (13%). Notably, there were only two cases of novel psychoactive substances (2,5-dimethoxy-4-bromophenethylamine [2C-B] and pentylone). The most frequent symptoms were tachycardia (31%), anxiety (27%), nausea or vomiting (23%), and agitation (22%). Severe complications included myocardial infarction (2), psychosis (10), seizures (10), and 1 fatality. Most patients were discharged home (68%), 8% were admitted to intensive care and 9% were referred to psychiatric care.
CONCLUSION(S): Medical problems related to illicit drugs mostly concerned cocaine and cannabis and mainly involved sympathomimetic toxicity and/or psychiatric disorders. ED presentations associated with novel psychoactive substances appeared to be relatively rare.

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26218967 [https://www.ncbi.nlm.nih.gov/pubmed/?term=26218967]
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Publisher
EMH Schweizerischer Arzteverlag AG
Year of Publication
2015

417.

Echocardiologic evaluation and follow-up of cardiovascular complications in children with scorpion sting in coastal South India.
Kumar C.M., Prasad S.V.N.
Embase
Indian Journal of Critical Care Medicine. 19(1) (pp 42-46), 2015. Date of Publication: 01 Jan 2015.
[Article]
AN: 603445237
Introduction and Objective : Scorpion stings are a common emergency in India and many other tropical countries. In India, the red scorpions are more prevalent, and their venom is more likely to cause myocardial dysfunctions. There are very few studies conducted on this problem. The following study was done in Andhra Pradesh and aimed to identify cardiovascular complications of scorpion stings in children with a follow-up of 6 months Study Design: Prospective observational study.
Setting(s): Children admitted with scorpion sting in a tertiary care hospital between December 2009 and November 2010 and followed-up till May 2011.
Result(s): Scorpion stings account for 1 in every 36 admissions. Maximum cases were in 0-3 years age group. Electrocardiogram changes were seen in 76% cases and myocarditis in 42% cases. Echocardiography revealed decreased ejection fraction (EF), transient mitral regurgitation and wall motion abnormalities were observed. Average EF improved from 16% on day 1 to 47.94% and 59% on day 5 and 14 respectively, which was highly statistically significant. By the end of 1 month, all the survivors had normal EF and no residual cardiac dysfunction was observed at 6 months.
Conclusion(s): Scorpion stings, a common and fatal medical emergency in India, produce echocardiographic changes without any long term residual damage on myocardial activity.
Status
Embase
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Publisher
Wolters Kluwer Medknow Publications
Year of Publication
2015

418.

Severity of Brazilian sickle cell disease patients: Severity scores and feasibility of the Bayesian network model use.
Belini Junior E., Silva D.G.H., Torres L.D.S., Okumura J.V., Lobo C.L.D.C., Bonini-Domingos C.R.
Embase
Blood Cells, Molecules, and Diseases. 54(4) (pp 321-327), 2015. Date of Publication: 01 Apr 2015.

[Article]
AN: 603542164
The integration of the several clinical and laboratory dimensions and the influence of each parameter on the sickle cell disease (SCD)-related mortality is useful for predicting the phenotype of an individual. This study evaluated the feasibility of the SCD severity calculator use to measure disease severity in Brazilian patients. The study group was composed of 500 SCD patients (440 HbSS and 60 HbSC) diagnosed by molecular biology. We observed a decrease in severity scores in 72 SCD patients assessed before and after the hydroxyurea (HU) use. Furthermore, the HU influenced the increase of mean corpuscular volume (MCV) and HbF concentration, and the decrease of leukocytes and total bilirubin. We found 180 (36.0%) patients with intermediate phenotype, 170 (34.0%) mild phenotype and 150 (30.0%) with severe phenotype. Patients with ages > 40 years had higher mean score (0.778 +/- 0.177) than patients between 18 and 40. years (0.562 +/- 0.152) and patients between 5 and 17 years (0.322 +/- 0.145). We observe that there is a tendency of individuals with leg ulcers, avascular necrosis and cardiac complications with increasing age. Correlation analysis showed relations between severity scores with leukocytes, reticulocytes, bilirubin, lactate dehydrogenase, HbS, hemoglobin and hematocrit ($p < 0.05$). Several comparisons involving age groups, SCD genotype and phenotypic classification had satisfactory results and this classification will be used for future studies involving genetic polymorphisms, response to treatment with HU and oxidative stress markers in SCD.

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Embase
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Publisher
Academic Press Inc. (E-mail: apjcs@harcourtbrace.com)
Year of Publication
2015

419.

Penile Doppler Ultrasound in Men with Stuttering Priapism and Sickle Cell Disease-A Labile Baseline Diastolic Velocity Is a Characteristic Finding.
Patel U., Sujenthiran A., Watkin N.
Embase
Journal of Sexual Medicine. 12(2) (pp 549-556), 2015. Date of Publication: 01 Feb 2015.
[Article]
AN: 602208555
Introduction: Stuttering priapism (SP) is seen in sickle cell disease (SCD) and characterized by short-lived painful erections. Imbalanced vascular tone is the postulated cause and this may be reflected in changes in baseline penile blood flow as measured using penile Doppler ultrasound (PDU).
Aim(s): The aim of this study was to investigate the baseline penile blood flow characteristics in men with SCD and SP, by comparing with men without SP.

Method(s): PDU findings were retrospectively analyzed in 100 men during flaccid state. Nine men had SP (age range 20-40 years), 4 had Peyronie's disease (PD) (35-48 years), 67 men had erectile dysfunction (16-67 years), and 20 men had normal erectile function (18-42 years).
Main Outcome Measure(s): The variables measured were peak systolic and end-diastolic velocities, and the Doppler velocity waveform. Values in men with SP were compared with those in the other groups.
Result(s): Median systolic and diastolic velocity was significantly higher in men with SP (systolic/diastolic velocity was 26/4cm/second in men with SP vs. 13/0cm/second, 14/0cm/second, and 16/0cm/second in men with PD, ED, and normal erectile function, respectively; P=0.0001). Men with SP had a characteristic low peripheral resistance (PR) waveform with fluctuating velocities; the diastolic velocity was consistently positive (2-7cm/second) and fluctuated between +2 and +8cm/second. In comparison, the other 91 men had high PR waveform and consistently negative diastolic velocity (range 0 to -2cm/second).
Conclusion(s): Men with SP had a unique baseline Doppler ultrasound waveform, with a low PR waveform and an elevated, variable cavernosal artery velocity. We propose that this may be the sonographic manifestation of a reduced, fluctuating smooth muscle tone and that PDU may have a role for diagnosis and therapeutic monitoring of SP.

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25424427 [https://www.ncbi.nlm.nih.gov/pubmed/?term=25424427]
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Publisher
Blackwell Publishing Ltd (Netherlands)
Year of Publication
2015

420.

Idiopathic Partial Thrombosis (IPT) of the Corpus Cavernosum: A Hypothesis-Generating Case Series and Review of the Literature.
Weyne E., Schillebeeckx C., Jamaer C., D'Hulst P., Bozzini G., Grunert R., d'Hondt F., Hoebeke P., Muller A., Van Renterghem K., Joniau S., Albersen M.
Embase
Journal of Sexual Medicine. 12(11) (pp 2118-2125), 2015. Date of Publication: 01 Nov 2015.
[Article]
AN: 607060606
Introduction: Idiopathic partial thrombosis (IPT) of the corpus cavernosum is a rare condition. The etiology is not fully understood; however, the presence of an either or not congenital web in these patients may contribute to the development of IPT.
Aim(s): The aim of this study was to describe 18 new IPT cases and compare these with 38 cases found in the literature.
Method(s): A multicenter retrospective analysis was performed. Descriptive statistics are given.
Main Outcome Measure(s): The main outcome measures used were clinical presentation, clinical and radiographical diagnostics, treatment and resolution of symptoms.
Result(s): Patients most frequently presented with perineal swelling (10/18; 56%) and pain (13/18; 72%), unilateral (12/18; 67%) or bilateral (4/18; 22%), and pain during erection (10/18; 72%). Penile curvature, dysuria or fever (each 1/18; 6%) were uncommon presenting symptoms.

In our series, magnetic resonance imaging demonstrated a fibrous web in the corpus cavernosum in 100% of cases and was more bilaterally (11/18; 61%) than unilaterally (7/18; 39%) diagnosed. Cycling was found to be a provocative factor for IPT occurrence in patients at risk as 61% (11/18) of patients reported being a frequent cyclist with the episode of IPT occurring immediately after or during cycling activity in 8 out of 18 patients (8/18; 44%). In five centers, 15 patients were treated conservatively, the majority being treated with therapeutic doses of low molecular weight heparin and simultaneous anti-aggregant therapy. In one center, all three patients were treated with a surgical approach. Complete resolution of symptoms was noted in only 50% of cases. Conclusion(s): IPT is a condition that presents typically with perineal pain and swelling. Cycling is often seen as a provocative factor, while the presence of a fibrous web at the level of the crurocavernosal junction is the underlying disorder allowing for entrapment of blood in the crura. Conservative treatment provides a reasonably good outcome in most cases. For therapy resistant cases, surgery can be considered.

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421.

13-valent pneumococcal conjugate vaccine (PCV13) is immunogenic and safe in children 6-17 years of age with sickle cell disease previously vaccinated with 23-valent pneumococcal polysaccharide vaccine (PPSV23): Results of a phase 3 study.
De Montalembert M., Abboud M.R., Fiquet A., Inati A., Lebensburger J.D., Kaddah N., Mokhtar G., Piga A., Halasa N., Inusa B., Rees D.C., Heath P.T., Telfer P., Driscoll C., Al Hajjar S., Tozzi A., Jiang Q., Emini E.A., Gruber W.C., Gurtman A., Scott D.A.
Embase
Pediatric Blood and Cancer. 62(8) (pp 1427-1436), 2015. Date of Publication: 01 Aug 2015.
[Article]
AN: 604973094
Background: A large population of older children with sickle cell disease (SCD) is currently vaccinated with only 23-valent pneumococcal polysaccharide vaccine (PPSV23). In immunocompetent adults, PPSV23 vaccination reduces immune responses to subsequent vaccination with a pneumococcal vaccine. The 13-valent pneumococcal conjugate vaccine (PCV13), which addresses this limitation, may offer an advantage to this population at high risk of pneumococcal disease. Procedure: Children with SCD 6-17 years of age previously vaccinated with PPSV23 at least 6 months before study enrollment received two doses of PCV13 6 months apart. Anti-pneumococcal polysaccharide immunoglobulin G (IgG) geometric mean

concentrations (GMCs) and opsonophagocytic activity (OPA) geometric mean titers (GMTs) were measured before, 1 month after each administration, and 1 year after the second administration. Result(s): Following each PCV13 administration, IgG GMCs and OPA GMTs significantly increased, and antibody levels after doses 1 and 2 were generally comparable. Antibody levels declined over the year following dose 2. At 1 year after the second administration, OPA GMTs for all and IgG GMCs for most serotypes remained above pre-vaccination levels. Most adverse events were due to vaso-occlusive crises, a characteristic of the underlying condition of SCD. Conclusion(s): Children with SCD who were previously vaccinated with PPSV23 responded well to 1 PCV13 dose, and a second dose did not increase antibody response. PCV13 antibodies persisted above pre-vaccination levels for all serotypes 1 year after dose 2. Children with SCD may benefit from at least one dose of PCV13.

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422.

Management of sickle cell disease: Recommendations from the 2014 expert panel report.
Yawn B.P., John-Sowah J.
Embase
American Family Physician. 92(12) (pp 1069-1076), 2015. Date of Publication: 15 Dec 2015.
[Article]
AN: 607282893
Family physicians are the primary and sometimes only health care resource for families affected by sickle cell disease. Recently published guidelines provide important recommendations for health maintenance, acute care, and monitoring of disease-modifying therapy in persons with this

condition. This overview highlights some of the most important clinical activities that can and should be carried out in the community care setting. Children with sickle cell anemia should receive prophylactic penicillin from birth through at least five years of age, and all persons with sickle cell disease require vaccination to prevent invasive pneumococcal disease. Annual screening with transcranial Doppler ultrasonography is recommended for all children with sickle cell disease beginning at two years of age and continuing through adolescence to evaluate the risk of stroke and to initiate transfusion therapy in those at high risk. Vasoocclusive crises require immediate and adequate analgesia appropriate to the level of patient-reported pain. Antibiotics, hospitalization, and incentive spirometry are indicated for those with acute chest syndrome. There is strong evidence to support the promotion and use of hydroxyurea therapy in patients nine months and older who have sickle cell anemia because its use can decrease the frequency of vasoocclusive crises and acute chest syndrome with limited adverse effects.

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American Academy of Family Physicians (E-mail: foundation@aafp.org)
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423.

Sickle cell disease: A neglected chronic disease of increasing global health importance.
Chakravorty S., Williams T.N.
Embase
Archives of Disease in Childhood. 100(1) (pp 48-53), 2015. Date of Publication: 01 Jan 2015.
[Article]
AN: 600972430
Sickle cell disease (SCD) is a single gene disorder causing a debilitating systemic syndrome characterised by chronic anaemia, acute painful episodes, organ infarction and chronic organ damage and by a significant reduction in life expectancy. The origin of SCD lies in the malarial regions of the tropics where carriers are protected against death from malaria and hence enjoy an evolutionary advantage. More recently, population migration has meant that SCD now has a worldwide distribution and that a substantial number of children are born with the condition in higher-income areas, including large parts of Europe and North and South America. Newborn screening, systematic clinical followup and prevention of sepsis and organ damage have led to an increased life expectancy among people with SCD in many such countries; however, in resource-limited settings where the majority continue to be born, most affected children continue to die in early childhood, usually undiagnosed, due to the lack of effective programmes for its early detection and treatment. As new therapies emerge, potentially leading to disease amelioration or cure, it is of paramount importance that the significant burden of SCD in resource-poor countries is properly recognised.

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Year of Publication
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424.

Quantification of sickle cells in the peripheral smear as a marker of disease severity.
Alvarez O., Montague N.S., Marin M., O'Brien R., Rodriguez M.M.
Embase
Fetal and Pediatric Pathology. 34(3) (pp 149-154), 2015. Date of Publication: 01 Jun 2015.
[Article]
AN: 604538698
Blinded readers examined peripheral smears of 108 children with steady sickle cell (SC) disease and controls by counting ten 100x microscope fields and calculating percent of irreversible and reversible SC from total red cell population SC index (SCI). SCI was correlated to disease severity, and transfusion, hydroxyurea, or neither. Controls had a mean of 0.28% SC (range 0-0.64). Children with hemoglobin SS had a mean SCI of 5.12% +/- 5.37 (range 0-30). SCI increased 0.33% with each increasing year (p <0.0001). Patients with SCI > 0.64 were 3.32 times as likely to experience clinical complications (p = 0.0124). Although blood transfusions and hydroxyurea decreased percent of SC, 72% treated patients had SCI >0.64, correlating with persistent sickling. This standardized method quantifies SC in peripheral smears. Percent of SC increased with age and correlated with disease severity, especially hemolytic complications, providing readily available information with minimal or no extra cost.

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Informa Healthcare (E-mail: healthcare.enquiries@informa.com)
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425.

High-dose loperamide abuse inducing life-threatening cardiac arrhythmias topiramate-induced diarrhea in a breastfed infant danazol-induced Stevens-Johnson syndrome asenapine-induced Myasthenic syndrome Black Hairy Tongue due to linezolid adalimumab-induced priapism.
Mancano M.A.
Embase
Hospital Pharmacy. 50(5) (pp 351-355), 2015. Date of Publication: 2015.
[Article]
AN: 610949119
The purpose of this feature is to heighten awareness of specific adverse drug reactions (ADRs), discuss methods of prevention, and promote reporting of ADRs to the US Food and Drug Administration's (FDA's) MedWatch program (800-FDA-1088). If you have reported an interesting, preventable ADR to MedWatch, please consider sharing the account with our readers. Write to Dr. Mancano at ISMP, 200 Lakeside Drive, Suite 200, Horsham, PA 19044 (phone: 215-707-4936; e-mail: mmancano@temple.edu). Your report will be published anonymously unless otherwise requested. This feature is provided by the Institute for Safe Medication Practices (ISMP) in cooperation with the FDA's MedWatch program and Temple University School of Pharmacy. ISMP is an FDA MedWatch partner.

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Publisher
Facts and Comparisons
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426.

Pharmacotherapy of sickle cell disease in children.
Neville K.A., Panepinto J.A.
Embase
Current Pharmaceutical Design. 21(39) (pp 5660-5667), 2015. Date of Publication: 01 Jan 2015.
[Article]
AN: 608244756
Sickle cell disease (SCD) is a potentially devastating and life threatening condition that is caused by an autosomal recessive inherited hemoglobinopathy which results in vaso-occlusive phenomena and hemolysis. The severity of this disorder is widely variable, but overall mortality is increased and life expectancy decreased when compared to the general population. Care of patients with sickle cell disease is largely supportive. In fact, hydroxyurea is the only drug used that modifies disease pathogenesis. Painful vaso-occlusive events are the most common complication experienced by both children and adults with sickle cell disease and hydroxyurea is the only treatment option available to prevent the development of these events. Most events are managed with traditional supportive care measures (i.e. aggressive hydration, antiinflammatory and narcotic analgesics) that have not changed in decades. As such, there is an overwhelming need for both the development of new agents and new approaches to treatment with existing modalities for patients with sickle cell disease.

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Publisher
Bentham Science Publishers B.V. (P.O. Box 294, Bussum 1400 AG, Netherlands)
Year of Publication
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427.

Cohort study of adult patients with haemoglobin SC disease: Clinical characteristics and predictors of mortality.
Gualandro S.F.M., Fonseca G.H.H., Yokomizo I.K., Gualandro D.M., Suganuma L.M.
Embase
British Journal of Haematology. 171(4) (pp 631-637), 2015. Date of Publication: November 2015.
[Article]
AN: 605628175
Haemoglobin (Hb) SC disease is the second most common subtype of sickle cell disease and is potentially fatal. This study aimed to determine the clinical characteristics, outcome and predictors of mortality in HbSC disease patients, and to compare these findings with patients followed-up in different centres. Clinical, laboratory and outcome data were collected from a cohort of adult patients with HbSC disease followed between 1991 and 2103. Cox regression multivariate analysis was used to determine predictors of mortality. One hundred and fifty-five patients were followed-up over 20 years: 9% died and 70.8% had at least one complication. The most common complications were: painful crises (38.3%), retinopathy (33.8%), cholelithiasis (30.3%), osteonecrosis (24.8%) and sensorineural hearing disorders (9.7%). Frequency of chronic complications was similar in most studies. In multivariate analysis, hearing disorders remained an independent predictor of mortality (Odds Ratio 9.26, 95% confidence interval 1.1-74.8; P = 0.03). It was concluded that patients with HbSC disease receive a late diagnosis and there is remarkable similarity between the studies conducted in different centres around the world. Sensorineural hearing disorders were an independent predictor of mortality, suggesting that it may be useful to implement routine diagnostic screening. © 2015 John Wiley Copyright & Sons Ltd.
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Publisher
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428.

Sexual function in adult patients with classic bladder exstrophy: A multicenter study.
Park W., Zwink N., Rosch W.H., Schmiedeke E., Stein R., Schmidt D., Noeker M., Jenetzky E., Reutter H., Ebert A.-K.
Embase
Journal of Pediatric Urology. 11(3) (pp e1-125), 2015. Date of Publication: 01 Jun 2015.
[Article]
AN: 604383458
Background The bladder exstrophy-epispadias complex (BEEC) comprises a spectrum of congenital anomalies that represents the severe end of urorectal malformations, and has a profound impact on continence as well as sexual and renal functions. Objective The relation between severity of BEEC and its associated functional impairments, on one hand, and the resulting restrictions in quality of life and potential psychopathology determine the patients' outcome. It is important for improving further outcome to identify BEEC-related sources of distress in the long term. Genital function and sexuality becomes an important issue for adolescent and adult BEEC individuals. Hence, the present study focused on sexual function and psychological adaption in patients with BEEC. Study design In a multicenter study 52 patients (13 females, 39 males) with classic bladder exstrophy (BE) with their bladders in use were assessed by a self-developed questionnaire about sexual function, and psychosexual and psychosocial outcome. The patients were born between 1948 and 1994 (median age 31 years). Results Twelve of 13 (92%) females and 25 of 39 (64%) males with classic BE had answered the questions on sexual function. Of these, 50% females and 92% males answered that they masturbated. Females had sexual intercourse more frequently. Six (50%) females affirmed dyspareunia whereas only two (8%) males reported pain during erection. Eight (67%) females specified having orgasms. Eighteen (72%) males were able to ejaculate. Two males and none of the females lived in a committed partnership (Figure). Two (15%) females and 13 (33%) males answered all psychosocial questions. The majority of these patients had concerns about satisfactory sexuality and lasting, happy partnerships. A minority of patients of both sexes were willing to answer psychosocial questions. Sexual activity and relationships of many adult BE patients seems to be impaired. Not surprisingly, sexual activity and awareness were different in males and females even in a multi-organ anomaly. Sexuality of adult female and male bladder exstrophy patients. Discussion To date, one of the main goals of the medical treatment of BEEC/BE patients is to enable normal sexual life and fertility. However, only a few outcome studies have focused on these issues with contradicting results, most of them not using standardized outcome measures. In accordance with other studies, our female BE patients have dyspareunia and most of our male BE patients were able to ejaculate. But the question of normal force of ejaculation, ejaculated volume, or semen analysis remains unanswered. Despite partial confirmation of previous findings, there is inconsistency referring to the outcome measured by the available studies. This might in part be explained by the fact that, other than this study, most previous studies are the result of single-institution experience. Thus, selection bias in the patient sampling due to different a clinical collective in different hospitals may be the consequence. Furthermore, patients' honesty and self-reflection in answering difficult questions regarding their sexual and cosmetic impairments is questionable. In addition, studies include a wide range of age groups and are connected with this life period. Fears and condition-specific anxieties might change over time. Hence, the strengths of this study are the nationwide and treating physician-independent data acquisition as well as the large sample size of adult patients with a very rare congenital malformation. Unfortunately, more detailed analyses on sexual function and current psychosocial situation, for example correlation of data with clinical symptoms such as continence status, was not possible as data were mainly not answered by patients. Conclusion To improve the quality of life of patients with BEEC/BE, treatment and follow-up should emphasize physical

but also psychological care in these patients. Physicians should further re-evaluate their preconceptions and should take care of the patients throughout their lives.

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429.

Health related quality of life and perception of stigmatisation in adolescents living with sickle cell disease in Nigeria: A cross sectional study.
Adeyemo T.A., Ojewunmi O.O., Diaku-Akinwumi I.N., Ayinde O.C., Akanmu A.S.
Embase
Pediatric Blood and Cancer. 62(7) (pp 1245-1251), 2015. Date of Publication: 01 Jul 2015.
[Article]
AN: 603701433
Background: Sickle cell disease impacts the physical, emotional and psychological aspects of life of the affected persons, often times exposing them to disease associated stigma from the society and alters the health related quality of life (HRQoL). This study compared the HRQoL of adolescents with sickle cell disease with their healthy peers, identified socio-demographic and clinical factors impacting HRQoL, and determined the extent and effects of SCD related stigma on quality of life. Procedure: We conducted a cross-sectional survey among 160 adolescents, 80 with SCD and 80 adolescents without SCD. Socio-demographic and clinical data were collected using a pre-tested questionnaire. HRQoL was investigated using the Short Form (SF-36v2) Health Survey. SCD perceived stigma was measured using an adaptation of a perceived stigma questionnaire.
Result(s): Adolescents with SCD have significantly worse HRQoL than their peers in all of the most important dimensions of HRQoL (physical functioning, physical roles limitation, emotional roles limitation, social functioning, bodily pain, vitality and general health perception) except mental health. Recent hospital admission and SCD related complication further lowered HRQoL scores. Over seventy percent of adolescents with SCD have moderate to high level of perception of stigmatisation. Hospitalisation, SCD complication, SCD stigma were inversely, and significantly associated with HRQoL.

Conclusion(s): Adolescents living with SCD in Nigeria have lower health related quality of life compared to their healthy peers. They also experience stigma that impacts their HRQoL. Complications of SCD and hospital admissions contribute significantly to this impairment. Pediatr Blood Cancer 2015;62:1245-1251.

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430.

Mortal quintet of sickle cell diseases.
Helvaci M.R., Gokce C., Davran R., Akkucuk S., Ugur M., Oruc C.
Embase
International Journal of Clinical and Experimental Medicine. 8(7) (pp 11442-11448), 2015. Date of Publication: 30 Jul 2015.
[Article]
AN: 605833786
Background: Sickle cell diseases (SCDs) are chronic inflammatory processes on capillary level. We tried to understand some possible correlations between stroke and severity of SCDs.
Method(s): All patients with SCDs were taken into the study.
Result(s): The study included 343 patients (174 males and 169 females). There were 30 cases (8.7%) with stroke. The mean ages were similar in both groups (32.5 versus 29.1 years in the stroke group and other, respectively, P>0.05). The female ratios were similar in both groups, too (43.3% versus 49.8%, respectively, P>0.05). Prevalences of associated thalassemia minors were also similar in them (73.3% versus 65.1%, respectively, P>0.05). Smoking was higher among the stroke cases, significantly (26.6% versus 13.0%, P<0.05). Mean white blood cell count, hematocrit value, and mean platelet count of the peripheric blood were similar in both groups (P>0.05 for all). On the other hand, although the painful crises per year, tonsilectomy, priapism, ileus, pulmonary hypertension, chronic obstructive pulmonary disease, coronary heart disease, chronic renal disease, rheumatic heart disease, avascular necrosis of bones, cirrhosis, and mortality were all higher in the stroke group, the differences were only significant for acute chest syndrome (ACS), digital clubbing, and leg ulcers (P<0.05 for all), probably due to the small sample size of the stroke group.
Conclusion(s): SCDs and smoking are chronic destructive processes on endothelium, and both terminate with early organ failures in life. Probably smoking, digital clubbing, leg ulcers, ACS, and stroke are mortal quintet of the SCDs that may indicate shortened survival in such patients.

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431.

Clinical and epidemiological characteristics of young patients with Peyronie's disease: A retrospective study.
Paulis G., Cavallini G., Barletta D., Turchi P., Vitarelli A., Fabiani A.
Embase
Research and Reports in Urology. 7 (pp 107-111), 2015. Date of Publication: 09 Jul 2015.
[Article]
AN: 605933250
The average age of men affected by Peyronie's disease (PD) is approximately 50-55 years, but cases have been reported even in adolescence. Several studies have already investigated the presence of PD in young men, and these studies reported a PD prevalence that varies between 1.5% and 10.8%. Having noticed a greater number of young patients in our centers in recent years, we decided to carry out a retrospective study to evaluate the prevalence of PD in patients aged <40 years, as well as to investigate any possible difference in evolution based on the age of PD patients. We selected a sample of patients (n=271) with a similar time of onset of disease. We then stratified all 271 patients into two groups: group A (age <40 years [n=46]) and group B (age >=40 years [n=225]). All 271 patients were evaluated for the following variables: penile plaque volume, degree of penile curvature, penile pain, and erectile function. Plaque volume was measured in cm3 by dynamic penile color Doppler sonography after administration of intracavernosal alprostadil 10 mcg. The number of younger patients was 46, accounting for 16.9% of the whole sample. Our study showed more frequent appearance and greater progression of penile curvature in younger patients. The average angle of penile curvature and average score of penile pain intensity in the younger men were significantly higher than in patients aged >=40 years (P=0.025 and P=0.0001, respectively). In the younger patients, not only was the pain more intense (visual analog scale [VAS] of 5.2 versus 3.8), but it was also more frequently present than in patients aged >=40 years (78.2% versus 62.2%) (P=0.042). We may conclude that since PD in young patients has a more acute onset and a greater possibility of progression, it should be treated conservatively as soon as it is diagnosed.

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Publisher
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Year of Publication
2015

432.

Sickle cell disease in children: Chronic complications and search of predictive factors for adverse outcomes.
Silva I.V., Reis A.F., Palare M.J., Ferrao A., Rodrigues T., Morais A.
Embase
European Journal of Haematology. 94(2) (pp 157-161), 2015. Date of Publication: 01 Feb 2015.
[Article]
AN: 53297673
Background: Sickle cell disease (SCD) has extremely variable phenotypes, and several factors have been associated with the severity of the disease.
Objective(s): To analyze the chronic complications of SCD and look for predictive risk factors for increased severity and number of complications.
Method(s): Retrospective study including all children followed for SCD in the Paediatric Haematology Unit of a tertiary hospital in Portugal, who completed 17 yr old between the years 2004 and 2013.
Result(s): We identified 44 patients, 55% female and 98% black. Chronic complications occurred in 80% of cases. Slight dilatation of the left ventricle was the most frequent complication (47.7%), followed by respiratory function disturbs (43.2%), microlithiasis or cholelithiasis (40.9%), increased flow velocity of cerebral arteries (31.8%), enuresis, delayed puberty and bone abnormalities (6.8% each), sickle cell retinopathy and leg ulcer (4.6% each) and recurrent priapism (2.3%). We identified a statistically significant association between leukocytes >15 000/muL and a higher number of hospitalizations (P < 0.001) and chronic complications of the disease (P = 0.035). The occurrence of dactylitis in first year of life was also significantly associated with a higher number of hospitalizations (P = 0.004) and chronic complications (P = 0.018). The presence of alpha-thalassemia was associated with a lower number of chronic complications (P = 0.036).
Conclusion(s): Leucocytosis and dactylitis in the first year of life can be predictors of SCD severity, while the presence of alpha-thalassemia can be protective. The determination of early predictors of chronic complications of SCD may improve the comprehensive care of these patients.

PMID
25039473 [https://www.ncbi.nlm.nih.gov/pubmed/?term=25039473]
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Publisher
Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)
Year of Publication
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433.

Management of sickle cell disease: Management of acute episodes in the community and in hospital.
Telfer P.T.
Embase
Paediatrics and Child Health (United Kingdom). 25(8) (pp 368-374), 2015. Date of Publication: 01 Aug 2015.
[Review]
AN: 605123429
This review discusses the presentation and management of acute sickle crises, highlighting which aspects of diagnosis and management can be undertaken in the community and which require urgent referral to hospital. GP's, community nurse specialists, and community paediatricians should be aware of the different acute presentations in order to provide effective and safe care, and should understand warning symptoms and signs which indicate the need for assessment in hospital. It is also important that the parents have a good awareness of these symptoms and know when and how to seek help. The common complications which may be encountered in an acute hospital setting are described together with recommendations for management based on published evidence and the author's experience.

Status
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Publisher
Churchill Livingstone
Year of Publication
2015

434.

Management of priapism in adult men.
Ekeke O.N., Omunakwe H.E., Eke N.
Embase
International surgery. 100(3) (pp 552-557), 2015. Date of Publication: 01 Mar 2015.
[Article]
AN: 615357352
This study aims to present the management of priapism in adult men in Port Harcourt, Nigeria. All patients who presented with priapism in 2 hospitals in Port Harcourt from July 2007 to April 2014 were prospectively studied. Treatment was assigned based on clinical presentation. Data analyzed included: age on clinical presentation, risk factor, mode, and outcome of management. There were 18 patients aged 17 to 60 years (median age: 30 years). Three patients (16.7%) presented with stuttering priapism. Most of the patients presented after 24 hours of onset. Sixteen patients (89.9%) had hematological disorders. Five patients (27.8%) took suspected aphrodisiac medications. Seven patients (38.9%) were managed conservatively. The rest achieved detumescence following glandulo-cavernous shunting. Erectile function after treatment was satisfactory in 5 patients (27.8%). The commonest cause of priapism in Port Harcourt was

hematological disorder. Most of the patients presented late. Prevalence of erectile dysfunction after treatment was high.
PMID
25785343 [https://www.ncbi.nlm.nih.gov/pubmed/?term=25785343]
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Year of Publication
2015

435.

Sickle cell disease clinical phenotypes in children from South-Western, Nigeria.
Adegoke S.A., Adeodu O.O., Adekile A.D.
Embase
Nigerian journal of clinical practice. 18(1) (pp 95-101), 2015. Date of Publication: 01 Jan 2015.
[Article]
AN: 604579789
BACKGROUND: The clinical phenotypes of children with sickle cell disease (SCD) are poorly described in many sub-Saharan countries including Nigeria. OBJECTIVES: The objective was to highlight various clinical phenotypes of SCD in children and investigate the influence of sociodemographic indices on the development of SCD complications.
METHODS: We carried out a cross-sectional study of 240 pediatric patients attending the sickle cell clinic and the emergency room in a teaching hospital in South-Western Nigeria over a 12-month period. The clinical phenotypes and severity of the disease were documented, and the influence of sociodemographic variables was investigated.
RESULTS: The five leading clinical phenotypes in our patients were significant pain episodes, that is, vaso-occlusive crisis in 159 (66.3%); anemic crisis in 62 (25.8%); severe bacterial infections, 57 (23.8%); acute chest syndrome (ACS), 27 (11.3%) and stroke, 7 (2.9%). Forty-two (33.1%) had a previous history of dactylitis (hand-foot syndrome). Other clinical phenotypes such as avascular necrosis of the femur, 4 (1.7%); nephropathy, 2 (0.8%); priapism, gallstone and chronic leg ulcer, one (0.4%) each, were not commonly seen. More children with a history of asthma had ACS. Furthermore, high steady-state white blood cell count was associated with severe disease.
CONCLUSION: The clinical phenotypes of SCD in children from South-Western Nigeria are highly variable with the disease manifesting very early and about 10% having significant complications. Sociodemographic characteristics appear to have little influence on the development of SCD complications among our patients, but age and low-socioeconomic class are associated with anemic crisis.
PMID
25511352 [https://www.ncbi.nlm.nih.gov/pubmed/?term=25511352]
Institution
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Year of Publication
2015

436.

Clinico-epidemiology of stings and envenoming of Hottentotta tamulus (Scorpiones: Buthidae), the Indian red scorpion from Jaffna Peninsula in northern Sri Lanka.
Kularatne S.A., Dinamithra N.P., Sivansuthan S., Weerakoon K.G., Thillaimpalam B., Kalyanasundram V., Ranawana K.B.
Embase
Toxicon : official journal of the International Society on Toxinology. 93 (pp 85-89), 2015. Date of Publication: 01 Jan 2015.
[Article]
AN: 605807990
In recent years, stings of a lethal scorpion species were recorded from Jaffna Peninsula in the northern dry zone of Sri Lanka. This species was identified as Hottentotta tamulus (Scorpiones: Buthidae) which is the Indian red scorpion commonly found in Maharashtra, India. The Teaching Hospital, Jaffna recorded 84 H. tamulus stings over a year in 2012 and of them, 23 cases provided offending scorpions (proven cases). Three localities in Jaffna were recorded as hotspots of scorpion stings namely Palali, Achchuvali and Karainagar. Of the proven cases, 13 (57%) and 10 (43%) were males and females respectively and had a mean age of 30 years (SD +/- 20 years). Among them, 5 (22%) were children below 12 years. In 13 (57%) patients stings occurred inside their houses including two children (40%). Six (26%) stings occurred at night when the victims were in sleep. Median time taken to arrive at the hospital from the time of stinging was 58 min (range 8-550 min). Signs of over activation of autonomic nervous system predominated the clinical picture-tachycardia in 14 (61%), high blood pressure in 11 (48%), excessive sweating in 9 (39%), excessive salivation in 5 (22%), hypotension in 4 (17%) and piloerection in 3 (13%). Children showed higher predilection to develop tachycardia - 4 (80%) and excessive salivation - 3 (60%). Priapism was not observed and 17 (74%) patients have developed intense pain at the site of sting. The commonest ECG change was tachycardia (73%) and occasional T wave inversion. Prazosin as a treatment was given to 22 (96%) patients. All patients made recovery and 13 (57%) patients left the hospital within two days. In future, there is a potential risk of spreading this species to elsewhere in the country and may disturb the ecological balance.

PMID
25450799 [https://www.ncbi.nlm.nih.gov/pubmed/?term=25450799]
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Year of Publication
2015

437.

Adjuvant bevacizumab in patients with melanoma at high risk of recurrence (AVAST-M): preplanned interim results from a multicentre, open-label, randomised controlled phase 3 study.
Corrie PG, Marshall A, Dunn JA, Middleton MR, Nathan PD, Gore M, Davidson N, Nicholson S, Kelly CG, Marples M, Danson SJ, Marshall E, Houston SJ, Board RE, Waterston AM, Nobes JP, Harries M, Kumar S, Young G, Lorigan P

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Lancet Oncology. 15(6):620-30, 2014 May.
[Clinical Trial, Phase III. Journal Article. Multicenter Study. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]
UI: 24745696
BACKGROUND: Bevacizumab, a monoclonal antibody that targets VEGF, has shown restricted activity in patients with advanced melanoma. We aimed to assess the role of bevacizumab as adjuvant treatment for patients with resected melanoma at high risk of recurrence. We report results from the preplanned interim analysis.
METHODS: We did a multicentre, open-label, randomised controlled phase 3 trial at 48 centres in the UK between July 18, 2007, and March 29, 2012. Patients aged 16 years or older with American Joint Committee on Cancer stage (AJCC) stage IIB, IIC, and III cutaneous melanoma were randomly allocated (1:1), via a central, computer-based minimisation procedure, to receive intravenous bevacizumab 7.5 mg/kg, every 3 weeks for 1 year, or to observation. Randomisation was stratified by Breslow thickness of the primary tumour, N stage according to AJCC staging criteria, ulceration of the primary tumour, and patient sex. The primary endpoint was overall survival; secondary endpoints included disease-free interval, distant-metastases interval and quality of life. Analysis was by intention-to-treat. This trial is registered as an International Standardised Randomised Controlled Trial, number ISRCTN81261306.
FINDINGS: 1343 patients were randomised to either the bevacizumab group (n=671) or the observation group (n=672). Median follow-up was 25 months (IQR 16-37) in the bevacizumab group and 25 months (17-37) in the observation group. At the time of interim analysis, 286 (21%) of 1343 enrolled patients had died: 140 (21%) of 671 patients in the bevacizumab group, and 146 (22%) of 672 patients in the observation group. 134 (96%) of patients in the bevacizumab group died because of melanoma versus 139 (95%) in the observation group. We noted no significant difference in overall survival between treatment groups (hazard ratio [HR] 0.97, 95% CI 0.78-1.22; p=0.76); this finding persisted after adjustment for stratification variables (HR 1.03; 95% CI 0.81-1.29; p=0.83). Median duration of treatment with bevacizumab was 51 weeks (IQR 21-52) and dose intensity was 86% (41-96), showing good tolerability. 180 grade 3 or 4 adverse events were recorded in 101 (15%) of 671 patients in the bevacizumab group, and 36 (5%) of 672 patients in the observation group. Bevacizumab resulted in a higher incidence of grade 3 hypertension than did observation (41 [6%] vs one [<1%]). There was an improvement in disease-free interval for patients in the bevacizumab group compared with those in the observation group (HR 0.83, 95% CI 0.70-0.98, p=0.03), but no significant difference between groups for distant-metastasis-free interval (HR 0.88, 95% CI 0.73-1.06, p=0.18). No significant differences were noted between treatment groups in the standardised area under the curve for any of the quality-of-life scales over 36 months. Three adverse drug reactions were regarded as both serious and unexpected: one patient had optic neuritis after the first bevacizumab infusion, a second patient had persistent erectile dysfunction, and a third patient died of a haemopericardium after receiving two bevacizumab infusions and was later identified to have had significant predisposing cardiovascular risk factors.
INTERPRETATION: Bevacizumab has promising tolerability. Longer follow-up is needed to identify an effect on the primary endpoint of overall survival at 5 years.

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Authors Full Name
Corrie, Pippa G, Marshall, Andrea, Dunn, Janet A, Middleton, Mark R, Nathan, Paul D, Gore, Martin, Davidson, Neville, Nicholson, Steve, Kelly, Charles G, Marples, Maria, Danson, Sarah J, Marshall, Ernest, Houston, Stephen J, Board, Ruth E, Waterston, Ashita M, Nobes, Jenny P, Harries, Mark, Kumar, Satish, Young, Gemma, Lorigan, Paul
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Erratum in (EIN) Erratum in (EIN)
Comment in (CIN)
Year of Publication
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438.

Prevention of Recurrent Ischemic Priapism with Ketoconazole: Evolution of a Treatment Protocol and Patient Outcomes.
Hoeh M.P., Levine L.A.
Embase
Journal of Sexual Medicine. 11(1) (pp 197-204), 2014. Date of Publication: January 2014.
[Article]
AN: 52937917
Introduction: The management of recurrent ischemic priapism (RIP) is not clearly defined. Ketoconazole (KTZ) is used to treat RIP and produces a temporary hypogonadal state to suppress sleep-related erections (SREs), which often evolve into episodes of ischemic priapism in this population.
Aim(s): We review our experience to prevent RIP using KTZ and present our outcomes using a decreased dose regimen.
Method(s): A retrospective chart review and phone survey of 17 patients with RIP was performed. KTZ inhibits adrenal and gonadal testosterone production with a half-life of 8 hours. By suppressing testosterone levels, SREs are interrupted. We compared our previous protocol of three times daily (TID) KTZ dosing with prednisone for 6 months with our current regimen of initiating KTZ 200mg TID with prednisone 5mg daily for 2 weeks and then tapering to KTZ 200mg nightly for 6 months.

Main Outcome Measure(s): The primary outcome was the prevention of RIP using KTZ. Secondary outcomes included side effects secondary to KTZ use and patient satisfaction.
Result(s): All men experienced daily or almost daily episodes of prolonged, painful erections prior to starting KTZ. The mean number of emergency room (ER) visits per patient prior to starting KTZ was 6.5. No patient required an ER visit for RIP while on KTZ. Sixteen of 17 patients (94%) had complete resolution of priapism while on KTZ with effects noted immediately after starting therapy and no reported sexual side effects attributed to KTZ. One man stopped therapy after 4 days because of nausea/vomiting. Fourteen of 16 men eventually discontinued KTZ after a median duration of 7 months. Twenty-nine percent reported no recurrent priapic episodes after discontinuing. A total of 78.6% had partial or complete resolution of symptoms persisting after KTZ was discontinued with a mean post-treatment follow-up of 36.7 months.
Conclusion(s): No reliable effective preventative therapy has been identified for RIP. In our relatively sizable single-center experience, KTZ appears to be a reasonably effective, safe, and inexpensive treatment to prevent RIP while preserving sexual function. We now recommend our tapered dose regimen listed above. After 6 months, we recommend stopping the medication as we have found a majority of patients will not need to resume nightly KTZ.
PMID
24433561 [https://www.ncbi.nlm.nih.gov/pubmed/?term=24433561]
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Embase
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Publisher
Blackwell Publishing Ltd (Netherlands)
Year of Publication
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439.

Leukapheresis in management of hyperleukocytosis in children's leukemias.
Greze V., Chambon F., Merlin E., Rochette E., Isfan F., Demeocq F., Kanold J.
Embase
Journal of Pediatric Hematology/Oncology. 36(8) (pp e513-e517), 2014. Date of Publication: 08 Nov 2014.
[Article]
AN: 600874047
We describe 16 leukapheresis (LK) procedures performed in 7 children with different types of leukemia and hyperleukocytosis. We also provide an analysis of previously published experiences of pediatric LK. Median age and body weight of patients were 12.3 years (range, 0.2 to 16.7 y) and 49 kg (range, 5 to 61 kg). Immediate pre-first-LK median white blood cell count was 478x109/L (108x109/L to 988x109/L). All cytoreduction were performed on Cobe Spectra cell separator. Sixty-eight percent of procedures were performed with peripheral veins. Extracorporeal line had been primed with red blood cell for 31% of LK. The median decrease in white blood cell count after each LK was 33% (0% to 69%), and overall decrease after completion of LK procedures was 62% (11% to 94%). Only minor clinical adverse events and no metabolic complication were attributable to LK. No more clinical symptom of hyperleukocytosis was observed after completion of LK procedures. Our findings are consistent with reported results in other pediatric series: LK is a well-tolerated procedure that can be safely performed with an experienced pediatric team even on the smallest children.

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24936743 [https://www.ncbi.nlm.nih.gov/pubmed/?term=24936743]
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Embase
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Publisher
Lippincott Williams and Wilkins (E-mail: LRorders@phl.lrpub.com)
Year of Publication
2014

440.

Randomized controlled trial of sildenafil for preventing recurrent ischemic priapism in sickle cell disease.
Burnett A.L., Anele U.A., Trueheart I.N., Strouse J.J., Casella J.F.
Embase
American Journal of Medicine. 127(7) (pp 664-668), 2014. Date of Publication: July 2014.
[Article]
AN: 373378572
Background Successful preventive therapy for ischemic priapism, a disorder of penile erection with major physical and psychologic consequences, is limited. We conducted a randomized, double-blind, placebo-controlled clinical trial to assess the efficacy and safety of sildenafil by a systematic dosing protocol to prevent recurrent ischemic priapism associated with sickle cell disease. Methods Thirteen patients with sickle cell disease reporting priapism recurrences at least twice weekly were randomized to receive sildenafil 50 mg or placebo daily, unassociated with sleep or sexual activity, for 8 weeks, followed by open-label use of this sildenafil regimen for an additional 8 weeks. Results Priapism frequency reduction by 50% did not differ between sildenafil and placebo groups by intention-to-treat or per protocol analyses (P = 1.0). However, during open-label assessment, 5 of 8 patients (62.5%) by intention-to-treat analysis and 2 of 3 patients (66.7%) by per protocol analysis met this primary efficacy outcome. No significant differences were found between study groups in rates of adverse effects, although major priapism episodes were decreased 4-fold in patients monitored "on-treatment." Conclusions Sildenafil use by systematic dosing may offer a strategy to prevent recurrent ischemic priapism in patients with sickle cell disease.
PMID
24680796 [https://www.ncbi.nlm.nih.gov/pubmed/?term=24680796]
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Publisher
Elsevier Inc. (E-mail: usjcs@elsevier.com)
Clinical Trial Number

https://clinicaltrials.gov/show/NCT00940901
Year of Publication
2014

441.

Urological manifestations of henoch-schonlein purpura: A review.
Dalpiaz A., Schwamb R., Miao Y., Gonka J., Walzter W., Khan S.A.
Embase
Current Urology. 8(2) (pp 66-73), 2014. Date of Publication: 20 Aug 2014.
[Review]
AN: 605710699
Henoch-Schonlein purpura (HSP) is an immune-mediated systemic vasculitis generally found in children. The standard manifestations of HSP are palpable purpura, arthritis, abdominal pain, and renal complications. Although less common, there are significant urological manifestations associated with HSP. The primary objective of this review is to encourage better understanding and management of HSP by emphasizing the common and rare manifestations of HSP, how they are diagnosed, and the latest treatment options for mild to severe complications. Medline searches of HSP and its urological manifestations were conducted along with searches on current diagnostic and treatment methods. Urological manifestations of HSP involve the kidney, ureter, bladder, prostate, scrotum, testicle, and penis. Diagnosis and management of HSP are not always clear due to differential diagnosis and diversity of symptom presentation. Treatment for HSP is mainly supportive and includes use of nonsteroidal anti-inflammatory drugs for pain relief. In more severe cases, glucocorticoids, methylprednisolone, plasmapheresis, and peritoneal and hemodialysis are reported successful. It is important to note different symptoms of HSP in order to distinguish HSP from other diseases. Early diagnosis may prevent severe complications. Treatment options vary from conservative to invasive depending on the severity of the disease and time frame of diagnosis.

Status
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Publisher
S. Karger AG
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2014

442.

Transition in endocrinology: Induction of puberty.
Dunkel L., Quinton R.
Embase
European Journal of Endocrinology. 170(6) (pp R229-R239), 2014. Date of Publication: June 2014.
[Review]

AN: 373336379
Puberty is the period during which we attain adult secondary sexual characteristics and reproductive capability. Its onset depends upon reactivation of pulsative GNRH, secretion from its relative quiescence during childhood, on the background of intact potential for pituitary-gonadal function. This review is intended: to highlight those current practices in diagnosis and management that are evidence based and those that are not; to help clinicians deal with areas of uncertainty with reference to physiologic first principles; by sign-posting relevant data arising from other patient groups with shared issues; to illustrate how recent scientific advances are (or should be) altering clinician perceptions of pubertal delay; and finally, to emphasise that the management of men and women presenting in advanced adult life with absent puberty cannot simply be extrapolated from paediatric practice. There is a broad spectrum of pubertal timing that varies among different populations, separated in time and space. Delayed puberty usually represents an extreme of the normal, a developmental pattern referred to as constitutional delay of growth and puberty (CDGP), but organic defects of the hypothalamo-pituitary-gonadal axis predisposing to hypogonadism may not always be initially distinguishable from it. CDGP and organic, or congenital hypogonadotrophic hypogonadism are both significantly more common in boys than girls. Moreover, around 1/3 of adults with organic hypogonadotrophic hypogonadism had evidence of partial puberty at presentation and, confusingly, some 5-10% of these subsequently may exhibit recovery of endogenous gonadotrophin secretion, including men with Kallmann syndrome. However, the distinction is crucial as expectative ('watch-and-wait') management is inappropriate in the context of hypogonadism. The probability of pubertal delay being caused by organic hypogonadism rises exponentially both with increasing age at presentation and the presence of associated 'red flag' clinical features. These 'red flags' comprise findings indicating lack of prior 'mini-puberty' (such as cryptorchidism or micropenis), or the presence of non-reproductive congenital defects known to be associated with specific hypogonadal syndromes, e.g. anosmia, deafness, mirror movements, renal agenesis, dental/digital anomalies, clefting or coloboma would be compatible with Kallmann (or perhaps CHARGE) syndrome. In children, interventions (whether in the form or treatment or simple reassurance) have been historically directed at maximising height potential and minimising psychosocial morbidity, though issues of future fertility and bone density potential are now increasingly 'in the mix'. Apubertal adults almost invariably harbour organic hypogonadism, requiring sensitive acknowledgement of underlying personal issues and the timely introduction of sex hormone replacement therapy at more physiological doses. © 2014 European Society of Endocrinology.
PMID
24836550 [https://www.ncbi.nlm.nih.gov/pubmed/?term=24836550]
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Publisher
BioScientifica Ltd. (Euro House, 22 Apex Court, Woodlands, Bradley Stoke, Bristol BS32 4JT, United Kingdom)
Clinical Trial Number
https://clinicaltrials.gov/show/NCT00001221
Year of Publication
2014

443.

One hundred and twenty cases of enduring sexual dysfunction following treatment.
Hogan C., Le Noury J., Healy D., Mangin D.
Embase
International Journal of Risk and Safety in Medicine. 26(2) (pp 109-116), 2014. Date of Publication: 2014.
[Article]
AN: 373285813
Background: There have been reports for over a decade linking serotonin reuptake inhibitors, finasteride and isotretinoin with enduring sexual dysfunction after treatment stops.
Objective(s): To explore the clinical pictures linked to all 3 drugs.
Method(s): We have selected 120 reports to RxISK.org reporting the problem and mined these for data on age, gender, drug of use, and impact of the problem.
Result(s): The data make it clear that the three drugs show extensive overlap in symptom profile, regardless of sex or country of origin.
Conclusion(s): The availability of 120 reports from over 20 countries add to the case for the validity of the syndrome. This is severe and enduring condition can result in death. An understanding of its physiology and an approach to treatment are needed. © 2014 - IOS Press and the authors.
PMID
24902508 [https://www.ncbi.nlm.nih.gov/pubmed/?term=24902508]
Status
Embase
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Publisher
IOS Press (Nieuwe Hemweg 6B, Amsterdam 1013 BG, Netherlands)
Year of Publication
2014

444.

Priapism Associated With the Use of Stimulant Medications and Atomoxetine for Attention-Deficit/Hyperactivity Disorder in Children.
Eiland L.S., Bell E.A., Erramouspe J.
Embase
Annals of Pharmacotherapy. 48(10) (pp 1350-1355), 2014. Date of Publication: October 2014.
[Review]
AN: 373848834
Objective: To review the association of priapism with stimulant medications and atomoxetine commonly used in the treatment of attention-deficit/hyperactivity disorder (ADHD).
Data Sources: A comprehensive literature search was conducted through PubMed (1966-May 15, 2014) using the search terms priapism, methylphenidate, amphetamine, atomoxetine, attention-deficit disorder with hyperactivity, and pediatrics. Google Scholar, Scopus, and the Food and Drug Administration (FDA) Web site were also searched. References from identified literature were also reviewed. Study Selection and Data Extraction: All identified literature focused on ADHD treatment. Literature regarding priapism caused by methylphenidate, amphetamines, and atomoxetine were included.
Data Synthesis: Stimulant medications and atomoxetine have been linked to the occurrence of priapism in children. Specifically, methylphenidate has been implicated in a recent FDA safety

announcement warning as a result of 15 case reports (mean age = 12.5 years), and thus, the drug label and medication guides have been updated to reflect this concern. Prolonged erections and priapism occurred with immediate- and long-acting products, dose increases, and drug withdrawal periods. Priapism has also occurred in 4 patients taking amphetamines and one 11-year-old patient taking atomoxetine for ADHD.
Conclusion(s): Priapism has been associated with stimulants, amphetamines, and atomoxetine use for ADHD in children. Providers and health care practitioners should educate male patients prescribed these ADHD medications as well as caregivers regarding the signs, symptoms, and complications with priapism. Discontinuation and evaluation of the medication is warranted if this adverse drug reaction occurs. Depending on the priapism subtype, other products may be initiated or medications not associated with priapism may be utilized. © The Author(s) 2014.
PMID
24982313 [https://www.ncbi.nlm.nih.gov/pubmed/?term=24982313]
Status
Embase
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445.

Response to androgen therapy in patients with dyskeratosis congenita.
Khincha P.P., Wentzensen I.M., Giri N., Alter B.P., Savage S.A.
Embase
British Journal of Haematology. 165(3) (pp 349-357), 2014. Date of Publication: May 2014.
[Article]
AN: 53010389
Summary: Dyskeratosis congenita (DC) is an inherited bone marrow failure syndrome and telomere biology disorder characterized by dysplastic nails, reticular skin pigmentation and oral leucoplakia. Androgens are a standard therapeutic option for bone marrow failure in those patients with DC who are unable to undergo haematopoietic stem cell transplantation, but there are no systematic data on its use in those patients. We evaluated haematological response and side effects of androgen therapy in 16 patients with DC in our observational cohort study. Untreated DC patients served as controls. Seventy percent of treated DC patients had a haematological response with red blood cell and/or platelet transfusion independence. The expected age-related decline in telomere length was noted in androgen-treated patients. All treated DC patients had at least one significant lipid abnormality. Additional treatment-related findings included a significant decrease in thyroid binding globulin, accelerated growth in pre-pubertal children and splenic peliosis in two patients. Liver enzymes were elevated in both androgen-treated and untreated patients, suggesting underlying liver involvement in DC. This study suggests that androgen therapy can be effectively used to treat bone marrow failure in DC, but that side effects need to be closely monitored. © 2014. This article is a U.S. Government work and is in the public domain in the USA.
PMID
24666134 [https://www.ncbi.nlm.nih.gov/pubmed/?term=24666134]
Status
Embase

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446.

Clinical characteristics and outcome of children stung by scorpion.
Mohamad I.L., Elsayh K.I., Mohammad H.A., Saad K., Zahran A.M., Abdallah A.M., Tawfeek M.S.K., Monazea E.M.
Embase
European Journal of Pediatrics. 173(6) (pp 815-818), 2014. Date of Publication: June 2014.
[Article]
AN: 52941612
Scorpion envenomation is a health problem in children in tropical and subtropical regions. The aim of this study was to evaluate demographic and clinical characteristics as well as outcomes in referred children to Assiut University Children Hospital during the year 2012 with a history of scorpion sting. The medical files of these patients were reviewed retrospectively for demographic data, time and site of biting, and clinical manifestations. Laboratory investigations of the patients were reviewed for complete blood count (CBC), liver function tests, creatinine phosphokinase (CPK), lactate dehydrogenase (LDH), arterial blood gases, and serum electrolytes. Results showed 111 children with a history of scorpion sting; 69 males and 42 females with a median age of 5 years. Out of the studied patients, 53.2 % were classified as class III of clinical severity with recorded pulmonary edema in 33.3 %, cardiogenic shock in 46.8 %, and severe neurological manifestations in 22.8 %. Twelve patients (10.8 %) were classified as class II with mild systemic manifestations, and 36 % of the patients were classified as class I with only local reaction. Outcomes of these patients were discharge without sequelae in 55.8 %, discharge with sequelae in 26.1 %, and death in 18.1 %.
Conclusion(s): more than half of stung children had a severe clinical presentation and about one fifth died. Aggressive treatment regimens are recommended for such patients to improve the outcome. © 2014 Springer-Verlag.
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24384790 [https://www.ncbi.nlm.nih.gov/pubmed/?term=24384790]
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(Monazea) Department of Public Health, Faculty of Medicine, Assiut University, Assiut, Egypt
Publisher
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447.

Priapism in homozygous sickle cell patients: Important clinical and laboratory associations.
Madu A.J., Ubesie A., Ocheni S., Chinawa J., Madu K.A., Ibegbulam O.G., Nonyelu C., Eze A.
Embase
Medical Principles and Practice. 23(3) (pp 259-263), 2014. Date of Publication: May 2014.
[Article]
AN: 53082103
Objective: To evaluate the relationship between the occurrence of priapism and important steady-state clinical and laboratory parameters in homozygous sickle cell disease (SCD). Subjects and Methods: Steady-state clinical and laboratory data were obtained from the medical records of 126 male patients seen in the clinic over a 7-year period. Estimated prevalence rates, correlation coefficients and independent t tests were calculated to assess the relationship between priapism and several important clinical and laboratory indices. Patient data on age, haemoglobin concentrations, the frequency of crises per annum, leucocyte counts, platelet counts, serum bilirubin and aspartate transaminase were evaluated.
Result(s): The prevalence of priapism was determined to be 21.4%, and 22.2% of those affected had erectile dysfunction. There was a significant positive correlation between priapism and older age (p = 0.049) and lower leucocyte counts (p = 0.008). There was no significant relationship with other clinical or laboratory indices.
Conclusion(s): About 1 in 4 of all homozygous older SCD patients had priapism, and an approximately similar ratio developed erectile dysfunction; they also had lower steady-state leucocyte counts. Other clinical and laboratory indicators of disease severity in SCD did not positively correlate with the occurrence of priapism, and this may imply an alternative pathogenetic mechanism. © 2014 S. Karger AG, Basel.
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24685837 [https://www.ncbi.nlm.nih.gov/pubmed/?term=24685837]
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Embase
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448.

Priapism in children: A comprehensive review and clinical guideline.
Donaldson J.F., Rees R.W., Steinbrecher H.A.
Embase
Journal of Pediatric Urology. 10(1) (pp 11-24), 2014. Date of Publication: February 2014.

[Review]
AN: 52812255
Objective We review the English literature between 1980 and 2013 and summarize the clinical classification, aetiology, physiology, and pathophysiology of paediatric priapism. We propose a clinical guideline for the management of priapism in children. Patients Male patients aged <=18 years. Results Priapism, a prolonged penile erection lasting >4 h, is a rare condition in childhood. There are 3 widely accepted types of priapism: 1) ischaemic priapism, the commonest type seen in children; 2) stuttering priapism, recurrent, self-limiting prolonged erections; and 3) non-ischaemic priapism, rare in children, usually due to trauma. Neonatal priapism has also been described. Ischaemic priapism is a urological emergency causing fibrosis of the corpora cavernosa, subsequent erectile dysfunction and penile disfigurement. The commonest causes of priapism in children are sickle cell disease (65%), leukaemia (10%), trauma (10%), idiopathic (10%), and pharmacologically induced (5%). Conclusions Priapism in children must be assessed urgently. Rapid resolution of ischaemic priapism prevents permanent cavernosal structural damage and is associated with improved prognosis for potency later in life. Stuttering priapism requires careful counselling for episodic management. Chronic prophylaxis may be obtained using alpha-adrenergic sympathomimetics, phosphodiesterase type 5 inhibitors and, in sickle cell disease, hydroxyurea. Non-ischaemic and neonatal priapism may generally be treated less urgently.
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Publisher
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449.

Sickle cell disease in Saudi Arabia: The phenotype in adults with the Arab-Indian haplotype is not benign.
Alsultan A., Alabdulaali M.K., Griffin P.J., Alsuliman A.M., Ghabbour H.A., Sebastiani P., Albuali W.H., Al-Ali A.K., Chui D.H.K., Steinberg M.H.
Embase
British Journal of Haematology. 164(4) (pp 597-604), 2014. Date of Publication: February 2014.
[Article]
AN: 52868474
Sickle cell disease (SCD) in Saudi patients from the Eastern Province is associated with the Arab-Indian (AI) HBB (beta-globin gene) haplotype. The phenotype of AI SCD in children was described as benign and was attributed to their high fetal haemoglobin (HbF). We conducted a hospital-based study to assess the pattern of SCD complications in adults. A total of 104 patients with average age of 27 years were enrolled. Ninety-six per cent of these patients reported history of painful crisis; 47% had at least one episode of acute chest syndrome, however, only 15% had two or more episodes; symptomatic osteonecrosis was reported in 18%; priapism in 17%; overt stroke in 6%; none had leg ulcers. The majority of patients had persistent splenomegaly and 66%

had gallstones. Half of the patients co-inherited alpha-thalassaemia and about one-third had glucose-6-phosphate dehydrogenase deficiency. Higher HbF correlated with higher rate of splenic sequestration but not with other phenotypes. The phenotype of adult patients with AI SCD is not benign despite their relatively high HbF level. This is probably due to the continued decline in HbF level in adults and the heterocellular and variable distribution of HbF amongst F-cells. © 2013 John Wiley & Sons Ltd.
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24224700 [https://www.ncbi.nlm.nih.gov/pubmed/?term=24224700]
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450.

Acute chest syndrome in severity of sickle cell diseases.
Helvaci M.R., Acipayam C., Aydogan A., Akkucuk S., Oruc C., Gokce C.
Embase
International Journal of Clinical and Experimental Medicine. 7(12) (pp 5790-5795), 2014. Date of Publication: 30 Dec 2014.
[Article]
AN: 601522324
Background: Sickle cell diseases (SCDs) are chronic inflammatory processes on capillary level. We tried to understand whether or not there are some positive correlations between acute chest syndrome (ACS) and severity of SCDs.
Method(s): All patients with the SCDs were taken into the study.
Result(s): The study included 337 cases (167 females). There were 15 patients (4.4%) with the ACS. The mean ages were similar in both groups (29.4 versus 29.7 years in the ACS group and other, respectively, P > 0.05). The female ratios were similar in both groups, too (60.0% versus 49.0%, respectively, P > 0.05). Additionally, prevalences of associated thalassemia minors were similar in them (66.6% versus 65.5%, respectively, P > 0.05). Smoking was higher in the ACS group (20.0% versus 13.9%), but the difference was nonsignificant (P > 0.05). Although the mean white blood cell count and hematocrit value of peripheric blood were higher in the ACS group, the mean platelet count was lower in them, but the differences were nonsignificant again (P > 0.05 for all). On the other hand, although the painful crises per year, tonsilectomy, priapism, ileus, digital clubbing, pulmonary hypertension, rheumatic heart disease, cirrhosis, stroke, and mortality were higher in the ACS group, the difference was only significant for the stroke (P < 0.05), probably due to the small sample size of the ACS group.

Conclusion(s): SCDs are chronic destructive processes on capillaries iniatiating at birth, and terminate with early organ failures in life. Probably ACS is one of the terminal consequences of the inflammatory processes that may indicate shortened survival in such patients.

Status
Embase
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451.

Clinical comparison of scorpion envenomation by Androctonus mauritanicus and Buthus occitanus in children.
Aboumaad B., Lahssaini M., Tiger A., Benhassain S.M.
Embase
Toxicon. 90 (pp 337-343), 2014. Date of Publication: November 2014.
[Article]
AN: 600084387
The clinical results of scorpion stings by Androctonus mauritanicus (Am) and Buthus occitanus (Bo) (main sources of scorpionism in Morocco) were evaluated in this work. The objective was to compare the clinical manifestations of envenoming from these species by investigating possible correlations among symptoms/signs and laboratory abnormalities of envenomed patients. 41 children (25 males, 18 months - 11 years) were admitted at the Provincial Hospital of El Jadida-Morocco. Their minor (18 children) or severe (23 children) systemic signs such as pallor (48.8%), pulmonary edema (APE) (36.6%), convulsion (26.8%), coma (7.3%) were more frequent in children envenomed by Am than Bo, but angioedema (Quincke's edema) (4.9%) was particularly developed in the latter group. The laboratory blood abnormalities (hyperglycemia, high levels of aspartate aminotransferase (AST), lactate dehydrogenase (LDH), creatinine, bilirubin, leukocytes, neutrophils, monocytes, platelets and low levels of lymphocytes and hemoglobin) were significantly higher ($p < 0.05$) in patients envenomed by Am than Bo, and in all population in comparison to control group. The correlation among these biological analyzes and clinical status showed that higher levels of LDH and value of leukocytes >=19 x 103/mm3 were indices of cardiac dysfunction with APE. Pallor sign was correlated with a state of shock and/or low level of hemoglobin, associated or not to bilirubin increase. Fatalities (7.3%), presenting toxic myocarditis, had lowest count of lymphocytes (<=4.2%) in comparison to survivors. This is the first report on lymphopenia which may be useful for forecast the fatal outcome in scorpion envenomation.

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25218169 [https://www.ncbi.nlm.nih.gov/pubmed/?term=25218169]
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Embase
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Publisher
Elsevier Ltd
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452.

Psychopharmacology for youth with medical illness.
Forgey M., Bursch B.
Embase
Minerva Psichiatrica. 55(4) (pp 181-191), 2014. Date of Publication: 01 Dec 2014.
[Article]
AN: 604582712
Youth diagnosed with a serious or chronic medical illness may experience inadequate sleep/insomnia, iatrogenic medical trauma, anxiety, depression, and/or delirium. Familyfocused cognitive-behavioral interventions are often effective in addressing psychological distress in this population. However, some children and adolescents require adjunctive medication to adequately address their suffering. The current evidence base for the psychopharmacological treatment of psychiatric symptoms in medically ill youth is limited. Recommendations are based on the available child and adult literature, pharmacokinetics, and/or clinical experience. Selective serotonin reuptake inhibitors sertraline, citalopram, or escitalopram are first line for anxiety, post-traumatic stress disorder, or depression in medically ill children and adolescents. For severe anxiety or trauma symptoms, low dose of risperidone or quetiapine can be a useful second line adjunct. To prevent the development of iatrogenic trauma symptoms, aggressive opiate pain management, if appropriate, should be recommended. While insomnia and other sleep-related issues can be difficult to treat, melatonin, diphenhydramine, or trazodone may be useful. In addition, a low dose of the sedating neuroleptic quetiapine can be helpful for short term insomnia treatment, especially if delirium or severe anxiety are also an issue. For medically ill youth with hypoactive/mixed delirium, risperidone should be considered. Haloperidol may be useful for hyperactive delirium.
Status
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Year of Publication
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453.

Urological complications of illicit drug use.
Skeldon S.C., Goldenberg S.L.
Embase
Nature Reviews Urology. 11(3) (pp 169-177), 2014. Date of Publication: March 2014.
[Review]
AN: 53013304
Illicit drug use is prevalent worldwide; over 24 million people are estimated to have used recreational drugs during the past month in the UK and USA alone. Illicit drug use can result in a wide spectrum of potential medical complications that include many urological manifestations. To

ensure optimal care and treatment, urologists need to be cognizant of these complications in their patients, particularly among youths. Ketamine uropathy is thought to affect over one-quarter of ketamine users and can lead to severe lower urinary tract symptoms, as well as upper tract obstruction. Cannabis use has been associated with an increased risk of bladder cancer, prostate cancer and nonseminomatous germ cell tumours in case-control studies. Fournier's gangrene has been reported following injection of heroin and cocaine into the penis. Excessive use of cough medicines can lead to the development of radiolucent stones composed of ephedrine, pseudoephedrine and guaifenesin. As the current evidence is mostly limited to case reports and case series, future epidemiological studies are needed to fully address this issue.
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Publisher
Nature Publishing Group (Houndmills, Basingstoke, Hampshire RG21 6XS, United Kingdom)
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454.

Saudi guidelines on the diagnosis and treatment of pulmonary hypertension: Pulmonary hypertension associated with hemolytic anemia.
Saleemi S.
Embase
Annals of Thoracic Medicine. 9(SUPPL. 1) (pp S67-S73), 2014. Date of Publication: July-September 2014.
[Article]
AN: 373324371
Hereditary hemoglobin disorders affecting the globin chain synthesis namely thalassemia syndromes and sickle cell disease (SCD) are the most common genetic disorders in human. Around 7% of the world population carries genes for these disorders, mainly the Mediterranean Basin, Middle and Far East, and Sub-Saharan Africa. An estimated 30 million people worldwide are living with sickle cell disease, while 60-80 million carry beta thalassemia trait. About 400,000 children are born with severe hemoglobinopathies each year. Cardiovascular complications of hemoglobinopathies include left and right ventricular (RV) dysfunction, arrhythmias, pericarditis, myocarditis, valvular heart disease, myocardial ischemia, and notably pulmonary hypertension (PH). Because of a unique pathophysiology, pulmonary hypertension associated with hemolytic disorders was moved from WHO group I to group V PH diseases. Treatment strategies are also unique and include blood transfusion, iron chelation, hydroxyurea, and oxygen therapy. The role of PH-specific agents has not been established.
Status
Embase
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Publisher
Medknow Publications (B9, Kanara Business Centre, off Link Road, Ghatkopar (E), Mumbai 400 075, India)

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455.

External validation of a prediction model for penile prosthesis implantation for erectile dysfunction management.
Anele U.A., Segal R.L., Le B.V., Burnett A.L.
Embase
The Canadian journal of urology. 21(6) (pp 7554-7559), 2014. Date of Publication: 01 Dec 2014.
[Article]
AN: 606018938
INTRODUCTION: Penile prosthesis implantation (PPI) is the definitive surgical treatment for erectile dysfunction (ED), yet it is often delayed for a variety of reasons. From commercial and Medicare claims data, we previously developed a tool for determining a patient's likelihood of eventually receiving PPI. We validated this instrument's utility by comparing cohorts receiving surgical (PPI) versus non-surgical ED management at a single institution. MATERIAL AND METHODS: The prediction model was based on a logistic regression incorporating claims data on demographics, comorbidities and ED therapy. A risk score is calculated from the model as the product of relative risks for the individual variables. The current validation was a retrospective analysis of ED patients seen at this institution from January to December 2012. Inclusion criteria included ED diagnosis and either first-time PPI or non-surgical treatment (controls). Risk scores for patients receiving PPI were compared to those of non-surgical controls.
RESULTS: We established a cohort of 60 PPI patients (mean age 54.4 +/- 9.5) and compared them with 120 non-PPI patients (mean age 53.4 +/- 11.2 years). The median score of the PPI cohort was 5.7 (IQR 2.8-9.9) versus the non-PPI cohort's 1.8 (IQR 0.9-5.5) ($p < 0.0001$). The area under the receiver operator characteristic curve for predicting eventual PPI was 0.72 (95% CI, 0.64-0.79) ($p < 0.0001$).
CONCLUSION: The prediction model risk-stratified men who ultimately underwent PPI compared to non-surgically managed controls. This external validation study suggests that the prediction model may be used on an individual patient basis to support a recommendation of PPI for managing ED.
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25483764 [https://www.ncbi.nlm.nih.gov/pubmed/?term=25483764]
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Year of Publication
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456.

Testosterone replacement with 1% testosterone gel and priapism: no definite risk relationship.
Burnett AL, Kan-Dobrosky N, Miller MG
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Sexual Medicine. 10(4):1151-61, 2013 Apr.
[Journal Article. Research Support, Non-U.S. Gov't]

UI: 23347341
INTRODUCTION: Although testosterone replacement therapy (TRT) is the preferred treatment for hypogonadism, information for patients using testosterone includes too frequent or prolonged erections as a potential side effect.
AIM: To assess the frequency and risk of priapism or related adverse events (AEs) in hypogonadal men treated with a 1% testosterone gel.
METHODS: Safety and tolerability data for AndroGel 1% were assessed, including three randomized, controlled clinical trials in varying populations of hypogonadal or near hypogonadal men. Study 1 was a Phase 3 trial of AndroGel 1% 5 g, 7.5 g, or 10 g once daily for 6 months (N = 227). Study 2 was a Phase 2 trial of AndroGel 1% 7.5 g once daily titrated as needed vs. placebo for 26 weeks in men with type 2 diabetes (N = 180). Study 3 was a Phase 4 trial of AndroGel 1% 5 g once daily vs. placebo for 12 weeks in men previously unresponsive to sildenafil 100 mg monotherapy and receiving concomitant sildenafil 100 mg (N = 75). Postmarketing AndroGel pharmacovigilance reporting data from 2001 to 2011 was searched for events coded as priapism.
MAIN OUTCOME MEASURES: The incidence of priapism and/or related symptoms reported as urogenital or reproductive system AEs.
RESULTS: In the 283 men exposed to AndroGel 1% over the three trials, mean exposure ranged from 84 days to 149 days. No AEs described as priapism or related symptoms were reported in the three trials. In the postmarketing data, representing 40 million units sold, eight cases described as priapism were reported. Of the six cases with accompanying data, all were judged as possibly related to AndroGel.
CONCLUSIONS: Safety data from the clinical trials for AndroGel 1% did not report any cases of priapism, and its incidence in the postmarketing pharmacovigilance data is extremely low, indicating a minimal risk of inducing priapism.

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1
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Year of Publication
2013

457.

Anderson-Fabry disease in children.
Sestito S., Ceravolo F., Concolino D.
Embase
Current Pharmaceutical Design. 19(33) (pp 6037-6045), 2013. Date of Publication: October 2013. [Review]
AN: 369833398
Although clinical evidence of major organ damage is typical of adulthood, many of the signs and symptoms of Anderson Fabry Disease (AFD) occur frequently in childhood. The clinical phenotype of AFD in pediatric patients has been described in several studies which show a higher incidence and an earlier onset of symptoms in male patients than in females. These include neurological manifestations (acroparaesthesias, chronic neuropathic pain, hypo-anhidrosis, tinnitus, hearing, loss), gastrointestinal (GI) symptoms (abdominal pain and diarrhea),

angiokeratomas, ocular abnormalities (cornea verticillata, tortuous retinal vessels and subcapsular cataracts). Such manifestations may impair quality of life and, because of their unspecific nature, rarely lead to an early diagnosis. In addition, signs of major organ damage (microalbuminuria or proteinuria, urinary hyperfiltration, impaired heart rate variability, left ventricular hypertrophy, stroke) are encountered in children with AFD. Clinical trials of enzyme replacement therapy (ERT) with agalsidase alfa and agalsidase beta have been conducted in children, with clinical and pharmacodinamc effects proved by both enzyme formulations, whereas differences in safety profile and administration were found. Although several studies suggest that ERT should be started before irreversible damage in critical organs have occurred, the issue of when to initiate it has not yet been resolved. More controlled trials must be done in order to demonstrate that an early start of ERT could prevent adult complications and to assess the optimal timing of treatment in children with AFD. This review aims to provide an update of the current understanding for a better approach of pediatric AFD. © 2013 Bentham Science Publishers.
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458.

Association between plasma free haem and incidence of vaso-occlusive episodes and acute chest syndrome in children with sickle cell disease.
Adisa O.A., Hu Y., Ghosh S., Aryee D., Osunkwo I., Ofori-Acquah S.F.
Embase
British Journal of Haematology. 162(5) (pp 702-705), 2013. Date of Publication: September 2013.
[Article]
AN: 52658641
We tested the hypothesis that extracellular haem is linked to the incidence of acute complications of sickle cell disease (SCD). Using multivariable regression analysis, higher plasma free haem, but not total plasma haem, was associated with increased odds of vaso-occlusive crisis (VOC) [P = 0.028, odds ratio (OR); 2.05, 95% Confidence Interval (CI) = 1.08-3.89] and acute chest syndrome (ACS) [P = 0.016, OR; 2.56, CI = 1.19, 5.47], after adjusting for age and gender in children with SCD. These findings suggest that haem and factors that influence its concentration in plasma may be informative of the risk of VOC and ACS in SCD patients. © 2013 John Wiley & Sons.
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Embase
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Publisher
Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)
Year of Publication
2013

459.

Long-term red blood cell exchange in children with sickle cell disease: Manual or automatic?.
Duclos C., Merlin E., Paillard C., Thuret I., Demeocq F., Michel G., Kanold J.
Embase
Transfusion and Apheresis Science. 48(2) (pp 219-222), 2013. Date of Publication: April 2013.
[Article]
AN: 52355598
Little information is available on erythrocytapheresis in children with sickle cell disease, and no comparison has ever been made with manual exchanges in a long-term blood exchange program. We matched a historical cohort of five patients who received 60 erythrocytapheresis procedures with five who received 124 manual exchanges. Long-term erythrocytapheresis was feasible and well-tolerated even in children of low weight. In a long-term approach, automated exchanges were more efficient in maintaining a low HbS level, and exchanges could be spaced out. This approach appears especially useful in the cases where the HbS level must be maintained below 30%. © 2012 Elsevier Ltd.
PMID
23257506 [https://www.ncbi.nlm.nih.gov/pubmed/?term=23257506]
Status
Embase
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Publisher
Elsevier Ltd (Langford Lane, Kidlington, Oxford OX5 1GB, United Kingdom)
Year of Publication
2013

460.

Therapeutic embolization of high-flow priapism 1 year follow up with color Doppler sonography.
Zhao S., Zhou J., Zhang Y.-F., Zhang X.-L., Long Q.-Y.
Embase
European Journal of Radiology. 82(12) (pp e769-e774), 2013. Date of Publication: December 2013.
[Article]
AN: 52810049

Objective: The aim of this study was to evaluate the use of color Doppler sonography (CDS) for the diag-nosis of high-flow priapism and the treatment of cavernosal arterial fistula via super-selective arterialembolization.Methods and materials: We reviewed eight cases of high-flow priapism with cavernosal arterial fistula,from 2005 to 2011. All of the patients were diagnosed with a high-flow priapism and unilateral arteryfistula via CDS. Conventional treatments for the eight cases were unsuccessful, and the patients were thentreated through super-selective embolization. Diagnostic angiograms of the internal iliac artery showeda fistula on one side of the cavernosal artery, thus confirming the CDS images. We compared hemody-namic parameters including the peak systolic velocity, end diastolic velocity the resistance index of thepathological cavernosal artery and intracavernosal pressure in all patients before and after treatmentusing t-test. The efficacy of super-selective embolization and the erectile function of all patients wereevaluated at a follow-up time of 12 months.
Result(s): All patients were successfully treated and angiography showed that the fistulas disappeared aftertreatment. Additionally significant differences were found in the peak systolic velocity, the end diastolicvelocity, the resistance index and intracavernosal pressure between pre-treatment and post-treatment($P < 0.05$). At 5 days post-treatment, only one case relapses had occurred. Seven cases displayed restorederectile function and only one case exhibited erectile dysfunction.
Conclusion(s): Color Doppler sonography is a highly sensitive method for the examination of high-flowpriapism, and super-selective embolization is a safe and effective treatment for cavernosal arterial fistula.
PMID
24120226 [https://www.ncbi.nlm.nih.gov/pubmed/?term=24120226]
Status
Embase
Institution
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Publisher
Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
Year of Publication
2013

461.

Hyperleukocytosis: Emergency management.
Jain R., Bansal D., Marwaha R.K.
Embase
Indian Journal of Pediatrics. 80(2) (pp 144-148), 2013. Date of Publication: February 2013.
[Conference Paper]
AN: 52318503
Hyperleukocytosis is defined as peripheral blood leukocyte count exceeding 100,000/mm3. Acute leukemia is the most common etiology in pediatric practice. Hyperleukocytosis is a medical emergency. The increased blood viscosity, secondary to high white cell count and leukocyte aggregates, results in stasis in the smaller blood vessels. This predisposes to neurological, pulmonary or gastrointestinal complications. In addition, patients are at risk for tumor lysis syndrome due to the increased tumor burden. Initial management includes aggressive hydration, prevention of tumor lysis syndrome, and correction of metabolic abnormalities. A red cell transfusion is not indicated in a hemodynamically stable child, as it adversely affects the blood viscosity. Leukapheresis is the treatment of choice for a very high count, or in patients with symptomatic hyperleukocytosis. The technical expertise required, a relative difficult venous access in younger children, risk of anticoagulation and possible non-Availability of the procedure

in emergency hours are limitations of leukapheresis. However, it is a rewarding procedure and performed with relative ease in centers that perform the procedure frequently. An exchange transfusion is often a practical option when hyperleukocytosis is complicated with severe anemia. The partial exchange aids in correcting both, without the risk of volume overload or hyperviscosity, which are the limitations of hydration and blood transfusion, respectively. Etiology and management of hyperleukocytosis in relevance to the pediatric emergency room is outlined.

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23180411 [https://www.ncbi.nlm.nih.gov/pubmed/?term=23180411]
Status
Embase
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Publisher
Springer India (Barakhamba Road 110001, New Delhi 110 001, India)
Year of Publication
2013

462.

Epidemiology, classification and management of undescended testes: Does medication have value in its treatment?.
Abaci A., Catli G., Anik A., Bober E.
Embase
JCRPE Journal of Clinical Research in Pediatric Endocrinology. 5(2) (pp 65-72), 2013. Date of Publication: June 2013.
[Review]
AN: 369032102
Genetic, hormonal, and anatomical factors are believed to be involved in the etiology of undescended testes. Due to increased risk of infertility, testicular cancer, torsion and/or accompanying inguinal hernia (>90%) as well as cosmetic concerns, all these patients require treatment. In this review paper, we aimed to evaluate the success rates of treatment modalities used in undescended testes, beginning from 1930 to the present, and to draw attention to the possible risks and benefits and also the efficacy of hormonal therapy in the management of the disorder, which is still a controversial issue. Hormonal therapy may lead to penile growth, painful erection, and behavioral changes while on treatment. In recent years, it has been reported that human chorionic gonadotropin (hCG) treatment was associated with interstitial edema due to increased vascular permeability, inflammation-like changes, and several adverse effects on germ cells by increasing pressure and apoptotic process. It has also been reported that LHRH analogues have positive effects on germ cells by increasing fertility in patients undergoing unilateral or bilateral orchiopexy. In some studies, the success rate of hCG treatment was reported to be higher following buserelin. In some other studies, hCG treatment was recommended before orchiopexy to reduce the risk for surgical ischemia. There are a limited number of randomized controlled studies, so evidence showing the efficacy of hormonal therapy is insufficient. According to the 2007 Consensus Report of Nordic countries, it is recommended that surgery is the first-line treatment modality in undescended testes and that it should be performed by pediatric surgeons and urologists at the age of 6-12 months.
PMID
23748056 [https://www.ncbi.nlm.nih.gov/pubmed/?term=23748056]
Status

Embase
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Publisher
Galenos Yayinevi Tic. Ltd. Sti (Molla Gurani Cad. 21, Findikzade-Istanul 34093, Turkey)
Year of Publication
2013

463.

Characteristics of sickle cell Anemia in Yemen.
Al-Ghazaly J., Al-Dubai W., Abdullah M., Al-Mahagri A., Al-Gharasi L.
Embase
Hemoglobin. 37(1) (pp 1-15), 2013. Date of Publication: 2013.
[Article]
AN: 368082510
We studied 136 males and 105 females with sickle cell anemia to determine the characteristics of the disease in Yemen. Their mean age [+/- SD (standard deviation)] was 12.8 +/- 9.5 years (range: 9 months-40 years). Taiz, Hudaydah and Hajjah governorates, in the South-Central and the Northwestern provinces, showed the highest prevalence. Eighty percent of the patients had family history of the disease, 73.0% patients had history of parental consanguinity and 20.7% of death of relative(s) due to the disease; 5.4% patients were older than 30 years of age. Pain, jaundice and infection were the most frequent features. Splenomegaly, cholelithiasis, osteomyelitis, acute chest syndrome (ACS), osteonecrosis and stroke occurred in 12.0, 9.5, 8.7, 6.6, 6.6 and 2.9%, respectively. Priapism and leg ulcers were rare. The mean laboratory values (obtained in the steady state) were: hemoglobin (Hb) 7.9 g/dL, WBC 14.08 x 10;9/L, platelet 460 x 10;9/L, reticulocytes 14.5%, lactate dehydrogenase (LDH) 597 U/L, Hb F (alpha2gamma2) 16.69%, Hb S [beta6(A3)Glu->Val, GAG>GTG] 77.31% and Hb A2 (alpha2delta2) 1.47%, respectively. There was no significant difference between South-Central and Northwestern provinces regarding clinical events and hematological parameters. © 2013 Informa Healthcare USA, Inc.
PMID
23234436 [https://www.ncbi.nlm.nih.gov/pubmed/?term=23234436]
Status
Embase
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Publisher
Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
Year of Publication
2013

464.

Pain and other non-neurological adverse events in children with sickle cell anemia and previous stroke who received hydroxyurea and phlebotomy or chronic transfusions and chelation: Results from the SWiTCH clinical trial.
Alvarez O., Yovetich N.A., Scott J.P., Owen W., Miller S.T., Schultz W., Lockhart A., Aygun B., Flanagan J., Bonner M., Mueller B.U., Ware R.E.
Embase
American Journal of Hematology. 88(11) (pp 932-938), 2013. Date of Publication: November 2013.
[Article]
AN: 52759997
To compare the non-neurological events in children with sickle cell anemia (SCA) and previous stroke enrolled in SWiTCH. The NHLBI-sponsored Phase III multicenter randomized clinical trial stroke with transfusions changing to hydroxyurea (SWiTCH) (ClinicalTrials.gov NCT00122980) compared continuation of chronic blood transfusion/iron chelation to switching to hydroxyurea/phlebotomy for secondary stroke prevention and management of iron overload. All randomized children were included in the analysis (intention to treat). The Fisher's Exact test was used to compare the frequency of subjects who experienced at least one SCA-related adverse event (AE) or serious adverse event (SAE) in each arm and to compare event rates. One hundred and thirty three subjects, mean age 13 +/- 3.9 years (range 5.2-19.0 years) and mean time of 7 years on chronic transfusion at study entry, were randomized and treated. Numbers of subjects experiencing non-neurological AEs were similar in the two treatment arms, including SCA-related events, SCA pain events, and low rates of acute chest syndrome and infection. However, fewer children continuing transfusion/chelation experienced SAEs (P = 0.012), SCA-related SAEs (P = 0.003), and SCA pain SAEs (P = 0.016) as compared to children on the hydroxyurea/phlebotomy arm. The timing of phlebotomy did not influence SAEs. Older age at baseline predicted having at least 1 SCA pain event. Patients with recurrent neurological events during SWiTCH were not more likely to experience pain. In children with SCA and prior stroke, monthly transfusions and daily iron chelation provided superior protection against acute vaso-occlusive pain SAEs when compared to hydroxyurea and monthly phlebotomy. Am. J. Heamtol. 88:932-938, 2013. © 2013 Wiley Periodicals, Inc. © 2013 Wiley Periodicals, Inc.
PMID
23861242 [https://www.ncbi.nlm.nih.gov/pubmed/?term=23861242]
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Publisher
Wiley-Liss Inc. (111 River Street, Hoboken NJ 07030-5774, United States)

Clinical Trial Number
https://clinicaltrials.gov/show/NCT00122980
Year of Publication
2013

465.

Sickle cell disease in childhood. from newborn screening through transition to adult medical care.
Quinn C.T.
Embase
Pediatric Clinics of North America. 60(6) (pp 1363-1381), 2013. Date of Publication: December 2013.
[Review]
AN: 370264897
Sickle cell disease (SCD) is the name for a group of related blood disorders caused by an abnormal hemoglobin molecule that polymerizes on deoxygenation. SCD affects the entire body, and the multisystem pathophysiology begins in infancy. Thanks to prognostic and therapeutic advancements, some forms of SCD-related morbidity are decreasing, such as overt stroke. Almost all children born with SCD in developed nations now live to adulthood, and lifelong multidisciplinary care is necessary. This article provides a broad overview of SCD in childhood, from newborn screening through transition to adult medical care. © 2013 Elsevier Inc.
PMID
24237976 [https://www.ncbi.nlm.nih.gov/pubmed/?term=24237976]
Status
Embase
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Publisher
W.B. Saunders (Independence Square West, Philadelphia PA 19106-3399, United States)
Clinical Trial Number
https://clinicaltrials.gov/show/NCT00072761 https://clinicaltrials.gov/show/NCT00122980 https://clinicaltrials.gov/show/NCT01389024 https://clinicaltrials.gov/show/NCT01425307
Year of Publication
2013

466.

An overview on sickle cell disease profile.
Kaur M., Dangi C.B.S., Singh M.
Embase
Asian Journal of Pharmaceutical and Clinical Research. 6(SUPPL.1) (pp 25-37), 2013. Date of Publication: March 2013.
[Review]
AN: 368919912

Sickle cell disease (SCD) is a very devastating condition caused by an autosomal recessive inherited haemoglobinopathy. This disease affects millions of peoples globally which results in serious complications due to vasoocclusive phenomenon and haemolysis. This genetic abnormality is due to substitution of amino acid valine for the glutamic acid at the sixth position of beta chain of haemoglobin. This disease was described about one hundred year ago. The haemoglobin S (hbS) produced as result of this defect is poorly soluble and polymerized when deoxygenated. Symptoms of sickle cell disease are due to chronic anaemia, pain full crises, acute chest syndrome, stroke and susceptibility to bacterial infection. In recent years measures like prenatal screening, better medical care, parent education, immunization and penicillin prophylaxis have successfully reduced morbidity and mortality and have increased tremendously life expectancy of affected individuals. Three principal current therapeutics modalities available for childhood SCD are blood transfusion, Hydroxy urea and bone marrow transplantation. Genetic counseling, continued medical education for health professionals about sickle cell disease, its complications and management is necessary. World health organization has actively promoted several national screening programms with dual goals of informing reproductive choice and thereby reducing the number of severely affected children.
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Embase
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(Kaur, Dangi) Department of Biotechnology, RKDF University, Bhopal, India (Singh) Sadhu Vaswani P.G. College, Bairagarh, Bhopal, India
Publisher
Asian Journal of Pharmaceutical and Clinical Research (32-H, Kalany Nagar, Aerodrum Road,Indore, Madhya Pradesh 452002, India)
Year of Publication
2013

467.

Clinical features of dog- and bat-acquired rabies in humans.
Udow S.J., Marrie R.A., Jackson A.C.
Embase
Clinical Infectious Diseases. 57(5) (pp 689-696), 2013. Date of Publication: 01 Sep 2013.
[Article]
AN: 369554961
BackgroundClinical differences in rabies due to canine and bat rabies virus variants have been noted, but no detailed studies have been reported to support these observations.MethodsUsing the Morbidity and Mortality Weekly Report and PubMed, we identified 142 case reports of rabies from North America, South America, Europe, Africa, and Asia. We systematically abstracted 126 selected data elements and compared clinical features and investigation results in dog- and bat-acquired cases of rabies.ResultsSurvivors and cases acquired from aerosolized viral exposure or tissue/organ transplant were excluded (n = 20). Of 122 cases, 49 (40.2%) were dog-acquired and 54 (44.3%) were bat-acquired. Bat-acquired cases of rabies were more often misdiagnosed and lacked a bite history. Encephalopathy, hydrophobia, and aerophobia were more common in dog-acquired rabies. Abnormal cranial nerve, motor, and sensory examinations, tremor, myoclonus, local sensory symptoms, symptoms at the exposure site, and local symptoms in the absence of a bite or scratch were more common in patients with bat-acquired rabies, as was increased cerebrospinal fluid protein (P =. 031). Patients with paralytic rabies had longer survival times than those with encephalitic rabies, and also had shorter incubation periods if they had received postexposure prophylaxis.ConclusionsClinical differences in dog- and bat-acquired rabies may reflect differences in the route of viral spread of rabies virus variants in the nervous system, although certain variants could cause more severe dysfunction in neuronal subpopulations.

Recognition that bat-acquired rabies may present with different clinical manifestations than dog-acquired rabies may help improve the early diagnosis of rabies.
PMID
23723193 [https://www.ncbi.nlm.nih.gov/pubmed/?term=23723193]
Status
Embase
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(Jackson) Department of Medical Microbiology, University of Manitoba, Winnipeg, Canada
Publisher
Oxford University Press (Great Clarendon Street, Oxford OX2 6DP, United Kingdom)
Year of Publication
2013

468.

Sickle cell disease, update on management.
Cope A., Darbyshire P.J.
Embase
Paediatrics and Child Health (United Kingdom). 23(11) (pp 480-485), 2013. Date of Publication: November 2013.
[Review]
AN: 52675913
The article aims to provide a broad overview of sickle cell disorders emphasizing current developments in modern management. The value of neonatal screening, now universal in England, is evaluated with emphasis on the importance of effective measures to reduce the risk of pneumococcal infection. Complications of sickle cell disease are discussed individually with key points of management highlighted, stroke and the use of transcranial Doppler screening as a tool to identify high risk patients is discussed in detail.The importance of effective, safe and rapid pain relief is highlighted and reference given to new NICE guidelines in this area. Recent changes in commissioning for sickle cell disorders will lead over the next 2 years to more equitable access to both specialist and local care within a multidisciplinary team setting, such arrangements should lead to significant improvements in the quality of care for children with these now common disorders.
Status
Embase
Institution
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Publisher
Churchill Livingstone (1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF, United Kingdom)
Year of Publication
2013

469.

Homozygous sickle cell disease in Uganda and Jamaica a comparison of Bantu and Benin haplotypes.
Ndugwa C, Higgs D, Fisher C, Hambleton I, Mason K, Serjeant BE, Serjeant GR
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
West Indian Medical Journal. 61(7):684-91, 2012 Oct.
[Comparative Study. Journal Article. Multicenter Study. Research Support, Non-U.S. Gov't]
UI: 23620965
OBJECTIVE: To compare the haematological and clinical features of homozygous sickle cell (SS) disease in Bantu and Benin haplotypes in a cross-sectional study of 115 Ugandan patients attending the Sickle Cell Clinic at Mulago Hospital, Kampala, Uganda, with 311 patients in the Jamaican Cohort Study
METHODS: This involved comparison of clinical features and haematology with special reference to genetic determinants of severity including fetal haemoglobin levels, beta-globin haplotype and alpha thalassaemia status.
RESULTS: The Bantu haplotype accounted for 94% of HbS chromosomes in Ugandan patients and the Benin haplotype for 76% of HbS chromosomes in Jamaica. Ugandan patients were marginally more likely to have alpha thalassaemia, had similar total haemoglobin and fetal haemoglobin levels but had higher reticulocyte counts and total bilirubin levels consistent with greater haemolysis. Ugandan patients had less leg ulceration and priapism, but the mode of clinical presentation, prevalence of dactylitis, features of bone pain and degree of delay in sexual development, assessed by menarche, were similar in the groups. In Ugandan patients, a history of anaemic episodes was common but these were poorly documented.
CONCLUSION: The haematological and clinical features of the Bantu haplotype in Uganda were broadly similar to the Benin haplotype in Jamaica except for less leg ulceration and priapism and possibly greater haemolysis among Ugandan subjects. Anaemic episodes in Uganda were treated empirically by transfusion often without a clear diagnosis; better documentation including reticulocyte counts and observations on spleen size is necessary to evolve appropriate models of care.
Version ID
1
Status
MEDLINE
Authors Full Name
Ndugwa, C, Higgs, D, Fisher, C, Hambleton, I, Mason, K, Serjeant, B E, Serjeant, G R
Institution
Ndugwa, C. Sickle Cell Clinic, Department of Paediatrics and Child Health, Mulago Hospital, Kampala, Uganda.
Year of Publication
2012

470.

Priapism is associated with sleep hypoxemia in sickle cell disease.
Roizenblatt M, Figueiredo MS, Cancado RD, Pollack-Filho F, de Almeida Santos Arruda MM, Vicari P, Sato JR, Tufik S, Roizenblatt S
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Urology. 188(4):1245-51, 2012 Oct.
[Journal Article. Research Support, Non-U.S. Gov't]

UI: 22902014
PURPOSE: We assessed penile rigidity during sleep and the relationship of sleep abnormalities with priapism in adults with sickle cell disease.
MATERIALS AND METHODS: This was a case-control study of 18 patients with sickle cell disease and a history of priapism during the previous year, and 16 controls with sickle cell disease. Participants underwent overnight polysomnography and RigiScan R Plus recording to detect penile rigidity oscillations.
RESULTS: The priapism group (cases) showed a higher apnea-hypopnea index and oxyhemoglobin desaturation parameters than controls. A lower positive correlation between the apnea-hypopnea index and oxyhemoglobin desaturation time was observed in cases than in controls (Spearman coefficient rho = 0.49, p = 0.05 vs rho = 0.76, p <0.01), suggesting that desaturation events occurred independently of apnea. Two controls and 14 cases had a total sleep time that was greater than 10% with oxyhemoglobin saturation less than 90% but without CO(2) retention. Penile rigidity events were observed during rapid eye movement sleep and during stage 2 of nonrapid eye movement sleep, particularly in cases. The duration of penile rigidity events concomitant to respiratory events was higher in cases than in controls. Regression analysis revealed that the periodic limb movement and desaturation indexes were associated with priapism after adjusting for rapid eye movement sleep and lung involvement. Finally, oxyhemoglobin saturation less than 90% was associated with priapism after adjusting for lung involvement, hyperhemolysis and the apnea-hypopnea index.
CONCLUSIONS: Oxyhemoglobin desaturation during sleep was associated with priapism history. It may underlie the distribution pattern of penile rigidity events during sleep in these patients.

Version ID
1
Status
MEDLINE
Authors Full Name
Roizenblatt, Marina, Figueiredo, Maria Stella, Cancado, Rodolfo Delfini, Pollack-Filho, Frederico, de Almeida Santos Arruda, Martha Mariana, Vicari, Perla, Sato, Joao Ricardo, Tufik, Sergio, Roizenblatt, Suely
Institution
Roizenblatt, Marina. Disciplina de Hematologia e Hemoterapia, Escola Paulista de Medicina, Universidade Federal de Sao Paulo, Sao Paulo, Brazil.
Year of Publication
2012

471.

Priapism in an infant with sickle cell trait after cardiac transplant.
Bacsu CD, Metcalfe PD
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Urology. 80(4):928-30, 2012 Oct.
[Journal Article]
UI: 22901818
We report a case of priapism in a 6-month-old boy of African descent who had been receiving intravenous sildenafil, a phosphodiesterase-5 inhibitor. An orthotopic cardiac transplantation had been performed at 6 months of age, 2 months after he had received a Berlin heart. The pre-, peri-, and postoperative care required multiple transfusions, and postoperative pulmonary hypertension required treatment with intravenous sildenafil. He developed a series of prolonged,

semitumescent erections (30-180 minutes) that resolved spontaneously without the need for urologic intervention. Subsequent investigations revealed he was a carrier of a sickle cell gene. Although the precise etiology of the prolonged penile erection is unclear, it was likely secondary to the use of sildenafil and the sickle cell trait.

Version ID
1
Status
MEDLINE
Authors Full Name
Bacsu, Chasta-Dawne, Metcalfe, Peter D
Institution
Bacsu, Chasta-Dawne. Division of Urology, University of Alberta, Edmonton, Alberta, Canada.
Year of Publication
2012

472.

Hemoglobin sickle cell disease complications: a clinical study of 179 cases.
Lionnet F, Hammoudi N, Stojanovic KS, Avellino V, Grateau G, Girot R, Haymann JP
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Haematologica. 97(8):1136-41, 2012 Aug.
[Journal Article]
UI: 22315500
BACKGROUND: Hemoglobin sickle cell disease is one of the most frequent hemoglobinopathies. Surprisingly, few studies have been dedicated to this disease, currently considered to be a mild variant of homozygous sickle cell disease. The aim of this study was to update our knowledge about hemoglobin sickle cell disease.
DESIGN AND METHODS: The study involved a single center series of 179 patients. Clinical and biological data were collected with special attention to the assessment of pulmonary arterial hypertension and nephropathy.
RESULTS: Hemoglobin sickle cell diagnosis was delayed and performed in adulthood in 29% of cases. Prevalence of hospitalized painful vasoocclusive crisis, acute chest syndrome and priapism was 36%, 20% and 20%, respectively. The most common chronic organ complications were retinopathy and sensorineural otological disorders in 70% and 29% of cases. Indeed, prevalence of complications reported in homozygous sickle cell disease, such as nephropathy, suspicion of pulmonary hypertension, strokes and leg ulcers was rather low (13%, 4% and 1%, respectively). Phlebotomy performed in 36% of this population (baseline hemoglobin 11.5 g/dL) prevented recurrence of acute events in 71% of cases.
CONCLUSIONS: Our data suggest that hemoglobin sickle cell disease should not be considered as a mild form of sickle cell anemia but as a separate disease with a special emphasis on viscosity-associated otological and ophthalmological disorders, and with a low prevalence of vasculopathy (strokes, pulmonary hypertension, ulcers and nephropathy). Phlebotomy was useful in reducing acute events and a wider use of this procedure should be further investigated.
Version ID
1
Status
MEDLINE
Authors Full Name
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Comments
Comment in (CIN)
PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3409809
Year of Publication
2012

473.

A case-control study on the association between chronic prostatitis/chronic pelvic pain syndrome and erectile dysfunction.
Chung SD, Keller JJ, Lin HC
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
BJU International. 110(5):726-30, 2012 Sep.
[Journal Article]
UI: 22313519
UNLABELLED: What's known on the subject? and What does the study add? In recent years, a number of studies have reported a high prevalence of erectile dysfunction (ED) among patients with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). Several studies have reported that the prevalence of ED ranges from 15.0 to 40.5% in men in China with CP/CPPS; however, the previous studies focusing on the prevalence of ED among patients with CP/CPPS all neglected to explore the magnitude of this association. Our study found an association between ED and previously diagnosed CP/CPPS. The odds of previous CP/CPPS were 3.62 times greater for cases than for controls, after adjusting for patient socio-demographic characteristics, comorbidities, obesity, and alcohol abuse/alcohol dependence syndrome.
OBJECTIVE: To examine the association between erectile dysfunction (ED) and a previous diagnosis of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) using a population-based dataset.
PATIENTS AND METHODS: The data for this case-control study was obtained from the National Health Insurance database. A total of 3194 males, who were >=18 years of age when they first received a diagnosis of ED, were identified and 15 970 controls were randomly selected. The prevalence and risk of CP/CPPS among cases and controls were calculated by using conditional logistic regression analysis.
RESULTS: In total, 667 (3.5%) of the 19 164 sampled subjects had been diagnosed with CP/CPPS before the index date; CP/CPPS was found in 276 (8.6%) cases and in 391 (2.5%) controls ($P < 0.001$). Regression analysis indicated that cases were more likely to have had previous CP/CPPS (odd ratio 3.62, 95% confidence interval 3.07-4.26) after adjusting for patient monthly income, geographical location and urbanization level, as well as hypertension, diabetes, coronary heart disease, renal disease, obesity and alcohol abuse/alcohol dependence syndrome status, when compared with controls.
CONCLUSIONS: We conclude that there was an association between ED and having been previously diagnosed with CP/CPPS. Urologists should be alert to the association between CP/CPPS and ED, and assess the erectile function of patients suffering from CP/CPPS.

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1
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MEDLINE

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Comments
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474.

Priapism and sickle-cell anemia: diagnosis and nonsurgical therapy. [Review]
Broderick GA
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Sexual Medicine. 9(1):88-103, 2012 Jan.
[Journal Article. Review]
UI: 21699659
INTRODUCTION: Priapism describes a persistent erection lasting longer than 4 hours. Ischemic priapism and stuttering priapism are phenotypic manifestations of sickle-cell disease (SCD).
AIMS: To define the types of priapism associated with SCD, to address pathogenesis, and to recommend best practices.
SOURCES: Literature review and published clinical guidelines.
SUMMARY OF FINDINGS: Priapism is a full or partial erection that persists more than 4 hours. There are three kinds of priapism: ischemic priapism (veno-occlusive, low flow), stuttering priapism (recurrent ischemic priapism), and nonischemic priapism (arterial, high flow). Ischemic priapism is a pathologic phenotype of SCD. Ischemic priapism is a urologic emergency when untreated priapism results in corporal fibrosis and erectile dysfunction. The recommended treatment for ischemic priapism is decompression of the penis by needle aspiration and if needed, injection (or irrigation) with dilute sympathomimetic drugs. Stuttering priapism describes a pattern of recurring unwanted painful erections in men with SCD. Patients typically awaken with an erection that persists for several hours and becomes painful. The goals of managing stuttering ischemic priapism are: prevention of future episodes, preservation of erectile function, and balancing the risks vs. benefits of various treatment options. The current molecular hypothesis for stuttering priapism in SCD proposes that insufficient basal levels of phosphodiesterase type-5 are available in the corpora to degrade cyclic guanosine monophosphate (cGMP). Nocturnal erections result from normal neuronal production and surges of cGMP. In the context of SCD stuttering priapism, these nocturnal surges in cGMP go unchecked, resulting in stuttering priapism.
CONCLUSIONS: Considering the embarrassing nature of the problem and the dire consequences to erectile function, it is important to inform patients, parents, and providers about the relationship of SCD to prolonged painful erections. Prompt diagnosis and appropriate medical management of priapism are necessary to spare patients surgical interventions and preserve erectile function.

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1
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475.

Pharmacologic treatments for the behavioral symptoms associated with autism spectrum disorders across the lifespan.
Doyle C.A., McDougle C.J.
Embase
Dialogues in Clinical Neuroscience. 14(3) (pp 263-279), 2012. Date of Publication: September 2012.
[Article]
AN: 368659270
This review outlines pharmacologic treatments for the behavioral symptoms associated with autism spectrum disorders (ASDs) in children, adolescents, and adults. Symptom domains include repetitive and stereotyped behaviors, irritability and aggression, hyperactivity and inattention, and social impairment. Medications covered include serotonin reuptake inhibitors (SRIs), mirtazapine, antipsychotics, psychostimulants, atomoxetine, B-2 agonists, D-cycloserine, and memantine. Overall, SRIs are less efficacious and more poorly tolerated in children with ASDs than in adults. Antipsychotics are the most efficacious drugs for the treatment of irritability in ASDs, and may be useful in the treatment of other symptoms. Psychostimulants demonstrate some benefit for the treatment of hyperactivity and inattention in individuals with ASDs, but are less efficacious and associated with more adverse effects compared with individuals with ADHD. Dcycloserine and memantine appear helpful in the treatment of social impairment, although further research is needed. © 2012, LLS SAS.
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23226952 [https://www.ncbi.nlm.nih.gov/pubmed/?term=23226952]
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Les Laboratoires Seriver (50 Rue Carnot, F-92284, Suresnes Cedex, France)
Year of Publication
2012

476.

Homozygous sickle cell disease in Uganda and Jamaica a comparison of bantu and benin haplotypes.
Ndugwa C., Higgs D., Fisher C., Hambleton I., Mason K., Serjeant B.E., Serjeant G.R.
Embase

West Indian Medical Journal. 61(7) (no pagination), 2012. Date of Publication: 2012.
[Article]
AN: 368153787
Objective: To compare the haematological and clinical features of homozygous sickle cell (SS) disease in Bantu and Benin haplotypes in a cross-sectional study of 115 Ugandan patients attending the Sickle Cell Clinic at Mulago Hospital, Kampala, Uganda, with 311 patients in the Jamaican Cohort Study.
Method(s): This involved the comparison of clinical features and haematology with special reference to genetic determinants of severity including fetal haemoglobin levels, beta-globin haplotype, and alpha thalassaemia status.
Result(s): The Bantu haplotype accounted for 94% of HbS chromosomes in Ugandan patients and the Benin haplotype for 76% of HbS chromosomes in Jamaica. Ugandan patients were marginally more likely to have alpha thalassaemia, had similar total haemoglobin and fetal haemoglobin levels but had higher reticulocyte counts and total bilirubin levels consistent with greater haemolysis. Ugandan patients had less leg ulceration and priapism, but the mode of clinical presentation, prevalence of dactylitis, features of bone pain and degree of delay in sexual development, assessed by menarche, were similar in the groups. In Ugandan patients, a history of anaemic episodes was common but these were poorly documented.
Conclusion(s): The haematological and clinical features of the Bantu haplotype in Uganda were broadly similar to the Benin haplotype in Jamaica except for less leg ulceration and priapism and possibly greater haemolysis among Ugandan subjects. Anaemic episodes in Uganda were treated empirically by transfusion often without a clear diagnosis; better documentation including reticulocyte counts and observations on spleen size is necessary to evolve appropriate models of care.
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23620965 [https://www.ncbi.nlm.nih.gov/pubmed/?term=23620965]
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University of the West Indies (Mona, Kingston 7, Jamaica)
Year of Publication
2012

477.

The Use of Sudafed for Priapism in Pediatric Patients With Sickle Cell Disease.
Mocniak M., Durkin C.M., Early K.
Embase
Journal of Pediatric Nursing. 27(1) (pp 82-84), 2012. Date of Publication: February 2012.
[Article]
AN: 364030397
PMID
22041221 [https://www.ncbi.nlm.nih.gov/pubmed/?term=22041221]
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478.

Adverse Effects and Toxicity of the Atypical Antipsychotics: What Is Important for the Pediatric Emergency Medicine Practitioner?.
Rasimas J.J., Liebelt E.L.
Embase
Clinical Pediatric Emergency Medicine. 13(4) (pp 300-310), 2012. Date of Publication: December 2012.
[Article]
AN: 368440029
Medications are being used with greater frequency to address pediatric mental health problems, and in recent years, atypical antipsychotic (AAP) prescriptions have increased more than any other class. Acute care practitioners must be aware of the pharmacology of AAPs and the conditions, on- and off-label, for which they are prescribed. This involves identifying and managing adverse effects that manifest both mentally and physically. Although "atypicality" confers a lower risk of movement adverse effects compared with conventional agents, children are more sensitive than adults to extrapyramidal reactions. Like adults, they also may present with toxic sedation, confusion, cardiovascular dysfunction, and metabolic derangements. Evaluation and management of these toxicities requires an index of suspicion, a careful symptom and medication history, physical examination, and targeted interventions. This review is designed to orient the emergency practitioner to the challenging task of recognizing and treating adverse effects related to acute and chronic AAP exposure in children. © 2012.
Status
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W.B. Saunders Ltd (32 Jamestown Road, London NW1 7BY, United Kingdom)
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479.

Sickle cell disease subphenotypes in patients from Southwestern Province of Saudi Arabia.
Alsultan A., Aleem A., Ghabbour H., Algahtani F.H., Al-Shehri A., Osman M.E., Kurban K., Alsultan M.S., Bahakim H., Al-Momen A.M.
Embase

Journal of Pediatric Hematology/Oncology. 34(2) (pp 79-84), 2012. Date of Publication: March 2012.
[Article]
AN: 51856039
Sickle cell disease (SCD) is common in the Eastern and Southwestern (SW) Provinces of Saudi Arabia. We studied 159 patients with SCD to better characterize its phenotype in the SW Province, where patients usually have a HBB haplotype of African origin. All cases had history and examination, chart review, and laboratory testing. Blood tests were obtained during steady state and included: complete blood count, reticulocytes, hemoglobin electrophoresis, lactate dehydrogenase, and G6PD level. HBB haplotype and presence of alpha-thalassemia were also determined. Frequency of various SCD complications was as follows: painful episodes of variable severity occurred in majority of patients (98%), osteonecrosis (14%), acute chest syndrome (22%), splenic sequestration (23%), gallstones (34%), stroke (7.5%), priapism (2.6%), serious infections (11.5%), and persistent splenomegaly (11%) beyond 5 years of age. No patient had leg ulcer. History of asthma and high steady state white blood cells count were associated with increased risk of acute chest syndrome. Coinheritance of alpha-thalassemia was associated with a lower frequency of gallstones. Higher fetal hemoglobin level was associated with persistent splenomegaly but not with other complications. Splenic sequestration was more common among males and was associated with lower steady state hemoglobin. SCD phenotype in the SW Province is variable and comparable with African Americans except for the rarity of priapism and the absence of leg ulcers. Fetal hemoglobin level was not associated with SCD vaso-occlusive complications. New genetic modifiers and environmental factors might modulate the phenotype of SCD in Saudi Arabia. Copyright © 2011 by Lippincott Williams & Wilkins.
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Publisher
Lippincott Williams and Wilkins (530 Walnut Street,P O Box 327, Philadelphia PA 19106-3621, United States)
Year of Publication
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480.

Schizophrenia in women and children: A selective review of literature from developing countries.
Chandra P.S., Kommu J.V.S., Rudhran V.
Embase
International Review of Psychiatry. 24(5) (pp 467-482), 2012. Date of Publication: October 2012.
[Review]
AN: 365853968
Women and children with psychotic disorders in developing countries may be vulnerable and have considerable social disadvantages. Gender disadvantage has implications for all health outcomes including mental illnesses. In the more relevant gender-related context we discuss

several important issues which affect women with schizophrenia, namely stigma, caregiver burden, functional outcome, marriage, victimization and help-seeking. The findings indicate that there are variations in clinical and functional outcomes and age of onset of illness between different regions. Drug side effects, such as metabolic syndrome appear to be quite common, adding to disease burden in women from developing countries. Victimization and coercion may contribute to poor quality of life and health concerns such as STIs and HIV. Stigma among women with schizophrenia appears to play a major role in help-seeking, caregiver burden and issues such as marriage and parenting. Gender-sensitive care and practices are few and not well documented. Research in the area of psychoses in children and adolescents from LAMI countries is sparse and is mainly restricted to a few clinic-based studies. More research is needed on organic and medical factors contributing to childhood psychoses, pathways to care, help-seeking, and impact of early detection and community care. © 2012 Institute of Psychiatry.
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23057983 [https://www.ncbi.nlm.nih.gov/pubmed/?term=23057983]
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Year of Publication
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481.

MTHFR polymorphic variant C677T is associated to vascular complications in sickle-cell disease.
Hatzlhofer B.L.D., Bezerra M.A.C., Santos M.N.N., Albuquerque D.M., Freitas E.M., Costa F.F., Araujo A.S., Muniz M.T.C.
Embase
Genetic Testing and Molecular Biomarkers. 16(9) (pp 1038-1043), 2012. Date of Publication: 01 Sep 2012.
[Article]
AN: 365637377
Vaso-occlusion is a determinant for most signs and symptoms of sickle-cell anemia (SCA). The mechanisms involved in the pathogenesis of vascular complications in SCA remain unclear. It is known that genetic polymorphisms associated with thrombophilia may be potential modifiers of clinical features of SCA. The genetic polymorphisms C677T and A1298C relating to the enzyme methylenetetrahydrofolate reductase (MTHFR), a clotting Factor V Leiden mutation (1691G->A substitution of Factor V Leiden), and the mutant prothrombin 20210A allele were analyzed in this study. The aim was to find possible correlations with vascular complications and thrombophilia markers in a group of SCA patients in Pernambuco, Brazil. The study included 277 SCA patients, divided into two groups: one consisting of 177 nonconsanguineous SCA patients who presented vascular manifestations of stroke, avascular necrosis, leg ulcers, priapism, and acute chest syndrome (group 1); and the other consisting of 100 SCA patients without any reported vascular complication (group 2). Molecular tests were done using either polymerase chain reaction (PCR) restriction fragment length polymorphism or allele-specific PCR techniques. Comparisons between the groups were made using the chi2 test. The 677 CT and TT genotypes showed a significant risk of vascular complications (p=0.015). No significant associations between the groups were found when samples were analyzed for the MTHFR A1298C allele (p=0.913), Factor V G1691 (p=0.555), or prothrombin G20210A mutation (p=1.000). The polymorphism MTHFR

C677T seemed to be possibly predictive for the development of some vascular complications in SCA patients among this population. © 2012 Mary Ann Liebert, Inc.
PMID
22924497 [https://www.ncbi.nlm.nih.gov/pubmed/?term=22924497]
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Publisher
Mary Ann Liebert Inc. (140 Huguenot Street, New Rochelle NY 10801-5215, United States)
Year of Publication
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482.

Sickle cell disease african killer: Biologists alternative.
Otoikhian C.S.O., Okoror L.E.
Embase
International Journal of Pharma Medicine and Biological Sciences. 1(2) (pp 232-245), 2012. Date of Publication: October 2012.
[Review]
AN: 368935724
This seminar paper is done towards the elimination of sickle cell disease in our environment. Sickle cell anemia is an inherited disease of the red blood cells in which the red blood cell become sickle-shaped (crescent shaped) and has difficulty passing through small blood vessels. This process produces periodic episodes of pain and ultimately can damage tissues and vital organs and lead to other serious medical problems. Symptoms include fatigue, joint and abdominal pain, irritability, yellow discoloration of the skin and eyes, leg sores, gum disease, frequent respiratory infections, blindness later in life, and periods of prolonged, sometimes painful erections in males. People with sickle cell anemia can have episodes of severe pain in the arms, legs, chest, and abdomen that may be accompanied by fever, nausea, and difficulty breathing. These symptoms occur only in people who inherit copies of the sickle cell gene from both parents. Regular health maintenance is critical for people with sickle cell anemia. Today, proper nutrition, good hygiene, bed rest, protection against infection, regular visits to physician, many people with sickle cell anemia are in reasonably good health much of the time and living productive lives. Before starting a family, a simple blood test can reveal if one or both parents is a carrier. In conclusion, before starting a family, a simple blood test should be done because a child that receives the defective gene from both parents develops the disease. Therefore, marriage between carriers should be discouraged because sickle cell is better not produced than experienced.

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Publisher
International Journal of Pharma Medicine and Biological Scie (India)
Year of Publication
2012

483.

Recognizing serotonin toxicity in the pediatric emergency department.
Kant S., Liebelt E.
Embase
Pediatric Emergency Care. 28(8) (pp 817-824), 2012. Date of Publication: August 2012.
[Review]
AN: 365411553
The use of selective serotonin reuptake inhibitors and serotonin- norepinephrine reuptake inhibitors in treating depression, mood disorders, and behavioral disorders has escalated dramatically in the last 20 years, resulting in increased risk and clinical presentation of serotonin toxicity. Health care providers must also be aware of other medications and substances with proserotonergic activity that can cause serotonin toxicity when used in combination with these medications. There are many adverse effects of selective serotonin reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors, although their toxicity profile compared to older antidepressants seems to be safer. Serotonin syndrome is described as a clinical triad of mental status changes, autonomic hyperactivity, and neuromuscular abnormalities. It encompasses a spectrum of clinical findings ranging from a few nonspecific symptoms to significant clinical toxicity that can result in death. The objectives of this article are to review specific serotonergic medications including their adverse effects and toxicity in overdose, to describe other medications/substances that have proserotonergic effects, which could result in serotonin excess in combination with traditional serotonergic agents, and to define the criteria for serotonin syndrome/toxicity and its treatment. Copyright © 2012 by Lippincott Williams & Wilkins.
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Publisher
Lippincott Williams and Wilkins (530 Walnut Street,P O Box 327, Philadelphia PA 19106-3621, United States)
Year of Publication
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484.

Sodium stibogluconate (ssg) & paromomycin combination compared to ssg for visceral leishmaniasis in east africa: A randomised controlled trial.
Musa A., Khalil E., Hailu A., Olobo J., Balasegaram M., Omollo R., Edwards T., Rashid J., Mbui J., Musa B., Abuzaid A.A., Ahmed O., Fadlalla A., El-Hassan A., Mueller M., Mucee G., Njoroge S., Manduku V., Mutuma G., Apadet L., Lodenyo H., Mutea D., Kirigi G., Yifru S., Mengistu G., Hurissa Z., Hailu W., Weldegebreal T., Tafes H., Mekonnen Y., Makonnen E., Ndegwa S., Sagaki P., Kimutai R., Kesusu J., Owiti R., Ellis S., Wasunna M.
Embase
PLoS Neglected Tropical Diseases. 6(6) (no pagination), 2012. Article Number: e1674. Date of Publication: June 2012.
[Article]
AN: 365220770
Background: Alternative treatments for visceral leishmaniasis (VL) are required in East Africa. Paromomycin sulphate (PM) has been shown to be efficacious for VL treatment in India.
Method(s): A multi-centre randomized-controlled trial (RCT) to compare efficacy and safety of PM (20 mg/kg/day for 21 days) and PM plus sodium stibogluconate (SSG) combination (PM, 15 mg/kg/day and SSG, 20 mg/kg/day for 17 days) with SSG (20 mg/kg/day for 30 days) for treatment of VL in East Africa. Patients aged 4-60 years with parasitologically confirmed VL were enrolled, excluding patients with contraindications. Primary and secondary efficacy outcomes were parasite clearance at 6-months follow-up and end of treatment, respectively. Safety was assessed mainly using adverse event (AE) data.
Finding(s): The PM versus SSG comparison enrolled 205 patients per arm with primary efficacy data available for 198 and 200 patients respectively. The SSG & PM versus SSG comparison enrolled 381 and 386 patients per arm respectively, with primary efficacy data available for 359 patients per arm. In Intention-to-Treat complete-case analyses, the efficacy of PM was significantly lower than SSG (84.3% versus 94.1%, difference = 9.7%, 95% confidence interval, CI: 3.6 to 15.7%, p = 0.002). The efficacy of SSG & PM was comparable to SSG (91.4% versus 93.9%, difference = 2.5%, 95% CI: -1.3 to 6.3%, p = 0.198). End of treatment efficacy results were very similar. There were no apparent differences in the safety profile of the three treatment regimens.
Conclusion(s): The 17 day SSG & PM combination treatment had a good safety profile and was similar in efficacy to the standard 30 day SSG treatment, suggesting suitability for VL treatment in East Africa. Clinical Trials Registration: www.clinicaltrials.gov NCT00255567. © 2012 Musa et al.
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Clinical Trial Number
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Year of Publication
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485.

Management of Psychotropic Medication Side Effects in Children and Adolescents.
Garcia G., Logan G.E., Gonzalez-Heydrich J.
Embase
Child and Adolescent Psychiatric Clinics of North America. 21(4) (pp 713-738), 2012. Date of Publication: October 2012.
[Review]
AN: 365781098
This article is a review of several of the most concerning side effects of psychotropic medications in children and adolescents. An emphasis is placed on review of the prevalence, presentation, monitoring, and evidence-based management of these side effects. © 2012 Elsevier Inc.
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(Garcia, Gonzalez-Heydrich) Harvard Medical School, Boston, MA, United States
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486.

Foetal haemoglobin and disease severity in sickle cell anaemia patients in Kampala, Uganda.
Mpalampa L., Ndugwa C.M., Ddungu H., Idro R.
Embase
BMC Blood Disorders. 12 (no pagination), 2012. Article Number: 11. Date of Publication: 07 Sep 2012.
[Article]
AN: 52203112
Background: Sickle cell anaemia (SCA) is a major chronic health problem in Uganda. In patients with SCA, the level of foetal haemoglobin (HbF) has been found to be important in influencing the clinical course of the disease. Thus populations with high levels of HbF like those in Saudi Arabia have been described as having a milder clinical course with fewer complications as compared to

populations with lower levels. Disease modifying drugs can increase the Hb F levels and modify the presentation of SCA.
Method(s): This was a cross sectional study in which we determined foetal haemoglobin levels and examined the relationship between HbF levels and disease severity in SCA patients in Mulago Hospital, Kampala, Uganda. We consecutively enrolled 216 children aged 1 year to 18 years with SCA attending the Sickle Cell Clinic at Mulago Hospital whose guardians had given consent. The history included age at onset of initial symptoms and diagnosis, number of hospitalisations and blood transfusions and other complications of SCA (cardiovascular accidents, avascular hip necrosis and priapism). A detailed physical examination was performed to assess the current state and help describe the disease severity for each patient. Blood samples were drawn for HbF levels. HbF levels >=10% was defined as high.
Result(s): Of the 216 children, (80) 37% had HbF levels >=10%. Significant correlations were observed between HbF level and several clinical parameters independent of age including age at diagnosis (p value 0.013), number of hospitalisations (p value 0.024) and transfusions (p value 0.018) since birth.
Conclusion(s): A third of the children with SCA attending the Sickle cell clinic in Mulago Hospital have high HbF levels. Higher HbF level is associated with later onset of symptoms and presentation, and less severe disease characterised by fewer hospitalisations and blood transfusions. We suggest HbF levels should be determined at initial contact for patients with SCA to guide counselling and identify those who may need closer follow up and consideration for disease modifying drugs.
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Publisher
BioMed Central Ltd. (Floor 6, 236 Gray's Inn Road, London WC1X 8HB, United Kingdom)
Year of Publication
2012

487.

The prevalence of priapism in children and adolescents with sickle cell disease in Brazil.
Furtado P.S., Costa M.P., Do Prado Valladares F.R., Da Silva L.O., Lordelo M., Lyra I., Barroso U.
Embase
International Journal of Hematology. 95(6) (pp 648-651), 2012. Date of Publication: June 2012.
[Article]
AN: 51981528
To evaluate priapism rates in individuals <18 years of age with sickle cell disease (SCD) at a referral center. An evaluation was made of 599 consecutive male patients with SCD, separated according to type of hemoglobinopathy (HbSS,HbSCandHbS-beta-thalassemia). Age at first episode and number of episodes were recorded. Cases of sickle cell trait were excluded. Mean age was similar in all groups. Overall, priapism occurred in 3.6 % of patients (5.6 % of those with HbSS and 1.1 % of those with HbSC; P = 0.01). In HbSS patients, the prevalence rate of

priapism was from 3.5 (CI 95 % 0.94-13.4) when compared with patients with HbSC. No patient with beta-thalassemia had priapism. Mean follow-up was 39.7 months (range 1-202 months). Since 91 % of patients with priapism had HbSS, this group was evaluated separately, revealing a rate of priapism of 1.6 % in patients <10 years and 8.3 % in those >=10 years of age (P = 0.002). Regarding priapism in HbSS patients >=10 years (8.3 %) when compared with patients <10 years (1.6 %), the prevalence rate was from 3.3 (CI 95 %1.1-9.5). Duration of follow-up was not correlated with priapism (P = 0.774). Forty-seven patients were lost to follow- up. Telephone contact was successful with 14/22 patients with priapism, 50 % of whom had required hospital treatment. Most episodes (86 %) occurred at night, always during sleep. Medical interventions were required in 13 cases as follows: intravenous hydration (n = 4), corpora cavernosa puncture and drainage (n = 7) and corpus cavernosum- corpus spongiosum shunts (n = 2). The prevalence of priapismin children <18 years of age with SCDwas 3.6 %, lower than previously reported. Prevalence was higher in HbSS patients, increasing in patients >10 years of age. Most episodes occurred at night and half of the patients required some form of urological procedure. © The Japanese Society of Hematology 2012.
PMID
22539365 [https://www.ncbi.nlm.nih.gov/pubmed/?term=22539365]
Status
Embase
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Publisher
Springer Japan (1-11-11 Kudan-kita, Chiyoda-ku, No. 2 Funato Bldg., Tokyo 102-0073, Japan)
Year of Publication
2012

488.

Pediatric Urological Emergencies.
Lambert S.M.
Embase
Pediatric Clinics of North America. 59(4) (pp 965-976), 2012. Date of Publication: August 2012. [Review]
AN: 365339894
Although few children are severely ill when evaluated in the pediatric office, developing the skills to recognize an infant or child who requires hospitalization is critical. Some children will require treatment in an emergency department or direct admission to an inpatient facility, whereas other children can be managed as outpatients. Determining when an infant requires an inpatient admission is particularly important because the metabolic reserve is less abundant in the newborn. Patients with hemodynamic instability must be emergently addressed. This article outlines the most common urgent and emergent pediatric urological conditions with the goal to direct initial evaluation and treatment. © 2012.
PMID
22857843 [https://www.ncbi.nlm.nih.gov/pubmed/?term=22857843]
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Publisher
W.B. Saunders (Independence Square West, Philadelphia PA 19106-3399, United States)

Year of Publication
2012

489.

Clinical management of adult sickle-cell disease.
Bartolucci P., Galacteros F.
Embase
Current Opinion in Hematology. 19(3) (pp 149-155), 2012. Date of Publication: May 2012.
[Review]
AN: 51877222
Purpose of Review: This review provides an overview of the clinical management of sickle-cell disease (SCD) with recently published findings. Recent Findings: Unfortunately, negative observations did not confirm the hope that therapies acting on nitric oxide-cyclic GMP signaling, NSAIDs or Gardos channel inhibitor would control SCD vaso-occlusive crises. The safety of hydroxycarbamide was further supported by two observational studies covering 20 years and over 2 years in young children. Concerning the management of chronic visceral complications of SCD, the STOP II trial showed the risk of discontinuing blood exchange transfusion for children with transcranial Doppler-assessed accelerated blood-flow velocities. The French multicenter Etendard study found that only 25% of SCD patients with tricuspid regurgitation velocity (TRV) 2.5 m/s or more on echocardiograms had catheterization-confirmed pulmonary hypertension. However, elevated TRV, regardless of its cause, was associated with higher mortality. Finally, recent results identified new therapeutic strategies for the treatment and prevention of renal dysfunction, priapism and skin ulcers, but prospective studies are needed to confirm those findings.
Summary: SCD treatment relies on concomitant preventive and curative measures to control its acute and chronic manifestations. Pathophysiologic advances have enabled better management, with new therapeutics highly likely in the near future. © 2012 Wolters Kluwer Health
Lippincott Williams & Wilkins.
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Publisher
Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)
Year of Publication
2012

490.

Otorhinolaryngological manifestations of sickle cell disease.
Abou-Elhamd K.-E.A.
Embase
International Journal of Pediatric Otorhinolaryngology. 76(1) (pp 1-4), 2012. Date of Publication: January 2012.

[Review]
AN: 51679706
Objectives: Although sickle cell disease is the most common of all hereditary disorders, there are a few publications about the effects of the disease on the functions of the ears, nose and throat.In this review, we present an overview of the clinical manifestations of sickle cell disease in general and highlight the problems specifically presenting in the field of otorhinolaryngology.
Method(s): We review the pathophysiology of sickle cell disease and its clinical features in general. Then, we review its manifestations in ear, nose and throat diseases.
Conclusion(s): Sickle cell disease is one of the most common hemoglobinopathies. It can cause severe pain crises and dysfunction of virtually every organ system in the body, ultimately causing premature death. There is high prevalence (55%) of obstructive adenotonsillar hypertrophy in children and adolescents with sickle cell disease. A very significant reduction has been observed in the rate of pain crises following tonsillectomy in patients with sickle cell anaemia. Prevalence rate for sensorineural hearing loss in older children and adult patients is reporting a range of 11-41%. Priapism of the turbinates is a cause of nasal obstruction in sickle cell anaemia which needs partial turbinectomy. Extramedullary haematopoiesis should be considered in the differential diagnosis of any paranasal sinus mass presenting in a patient with known chronic anaemia. © 2011 Elsevier Ireland Ltd.
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Publisher
Elsevier Ireland Ltd
Year of Publication
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491.

Lack of exercise is a major cause of chronic diseases.
Booth F.W., Roberts C.K., Laye M.J.
Embase
Comprehensive Physiology. 2(2) (pp 1143-1211), 2012. Date of Publication: April 2012.
[Article]
AN: 364996376
Chronic diseases are major killers in the modern era. Physical inactivity is a primary cause of most chronic diseases. The initial third of the article considers: activity and prevention definitions; historical evidence showing physical inactivity is detrimental to health and normal organ functional capacities; cause versus treatment; physical activity and inactivity mechanisms differ; gene-environment interaction (including aerobic training adaptations, personalized medicine, and co-twin physical activity); and specificity of adaptations to type of training. Next, physical activity/exercise is examined as primary prevention against 35 chronic conditions [accelerated biological aging/premature death, low cardiorespiratory fitness (VO2max), sarcopenia, metabolic syndrome, obesity, insulin resistance, prediabetes, type 2 diabetes, nonalcoholic fatty liver disease, coronary heart disease, peripheral artery disease, hypertension, stroke, congestive heart failure, endothelial dysfunction, arterial dyslipidemia, hemostasis, deep vein thrombosis, cognitive dysfunction, depression and anxiety, osteoporosis, osteoarthritis, balance, bone fracture/falls, rheumatoid arthritis, colon cancer, breast cancer, endometrial cancer, gestational diabetes, preeclampsia, polycystic ovary syndrome, erectile dysfunction, pain, diverticulitis, constipation, and gallbladder diseases]. The article ends with consideration of deterioration of risk factors in longerterm sedentary groups; clinical consequences of inactive childhood/adolescence; and

public policy. In summary, the body rapidly maladapts to insufficient physical activity, and if continued, results in substantial decreases in both total and quality years of life. Taken together, conclusive evidence exists that physical inactivity is one important cause of most chronic diseases. In addition, physical activity primarily prevents, or delays, chronic diseases, implying that chronic disease need not be an inevitable outcome during life. © 2012 American Physiological Society.
PMID
23798298 [https://www.ncbi.nlm.nih.gov/pubmed/?term=23798298]
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Publisher
Wiley-Blackwell Publishing Ltd (9600 Garsington Rd, Chiswell Green Ln, Oxford OX4 2DQ, United Kingdom)
Year of Publication
2012

492.

Sickle cell disease.
McCavit T.L.
Embase
Pediatrics in Review. 33(5) (pp 195-206), 2012. Date of Publication: May 2012.
[Review]
AN: 364781924
* Sickle cell disease (SCD) is a heterogeneous group of prevalent, potentially life-threatening, chronic disorders of hemoglobin (Hgb). * Hgb polymerization underlies the pathophysiology of SCD. * Children who have SCD benefit from regular health maintenance visits with a pediatric hematologist and a primary care pediatrician. * The high incidence of invasive pneumococcal disease (IPD) in SCD justifies newborn screening, daily prophylactic penicillin, and immunization with the pneumococcal conjugate and polysaccharide vaccines. * Vaso-occlusive pain crises are the clinical hallmark of SCD and occur with increasing frequency through childhood. These episodes warrant aggressive treatment with analgesics and hydration and may be prevented with hydroxyurea (HU) therapy. * Annual transcranial Doppler (TCD) screening for patients ages 2 to 16 years identifies those at high risk for acute stroke, and regular blood transfusions can reduce this risk greatly. * Common indications for initiating HU therapy have been severe or frequent vaso-occlusive crises or acute chest syndrome, but this therapy may be considered in younger and less symptomatic patients. * The prognosis for children with SCD has improved, with the vast majority surviving into adulthood, prompting a focus on improving the process of transition to adult care. Copyright © 2012 by the American Academy of Pediatrics. All rights reserved.
PMID
22550263 [https://www.ncbi.nlm.nih.gov/pubmed/?term=22550263]
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Publisher
American Academy of Pediatrics (141 Northwest Point Blvd, P.O. Box 927, Elk Grove Village IL 60007-1098, United States)
Year of Publication
2012

493.

Intravenous dexmedetomidine for treatment of intraoperative penile erection.
Guler G., Sofikerim M., Ugur F., Aksu R., Boyaci A.
Embase
International Urology and Nephrology. 44(2) (pp 353-357), 2012. Date of Publication: April 2012.
[Article]
AN: 51491517
Background Intraoperative penile erections following the initiation of either regional or general anaesthesia is rare; however, when it occurs in patients undergoing urologic procedures it may delay, or even cancel the planned surgery. The aetiology is unclear. Various treatments proposed for producing detumescence are not always effective. Use of intracavernous alpha-adrenergic agonists is an efficient and rapid but short-lasting treatment. Furthermore, repeated intracavernous injections of vasoactive drugs may be harmful. Dexmedetomidine is a otent, selective alpha2-adrenoreceptor agonist. In our study, we evaluated the effect of dexmedetomidine on intraoperative penile erection. Methods Penile erection developed during an endoscopic procedure in 12 more than 7,800 patients. Anaesthesia used was general in 3 patients, epidural in 1 patient and spinal in 8 patients. The erection rigidity was evaluated by the operating urologist. Dexmedetomidine was diluted in normal saline to a concentration of 4 mug/ml. In all of the cases, 0.5 mug/kg dexmedetomidine was injected intravenously. Results The incidence of intraoperative penile erection was 0.34% for general anaesthesia, 0.11% spinal anaesthesia and 1.72% epidural anaesthesia at our institution. Detumescence was achieved in 9 patients during the first 5 min and in one patient at the 9th minute after a single intravenous dexmedetomidine (83%). There was no detumescence in two patients after 15 min (17%). Conclusion This study demonstrated that 0.5 mug/kg intravenous injection of dexmedetomidine is a simple, effective and safe method for immediate relief of intraoperative penile erection with high success rate. © Springer Science+Business Media, B.V. 2011.
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21701801 [https://www.ncbi.nlm.nih.gov/pubmed/?term=21701801]
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Publisher
Springer Netherlands (Van Godewijckstraat 30, Dordrecht 3311 GZ, Netherlands)
Year of Publication
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494.

Body piercing: Complications and prevention of health risks.
Holbrook J., Minocha J., Laumann A.
Embase
American Journal of Clinical Dermatology. 13(1) (pp 1-17), 2012. Date of Publication: 2012.
[Review]
AN: 363127588
Body and earlobe piercing are common practices in the USA today. Minor complications including infection and bleeding occur frequently and, although rare, major complications have been reported. Healthcare professionals should be cognizant of the medical consequences of body piercing.Complications vary depending on the body-piercing site, materials used, experience of the practitioner, hygiene regimens, and aftercare by the recipient. Localized infections are common. Systemic infections such as viral hepatitis and toxic shock syndrome and distant infections such as endocarditis and brain abscesses have been reported. Other general complications include allergic contact dermatitis (e.g. from nickel or latex), bleeding, scarring and keloid formation, nerve damage, and interference with medical procedures such as intubation and bloodorgan donation.Site-specific complications have been reported. Oral piercings may lead to difficulty speaking and eating, excessive salivation, and dental problems. Oral and nasal piercings may be aspirated or become embedded, requiring surgical removal. Piercing tracts in the ear, nipple, and navel are prone to tearing. Galactorrhea may be caused by stimulation from a nipple piercing. Genital piercings may lead to infertility secondary to infection, and obstruction of the urethra secondary to scar formation. In men, priapism and fistula formation may occur. Women who are pregnant or breastfeeding and have a piercing or are considering obtaining one need to be aware of the rare complications that may affect them or their child. Though not a 'complication' per se, many studies have reported body piercing as a marker for high-risk behavior, psychopathologic symptoms, and anti-social personality traits.When it comes to piercing complications, prevention is the key. Body piercers should take a complete medical and social history to identify conditions that may predispose an individual to complications, and candidates should choose a qualified practitioner to perform their piercing.As body piercing continues to be popular, understanding the risks of the procedures as well as the medical and psychosocial implications of wearing piercing jewelry is important for the medical practitioner.
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Publisher
Adis International Ltd (41 Centorian Drive, Private Bag 65901, Mairangi Bay, Auckland 10 1311, New Zealand)
Year of Publication
2012

495.

Thirty-day readmission rates following hospitalization for pediatric sickle cell crisis at freestanding children's hospitals: Risk factors and hospital variation.
Sobota A., Graham D.A., Neufeld E.J., Heeney M.M.
Embase
Pediatric Blood and Cancer. 58(1) (pp 61-65), 2012. Date of Publication: January 2012.
[Article]

AN: 362925932
Background: Readmission within 30 days after hospitalization for sickle cell crisis was developed by The National Association of Children's Hospitals (NACHRI) to improve hospital quality, however, there have been few studies validating this. Procedure: We performed a retrospective examination of 12,104 hospitalizations for sickle crisis from July 1, 2006 and December 31, 2008 at 33 freestanding children's hospitals in the Pediatric Health Information System (PHIS) database. Hospitalizations met NACHRI criteria; inpatient admission, APR DRG code 662, age<18, discharge home, and length of stay within 2 SD of the mean. We describe 30-day readmission rates, identify factors associated with readmission accounting for patient-level clustering and compare unadjusted versus adjusted variation in readmission rates.
Result(s): We identified 4,762 patients with 12,104 qualifying hospitalizations (1-30 per patient). Two thousand seventy-four (17%) hospitalizations resulted in a readmission within 30 days. Significant factors associated with readmission were age (OR 1.06/year, P<0.0001), inpatient use of steroids (OR 1.48, P=0.01) admission for pain without other sickle complications (OR 1.52, P<0.0001) and simple transfusion (OR 0.58, P=0.0002). There was significant variation in readmission rates between hospitals, even after accounting for clustering by patient and hospital case mix.
Conclusion(s): In a sample of free-standing children's hospitals, 17% of hospitalizations for sickle cell crisis result in readmission within 30 days. Older patients, those treated with steroids and those admitted for pain are more likely to be readmitted; simple transfusion is protective. Even after adjusting for case mix substantial hospital variation remains, but specific hospital to hospital comparisons differ depending on the exact methods used. © 2011 Wiley Periodicals, Inc.
PMID
21674766 [https://www.ncbi.nlm.nih.gov/pubmed/?term=21674766]
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Embase
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Publisher
Wiley-Liss Inc. (111 River Street, Hoboken NJ 07030-5774, United States)
Year of Publication
2012

496.

The safety profile and acceptability of a disposable male circumcision device in Kenyan men undergoing voluntary medical male circumcision.
Musau P, Demirelli M, Muraguri N, Ndwiga F, Wainaina D, Ali NA
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Urology. 186(5):1923-7, 2011 Nov.
[Journal Article]
UI: 21944096
PURPOSE: We established the safety and effectiveness as well as the acceptability of the Alisklamp R device for male circumcision among Kenyan men.

MATERIALS AND METHODS: To qualify for this hospital based, prospective, interventional cohort study one needed to be an uncircumcised adult male who was HIV negative with no comorbid factors or genitourinary anomalies precluding circumcision. A total of 58 men were recruited from a population of 90. Outcome measures were the safety profile of Alisklamp and its efficiency and acceptability by participants.
RESULTS: All 58 procedures were completed without device malfunction, hemorrhage or undesirable preputial excision. Mean +/- SD procedure time was 2.43 +/- 1.36 minutes and mean device removal time was 15.8 +/- 7.4 seconds. There were 2 adverse events, including mild edema and superficial wound infection related to poor hygiene in 1 case each. All men resumed routine activity immediately after circumcision. Of the 58 participants 25.9% experienced mild nocturnal erectile pains that required no medication. During 6-week followup all men were satisfied with the procedure, tolerated the device well and would recommend it to a friend.
CONCLUSIONS: Alisklamp has an excellent safety profile and excellent acceptability among men who undergo circumcision using the device. This technique is easy to teach and it would prove to be a handy device to scale up the rate of male circumcision. Based on these findings the device merits a comparative clinical trial.

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1
Status
MEDLINE
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Year of Publication
2011

497.

Efficacy and safety of scorpion antivenom plus prazosin compared with prazosin alone for venomous scorpion (Mesobuthus tamulus) sting: randomised open label clinical trial.
Bawaskar HS, Bawaskar PH
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
BMJ. 342:c7136, 2011 Jan 05.
[Comparative Study. Journal Article. Multicenter Study. Randomized Controlled Trial]
UI: 21209062
OBJECTIVE: Envenomation by Mesobuthus tamulus scorpion sting can result in serious cardiovascular effects. Scorpion antivenom is a specific treatment for scorpion sting. Evidence for the benefit of scorpion antivenom and its efficacy compared with that of commonly used vasodilators, such as prazosin, is scarce. We assessed the efficacy of prazosin combined with scorpion antivenom, compared with prazosin alone, in individuals with autonomic storm caused by scorpion sting.
DESIGN: Prospective, open label randomised controlled trial.
SETTING: General hospital inpatients (Bawaskar Hospital and Research Centre Mahad Dist-Raigad Maharashtra, India).
PARTICIPANTS: Seventy patients with grade 2 scorpion envenomation, older than six months, with no cardiorespiratory or central nervous system abnormalities.

INTERVENTION: Scorpion antivenom plus prazosin (n=35) or prazosin alone (n=35) assigned by block randomisation. Treatment was not masked. Analysis was by intention to treat.
MAIN OUTCOME MEASURES: The primary end point was the proportion of patients achieving resolution of the clinical syndrome (sweating, salivation, cool extremities, priapism, hypertension or hypotension, tachycardia) 10 hours after administration of study drugs. Secondary end points were time required for complete resolution of clinical syndrome, prevention of deterioration to higher grade, doses of prazosin required overall and within 10 hours, and adverse events. The study protocol was approved by the independent ethics committee of Mumbai.
RESULTS: Mean (SD) recovery times in hours for the prazosin plus scorpion antivenom group compared with the prazosin alone groups were: sweating 3 (1.1) v 6.6 (2.6); salivation 1.9 (0.9) v 3 (1.9); priapism 4.7 (1.5) v 9.4 (1.5). Mean (SD) doses of prazosin in the groups were 2 (2.3) and 4 (3.5), respectively. 32 patients (91.4%, 95% confidence interval 76.9% to 97.8%) in the prazosin plus antivenom group showed complete resolution of the clinical syndrome within 10 hours of administration of treatment compared with eight patients in the prazosin group (22.9%, 11.8% to 39.3%). Patients from the antivenom plus prazosin group recovered earlier (mean 8 hours, 95% CI 6.5 to 9.5) than those in the control group (17.7 hours, 15.4 to 19.9; mean difference -9.7 hours, -6.9 to -12.4). The number of patients whose condition deteriorated to a higher grade was similar in both groups (antivenom plus prazosin four of 35, prazosin alone five of 35). Hypotension was reported in fewer patients in the antivenom plus prazosin group (12 of 35, 34.3%) than in the prazosin group (19 of 35, 54.3%), but the difference was not statistically significant. No difference was noted in change in blood pressure and pulse rate over time between two groups.
CONCLUSION: Recovery from scorpion sting is hastened by simultaneous administration of scorpion antivenom plus prazosin compared with prazosin alone.
TRIAL REGISTRATION NUMBER: CTRI/2010/091/000584 (Clinical Trials Registry India).
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1
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Comments
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Year of Publication
2011

498.

Hydroxycarbamide in very young children with sickle-cell anaemia: A multicentre, randomised, controlled trial (BABY HUG).
Wang W.C., Ware R.E., Miller S.T., Iyer R.V., Casella J.F., Minniti C.P., Rana S., Thornburg C.D., Rogers Z.R., Kalpatthi R.V., Barredo J.C., Brown R.C., Sarnaik S.A., Howard T.H., Wynn L.W., Kutlar A., Armstrong F.D., Files B.A., Goldsmith J.C., Waclawiw M.A., Huang X., Thompson B.W.
Embase
The Lancet. 377(9778) (pp 1663-1672), 2011. Date of Publication: May 14-20, 2011.
[Article]
AN: 361752006

Background: Sickle-cell anaemia is associated with substantial morbidity from acute complications and organ dysfunction beginning in the first year of life. Hydroxycarbamide substantially reduces episodes of pain and acute chest syndrome, admissions to hospital, and transfusions in adults with sickle-cell anaemia. We assessed the effect of hydroxycarbamide therapy on organ dysfunction and clinical complications, and examined laboratory findings and toxic effects.
Method(s): This randomised trial was undertaken in 13 centres in the USA between October, 2003, and September, 2009. Eligible participants had haemoglobin SS (HbSS) or haemoglobin Sbeta0thalassaemia, were aged 9-18 months at randomisation, and were not selected for clinical severity. Participants received liquid hydroxycarbamide, 20 mg/kg per day, or placebo for 2 years. Randomisation assignments were generated by the medical coordinating centre by a pre-decided schedule. Identical appearing and tasting formulations were used for hydroxycarbamide and placebo. Patients, caregivers, and coordinating centre staff were masked to treatment allocation. Primary study endpoints were splenic function (qualitative uptake on 99Tc spleen scan) and renal function (glomerular filtration rate by 99mTc-DTPA clearance). Additional assessments included blood counts, fetal haemoglobin concentration, chemistry profiles, spleen function biomarkers, urine osmolality, neurodevelopment, transcranial Doppler ultrasonography, growth, and mutagenicity. Study visits occurred every 2-4 weeks. Analysis was by intention to treat. The trial is registered with ClinicalTrials.gov, number NCT00006400.
Finding(s): 96 patients received hydroxycarbamide and 97 placebo, of whom 83 patients in the hydroxycarbamide group and 84 in the placebo group completed the study. Significant differences were not seen between groups for the primary endpoints (19 of 70 patients with decreased spleen function at exit in the hydroxycarbamide group vs 28 of 74 patients in the placebo group, p=0.21; and a difference in the mean increase in DTPA glomerular filtration rate in the hydroxycarbamide group versus the placebo group of 2 mL/min per 1.73 m2, p=0.84). Hydroxycarbamide significantly decreased pain (177 events in 62 patients vs 375 events in 75 patients in the placebo group, p=0.002) and dactylitis (24 events in 14 patients vs 123 events in 42 patients in the placebo group, p<0.0001), with some evidence for decreased acute chest syndrome, hospitalisation rates, and transfusion. Hydroxyurea increased haemoglobin and fetal haemoglobin, and decreased white blood-cell count. Toxicity was limited to mild-to-moderate neutropenia.
Interpretation(s): On the basis of the safety and efficacy data from this trial, hydroxycarbamide can now be considered for all very young children with sickle-cell anaemia.
Funding(s): The US National Heart, Lung, and Blood Institute; and the National Institute of Child Health and Human Development.
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(Huang, Thompson) Clinical Trials and Surveys Corporation, Owings Mills, MD, United States
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499.

Penile anomalies in adolescence.
Wood D., Woodhouse C.
Embase
TheScientificWorldJournal. 11 (pp X614-623), 2011. Date of Publication: 2011.
[Review]
AN: 361634495
This article considers the impact and outcomes of both treatment and underlying condition of penile anomalies in adolescent males. Major congenital anomalies (such as exstrophy/epispadias) are discussed, including the psychological outcomes, common problems (such as corporal asymmetry, chordee, and scarring) in this group, and surgical assessment for potential surgical candidates. The emergence of new surgical techniques continues to improve outcomes and potentially raises patient expectations. The importance of balanced discussion in conditions such as micropenis, including multidisciplinary support for patients, is important in order to achieve appropriate treatment decisions. Topical treatments may be of value, but in extreme cases, phalloplasty is a valuable option for patients to consider. In buried penis, the importance of careful assessment and, for the majority, a delay in surgery until puberty has completed is emphasised. In hypospadias patients, the variety of surgical procedures has complicated assessment of outcomes. It appears that true surgical success may be difficult to measure as many men who have had earlier operations are not reassessed in either puberty or adult life. There is also a brief discussion of acquired penile anomalies, including causation and treatment of lymphoedema, penile fracture/trauma, and priapism. ©2011 with author. Published by TheScientificWorld.
Status
Embase
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Publisher
The Scientific World Journal (Venture West, New Greenham Park, Newbury, Berkshire RG19 6HX, United Kingdom)
Year of Publication
2011

500.

A Prospective diary study of stuttering priapism in adolescents and young men with sickle cell anemia: Report of an international randomized control trial-the priapism in sickle cell study.

Olujohungbe A.B., Adeyoju A., Yardumian A., Akinyanju O., Morris J., Westerdale N., Akenova Y., Kehinde M.O., Anie K., Howard J., Brooks A., Davis V.A., Khoriatry A.I.
Embase
Journal of Andrology. 32(4) (pp 375-382), 2011. Date of Publication: July/August 2011.
[Article]
AN: 362875008
Priapism is defined as a prolonged, persistent, and purposeless penile erection. It is a common (35%) but frequently understated complication in young men and adults with sickle cell disease. We had previously demonstrated an association between stuttering attacks (,4 hours) and an acute catastrophic event with its consequent problems of erectile dysfunction and impotence. We describe a randomized, placebo-controlled, clinical study looking at medical prophylaxis with 2 oral alpha-adrenergic agonists, etilefrine and ephedrine, in preventing stuttering attacks of priapism. One hundred thirty-one patients were registered into a 2-phase (observational and intervention phase) study, and 86 patients (66%) completed Phase A diary charts. Forty-six patients (59%) completed a 6-month treatment phase (Phase B), and the remaining patients were lost to follow-up despite persistent efforts to contact them. Various reasons are postulated for the high attrition rates. The drugs were well tolerated, and no serious adverse events were reported. There was no significant difference among the 4 treatment groups in the weekly total number of attacks in Phase B (analysis of covariance P 5 .99) nor among the average pain score per attack after adjusting for attack rates and pain scores in Phase A (analysis of covariance P 5 .33). None of the patients who completed the study required penile aspiration at study sites while on medical prophylaxis. Young men with sickle cell disease are not comfortable engaging with health care providers about issues relating to their sexual health. The full impact of an improved awareness campaign and early presentation to hospital merits further standardized study. Priapism still contributes seriously to the comorbidity experienced by this previously inaccessible group of patients and medical prophylaxis with oral alpha-adrenergic agonists is feasible. Future international collaborative efforts using some of the lessons learnt in this study should be undertaken. © American Society of Andrology.
PMID
21127308 [https://www.ncbi.nlm.nih.gov/pubmed/?term=21127308]
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Publisher
American Society of Andrology Inc. (74 New Montgomery, Suite 230, San Francisco CA 94105, United States)
Year of Publication
2011

501.

Pediatric Genitourinary Emergencies.
McGrath N.A., Howell J.M., Davis J.E.
Embase
Emergency Medicine Clinics of North America. 29(3) (pp 655-666), 2011. Date of Publication: August 2011.
[Review]
AN: 362175383
Pediatric medical complaints and differential diagnoses often vary from adults, requiring a specialized knowledge base and behavioral skill set. This article addresses a variety of congenital and acquired pediatric genitourinary disorders. Genitourinary emergencies include paraphismosis, priapism, serious infection, significant traumatic injury and gonadal torsion. © 2011 Elsevier Inc.
PMID
21782080 [https://www.ncbi.nlm.nih.gov/pubmed/?term=21782080]
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Publisher
W.B. Saunders
Year of Publication
2011

502.

Clinical complications in severe pediatric sickle cell disease and the impact of hydroxyurea.
Tripathi A., Jerrell J.M., Stallworth J.R.
Embase
Pediatric Blood and Cancer. 56(1) (pp 90-94), 2011. Date of Publication: January 2011.
[Article]
AN: 360077368
Background: More evidence of the safety and effectiveness of hydroxyurea (HU) in community-based cohorts of pediatric patients with sickle cell disease (SCD) are needed. The association of HU with organ-specific clinical complications and adverse events is examined herein.
Method(s): Medicaid medical and pharmacy claims for the calendar years January 1996 through December 2006 were used to identify a cohort of children and adolescent patients (ages 17 and under) with a diagnosis of SCD (homozygous) who were treated with HU and developed disparate complications or adverse side effects. Of the 2,194 pediatric SCD patients identified, 175 (8%) were treated with HU. Incidence density matching (1 case: 2 controls) was used to select the control group on age, gender, ethnicity, time in the Medicaid data set, and baseline severity resulting in a total study cohort of 523 cases.
Result(s): Organ-specific complications were more likely in the HU-treated group compared to non-HU-treated group: cardiovascular complications (odds ratio [OR] = 3.15; confidence interval [CI] = 1.97-5.03); hepatic complications (OR 5.41; CI = 3.54-8.27); renal complications (OR 5.09; CI 3.37-7.67); and pulmonary complications (OR 4.07; CI 1.88-8.79). Many of these conditions

began developing before HU was prescribed. Developing three or more complications was also more likely in the HU group (27.4% vs. 7.0%, P < 0.0001).
Conclusion(s): Extending previous findings to routine practice settings, HU is being administered to the most severely ill children with SCD, many of whom had already started to develop organ-specific complications, but it is not associated with development of serious adverse events. © 2010 Wiley-Liss, Inc.
PMID
20922765 [https://www.ncbi.nlm.nih.gov/pubmed/?term=20922765]
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Embase
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Publisher
Wiley-Liss Inc. (111 River Street, Hoboken NJ 07030-5774, United States)
Year of Publication
2011

503.

Acute hyperleukocytosis: A medical emergency in pediatric oncology. Iperleucocitosi: Un'emergenza medica in oncologia pediatrica <Iperleucocitosi: Un'emergenza medica in oncologia pediatrica.>
Ruggiero A., Battista A., Arena R., Rizzo D., Coccia P., Riccardi R.
Embase
European Journal of Oncology. 16(4) (pp 221-231), 2011. Date of Publication: December 2011. [Article]
AN: 364758715
Hyperleukocytosis is a leukemia-related condition characterized by an extremely high white blood cell count. Symptomatic leukostasis represents a medical emergency which needs to be promptly recognized and adequately managed in order to prevent early mortality and severe morbidity. Any organ may be affected, but intracranial hemorrhage and respiratory failure are the most frequent life-threatening complications of leukostasis. Since there are not clear guidelines on hyperleukocytosis treatment, this condition remains a challenge for physicians. Our review focuses on clinical manifestations of hyperleukocytosis and possible therapeutic approaches in order to provide a practical guide for early diagnosis and proper management of hyperleukocitic leukemia.
Status
Embase
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(Ruggiero, Battista, Arena, Rizzo, Coccia, Riccardi) Pediatric Oncology Division, Catholic University, A. Gemelli Hospital, Largo A. Gemelli 8, 00168 Rome, Italy
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Mattioli 1885 S.p.A. (Strada Della Lodesana 649/sx, Fidenza (PR) 43036, Italy)
Year of Publication
2011

504.

Frequency and pattern of cervical spine injuries at Liaquat university hospital Jamshoro - a retrospective study of three years.
Dev V., Hussain M., Munam A.
Embase
Journal of the Liaquat University of Medical and Health Sciences. 10(2) (pp 80-83), 2011. Date of Publication: MAY - AUGUST 2011.
[Article]
AN: 362755081
OBJECTIVE: To find out the frequency and patterns of cervical spine injuries at Liaquat University Hospital Jamshoro and to compare it with other studies. STUDY DESIGN: Retrospective descriptive study. PLACE AND DURATION OF STUDY: Department of Neurosurgery, Liaquat University Jamshoro, from September 2005 to August 2008.
PATIENTS AND METHODS: The records of 46 patients between 13-70 years age presenting with cervical spine injuries were included. After resuscitation all the patients underwent thorough neurological examination. Cervical spine X-Rays and MRI advised. The retrieved data was collected on proforma. Frequencies and percentages were calculated for categorical data, whereas mean and SD were calculated for numerical data.
RESULT(S): Out of 46 patients 39 were males, 7 patients were females. Mean age was 33 years (range 13-70 years). Majority (43.47%) of patients sustained injuries due to fall from height. Six (13.64%) patients sustained C1-C2 injuries, while rest of patients had lower cervical injury between C3-T1. Radiological studies showed vertebral body fracture with subluxation in 21 (45.6%) patients whereas only subluxation without fracture was observed in 10 (21.73%) patients. About 12 (26.08%) patients developed vertebral body fracture after injury, while 3 (6.51%) patients had only neurological cord injury without any bony or ligamentous injury. About 31 (67.39%) patients sustained incomplete cord injury while 15 (32.60%) patients had complete cord injury.
CONCLUSION(S): Majority of patients sustained cervical spine injuries after fall. Cervical spine injuries are common in young adult males. Subluxation associated with vertebral body fractures is the most common injury pattern.
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Liaquat University of Medical and Health Sciences (Jamshoro, Sindh, Pakistan)
Year of Publication
2011

505.

Priapism in the United States: The changing role of sickle cell disease.
Chrouser K.L., Ajiboye O.B., Oyetunji T.A., Chang D.C.
Embase
American Journal of Surgery. 201(4) (pp 468-474), 2011. Date of Publication: April 2011.
[Article]

AN: 361486274
Background Few patients with priapism require inpatient management unless they are refractory to intracavernosal therapy. Their risk factors and outcomes are poorly characterized. Methods This is a retrospective analysis of the Nationwide Inpatient Sample (19982006). Priapism patients were identified and analyzed over time by age, race, sickle-cell disease diagnosis, drug abuse, and penile operations. Results A total of 4,237 hospitalizations for priapism were identified (30% white, 61.1% black, and 6.3% Hispanics). There was an increasing incidence of priapism over time, concentrated in the middle-age group. There were 1,776 patients (41.9%) with diagnoses of sickle-cell disease, with decreasing proportions over time. Drug abuse was reported in 7.9%. Conclusions Inpatient diagnoses of priapism are increasing over time with relatively constant numbers of sickle-cell disease patients, suggesting rising nonhematologic causes of priapism. One theory is that increasing use of aggressive therapies for erectile dysfunction might play a role, especially when combined with drug abuse. © 2011 Elsevier Inc.
PMID
21421100 [https://www.ncbi.nlm.nih.gov/pubmed/?term=21421100]
Status
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Publisher
Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)
Year of Publication
2011

506.

Hb S-beta-thalassemia: Molecular, hematological and clinical comparisons.
Serjeant G.R., Serjeant B.E., Fraser R.A., Hambleton I.R., Higgs D.R., Kulozik A.E., Donaldson A.
Embase
Hemoglobin. 35(1) (pp 1-12), 2011. Date of Publication: February 2011.
[Article]
AN: 361344550
Clinical and hematological features are presented for 261 patients with identified beta-thalassemia (beta-thal) mutations. Mutations causing Hb S [beta6(A3)Glu->Val]-beta0-thal were IVS-II-849 (A>G) in 44%, frameshift codon (FSC) 6 (-A) in 14%, Hb Monroe [beta30(B12)Arg->Thr] in 14%, and IVS-II-1 (G>A) in 10%. Mutations causing Hb S- beta+-thal with 14-25% Hb A (type III) were -29 (A>G) mutation in 60%, -88 (C>T) in 22% and the polyadenylation signal site (polyA) (T>C) mutation in 14%, and in Hb S-beta+-thal with 1-7% Hb A (type I), all had the IVS-I-5 (G>C) mutation. Hematologically, only minor differences occurred between the four Hb S-beta0-thal mutations, but among the three mutations causing Hb S-beta+-thal type III, levels of Hb A2, Hb F, hemoglobin (Hb), MCV and MCH were highest in the -88 and lowest in the polyA mutations. Clinically, Hb S-beta0-thal and Hb S-beta+-thal type I were generally severe, and Hb S-beta+-thal type III disease with the -88 mutation was milder than that caused by the polyA mutation. © 2011 Informa Healthcare USA, Inc.
PMID
21250876 [https://www.ncbi.nlm.nih.gov/pubmed/?term=21250876]
Status

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Publisher
Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
Year of Publication
2011

507.

Quality-of-care indicators for children with sickle cell disease.
Wang C.J., Kavanagh P.L., Little A.A., Holliman J.B., Sprinz P.G.
Embase
Pediatrics. 128(3) (pp 484-493), 2011. Date of Publication: September 2011.
[Article]
AN: 362480646
OBJECTIVE: To develop a set of quality-of-care indicators for the management of children with sickle cell disease (SCD) who are cared for in a variety of settings by addressing the broad spectrum of complications relevant to their illness.
METHOD(S): We used the Rand/University of California Los Angeles appropriateness method, a modified Delphi method, to develop the indicators. The process included a comprehensive literature review with ratings of the evidence and 2 rounds of anonymous ratings by an expert panel (nominated by leaders of various US academic societies and the National Heart, Lung, and Blood Institute). The panelists met face-to-face to discuss each indicator in between the 2 rounds.
RESULT(S): The panel recommended 41 indicators that cover 18 topics; 17 indicators described routine health care maintenance, 15 described acute or subacute care, and 9 described chronic care. The panel identified 8 indicators most likely to have a large positive effect on improving quality of life and/or health outcomes for children with SCD, which covered 6 topics: timely assessment and treatment of pain and fever; comprehensive planning; penicillin prophylaxis; transfusion; and the transition to adult care.
CONCLUSION(S): Children with SCD are at risk for serious morbidities and early mortality, yet efforts to assess and improve the quality of their care have been limited compared with other chronic childhood conditions. This set of 41 indicators can be used to assess quality of care and provide a starting point for quality-improvement efforts.
PMID
21844055 [https://www.ncbi.nlm.nih.gov/pubmed/?term=21844055]
Status
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Publisher
American Academy of Pediatrics (141 Northwest Point Blvd, P.O. Box 927, Elk Grove Village IL 60007-1098, United States)
Year of Publication
2011

508.

Scorpion sting envenomation in children: Factors affecting the outcome.
Prasad R., Mishra O.P., Pandey N., Singh T.B.
Embase
Indian Journal of Pediatrics. 78(5) (pp 544-548), 2011. Date of Publication: May 2011.
[Article]
AN: 51106995
Objective: To identify and correlate various factors affecting the outcome of children with scorpion sting envenomation treated with prazosin in a tertiary care hospital.
Method(s): The study included 90 children admitted with scorpion sting envenomation over a period of four and half year. Grading of severity was done on the basis of local or systemic involvement, and management protocol was followed as per hospital guidelines. All cases with envenomation were given prazosin at a dose of 30 mug/kg/dose;first repeat dose at 3 h followed by every 6 h till recovery. Patients with acute pulmonary edema (APE) were treated as per standard protocol.
Result(s): All patients had perspiration and cold extremities. Most of them had sting over extremities except two,having over the trunk. Shock was present in 48(53.3%), whereas myocarditis, encephalopathy, pulmonary edema and priapism were present in 38(42.2%), 32(35.5%), 34(37.8%), and 28(31.1%) children, respectively. Eight (8.9%) children had died. The mean value of blood pressure, sodium and potassium among survivors and non-survivors was insignificant. Mortality was significantly higher in children presented after 6 h of bite. Patients, who had metaboloic acidosis, tachpnea, myocarditis, APE, encephalopathy and priapism had significantly higher mortality ($p<0.05$).
Conclusion(s): Symptoms of acidosis, tachypnea, myocarditis, APE, encephalopathy after 6 h of sting are major contributing factors affecting outcome in children with scorpion sting envenomation.
PMID
20938813 [https://www.ncbi.nlm.nih.gov/pubmed/?term=20938813]
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Publisher
Springer India (Barakhamba Road 110001, New Delhi 110 001, India)
Year of Publication
2011

509.

The safety and efficacy of hydroxycarbamide in infants with sickle cell anemia.
Wykes C., Rees D.C.
Embase
Expert Review of Hematology. 4(4) (pp 407-409), 2011. Date of Publication: August 2011.
[Article]
AN: 362263234
Evaluation of: Wang WC, Ware RE, Miller ST et al. Hydroxycarbamide in very young children with sickle-cell anaemia: a multicentre, randomised, controlled trial (BABY HUG). Lancet 377(9778), 1663-1672 (2011). The BABYHUG study is the first randomized controlled prospective trial of hydroxycarbamide in infants with sickle cell anemia to look at its effect on organ function. Almost 200 patients were recruited, irrespective of disease severity, over a 3-year period and followed for 2 years. The primary end points of splenic function and glomerular filtration rate were not reached. The trial did show a benefit in frequency of pain, dactylitis, acute chest syndrome, hospital admissions and transfusion requirements. Adverse effects were low. © 2011 Expert Reviews Ltd.
Status
Embase
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Publisher
Expert Reviews Ltd. (2 Albert Place, London N3 1QB, United Kingdom)
Year of Publication
2011

510.

Profile and outcome of non-traumatic paraplegia in Kano, northwestern Nigeria.
Owolabi L.F., Ibrahim A., Samaila A.A.
Embase
Annals of African Medicine. 10(2) (pp 86-90), 2011. Date of Publication: April-June 2011.
[Article]
AN: 362073555
Aim: This study was aimed to identify the clinical and radiological profile of non-traumatic paraplegia and the various etiologies associated with the condition.
Material(s) and Method(s): A review of the clinical and radiological presentations of adult patients presenting with non-traumatic paraplegia managed at the Aminu Kano Teaching Hospital (AKTH) and Murtala Specialist Hospital (MMSH), Kano, from June 2006 to November 2009 was carried out. Patients underwent a detailed clinical evaluation followed by laboratory investigation and neuroimaging studies and were followed up for 9 months to asses outcome and complications.
Result(s): 98 patients with non-traumatic paraplegia consisting of 71 males and 27 females (M:F: 5:2) were seen. The age range of the patients was between 16 and 76 years, with a mean age of 40 years (SD = 15.3) years; 54 (55%) of the patients presented after 2 months of the onset of paraplegia. The commonest symptoms were weakness of the lower limbs (100%), loss of sensation (55%), sphincteric disturbance (50%) radicular pain and paresthesia (38.4%), back pain (21.4%) and erectile dysfunction (40%). All the patients had X-ray of the spine; 26.3% had Magnetic Resonance Imaging (MRI) spine. The commonest etiological factors were tuberculosis (TB) (44.4%), transverse myelitis (13.1%), Guillain-Barre syndrome (9.1%), metastatic spinal disease (4%), and HIV myelopathy (4%). However, the cause could not be identified in 14 (14%)

of the patients. The commonest site of affectation in those with TB spine was lower thoracic (53.8%) and upper lumbar (23.1%) vertebrae.
Conclusion(s): Clinical profile of non-traumatic paraplegia in Kano, northwestern Nigeria, is similar to that reported elsewhere in Africa, with spinal tuberculosis and transverse myelitis accounting for over half the cases.
PMID
21691012 [https://www.ncbi.nlm.nih.gov/pubmed/?term=21691012]
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Publisher
Medknow Publications and Media Pvt. Ltd (B9, Kanara Business Centre, off Link Road, Ghatkopar (E), Mumbai 400 075, India)
Year of Publication
2011

511.

Management of children with sickle cell disease: A comprehensive review of the literature.
Kavanagh P.L., Sprinz P.G., Vinci S.R., Bauchner H., Wang C.J.
Embase
Pediatrics. 128(6) (pp e1552-e1574), 2011. Date of Publication: December 2011.
[Article]
AN: 363065777
OBJECTIVE: Sickle cell disease (SCD) affects 70 000 to 100 000 people in the United States, and 2000 infants are born with the disease each year. The purpose of this study was to review the quality of the literature for preventive interventions and treatment of complications for children with SCD to facilitate the use of evidence-based medicine in clinical practice and identify areas in need of additional research.
METHOD(S): We searched the Ovid Medline database and the Cochrane Library for articles published between January 1995 and April 2010 for English-language abstracts on 28 topics thought to be important for the care of children with SCD. We also added pertinent references cited by studies identified in our search. Each abstract was reviewed independently by 2 authors. Data from articles retrieved for full review were abstracted by using a common form.
RESULT(S): There were 3188 abstracts screened, and 321 articles underwent full review. Twenty-six articles (<1% of abstracts initially screened), which consisted of 25 randomized controlled trials and 1 meta-analysis, were rated as having level I evidence. Eighteen of the 28 topics selected for this review did not have level I evidence studies published. The management and prevention of pain episodes accounted for more than one-third of the level I studies.
CONCLUSION(S): Although significant strides have been made in the care of children with SCD in the past 2 decades, more research needs to be performed, especially for acute events associated with SCD, to ensure that the health and well-being of children with SCD continues to improve. Copyright © 2011 by the American Academy of Pediatrics.
PMID
22123880 [https://www.ncbi.nlm.nih.gov/pubmed/?term=22123880]
Status
Embase
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Publisher
American Academy of Pediatrics (141 Northwest Point Blvd, P.O. Box 927, Elk Grove Village IL 60007-1098, United States)
Year of Publication
2011

512.

Posttraumatic high-flow priapism in children treated with autologous blood clot embolization: Long-term results and review of the literature.
Cantasdemir M., Gulsen F., Solak S., Numan F.
Embase
Pediatric Radiology. 41(5) (pp 627-632), 2011. Date of Publication: May 2011.
[Article]
AN: 361715779
Background: Usually high-flow priapism is caused by perineal or penile blunt trauma with direct cavernosal artery injury and formation of an arterial-lacunar fistula. Rarely, cavernosal artery injury may result from penetrating trauma. Treatment of high-flow priapism is not considered an emergency because patients are at low risk for permanent complications. For this type of priapism there are several options for treatment including embolization or surgical ligation.
Objective(s): To describe the technique of superselective transcatheter embolization with the use of autologous blood clot and to discuss the long-term results.
Material(s) and Method(s): Seven children with a mean age of 10 years suffering from high-flow priapism were treated with superselective transcatheter embolization with autologous blood clot. In all cases, colour Doppler US was performed to demonstrate increased cavernous blood flow with definitive diagnosis established by superselective arteriography. After the angiographic diagnosis, superselective transcatheter embolization of the fistula with autologous blood clot was performed during the same session. The children were followed up on a monthly basis up to 1 year with clinical findings and penile colour Doppler US examinations. After 1 year, they were followed up annually with clinical assessment only. The mean follow-up period was 6.0 years.
Result(s): Following embolization complete detumescence was achieved in all but one child, who was treated with a second embolization 3 d after the initial session. In addition, for one child a second session of embolization was performed due to the recurrence of partial erection during the 1 week period after the initital embolization. In both cases, complete detumescence was achieved after the second embolization, and no recurrence of priapism was observed in the follow-up period.
Conclusion(s): Selective arterial embolization with autologous clot achieved treatment for high-flow priapism in this study with 100% occlusion rate with a maximum of two sessions and no signs of erectile dysfunction were observed in any of the children during long-term follow-up. © 2010 Springer-Verlag.
PMID
21127852 [https://www.ncbi.nlm.nih.gov/pubmed/?term=21127852]
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Year of Publication
2011

513.

Incidence and clinical features of priapism in Japan: 46 cases from the Japanese diagnosis procedure combination database 2006-2008.
Sugihara T., Yasunaga H., Horiguchi H., Nishimatsu H., Matsuda S., Homma Y.
Embase
International Journal of Impotence Research. 23(2) (pp 76-80), 2011. Date of Publication: March 2011.
[Article]
AN: 51342509
We investigated the incidence and clinical features of priapism in Japan, using a national administrative claims database, the Diagnosis Procedure Combination database. Priapism patients were identified using the International Classification of Diseases and Related Health Problems, 10th Revision code, N483 (priapism). Verified patient characteristics included age, comorbidities and management of priapism. Among 6.93 million inpatients, 46 patients with priapism were identified. Four had two admissions each for repeated events. The median age was 41.5 years (range, 11-89 years). A total of 21 patients had comorbidities; 3 had haematological malignancies, 4 had haemodialysis, 1 had a renal transplant, 2 had neurological problems, 4 had non-haematological malignancies, 3 had trauma and 6 had psychoses (2 cases had two comorbidities). All patients with non-haematological malignancies were over the age of 70 years, indicating that close attention is required to search for associated malignancies in elderly patients. The medical treatments included 6 vascular embolizations, 11 Winter method surgeries and 18 other operations. The incidence was estimated to be 0.13 (95% confidence interval, 0.097-0.17) per 100 000 person-years. This incidence was lower than that reported in other parts of the world.
PMID
21451542 [https://www.ncbi.nlm.nih.gov/pubmed/?term=21451542]
Status
Embase
Institution
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Publisher
Nature Publishing Group (Houndmills, Basingstoke, Hampshire RG21 6XS, United Kingdom)
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2011

514.

Pediatric sickle cell retinopathy: Correlation with clinical factors.
Rosenberg J.B., Hutcheson K.A.
Embase
Journal of AAPOS. 15(1) (pp 49-53), 2011. Date of Publication: February 2011.
[Article]
AN: 361442686
Background: Sickle cell disease (SCD) occurs in 1 of every 500 African American births and 1 of every 36,000 Hispanic American births. Of children with SCD, 16.7% to 96.3% develop sickle retinopathy (SR). This study was designed to determine whether certain factors are associated with SR and whether SR is correlated with a greater incidence of other SCD manifestations.
Method(s): A retrospective analysis was performed of 258 children with SCD seen in the ophthalmology clinic at a large urban children's hospital. Of these, 54 children with SR were matched for age and sickle variant with 54 children with normal examinations. Data extracted included demographics, type of retinopathy, presence of glucose-6-phosphate dehydrogenase (G6PD) deficiency, and history of acute chest syndrome, transfusions, pulmonary hypertension, renal disease, cerebrovascular accident, aplastic crisis, splenic sequestration, priapism, osteonecrosis, gallstones, pneumonia, leg ulcers, vaso-occlusive pain crises, and death.
Result(s): Of the children with SR, 11 (20.3%) had active proliferative disease, 32 (56.1%) had hemoglobin SS, 18 (31.6%) had hemoglobin SC, and 4 (7.0%) had hemoglobin S-beta thalassemia. Several factors were correlated with retinopathy: pain crisis (odds ratio [OR], 5.00; p = 0.011), male sex (OR, 4.20, p = 0.004), and splenic sequestration (OR, 4.00; p = 0.013). G6PD deficiency was more common in patients with retinopathy, although this was not statistically significant (OR, 4.20; p = 0.054). No other factors, including frequency of pain crisis, were statistically significant.
Conclusion(s): Patients with pain crisis and splenic sequestration should be considered for early ophthalmic evaluation. Those with G6PD deficiency may also deserve early screening. By identifying patients at high risk for SR, we can refine screening protocols to safeguard patients from vision loss.
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21397806 [https://www.ncbi.nlm.nih.gov/pubmed/?term=21397806]
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Mosby Inc. (11830 Westline Industrial Drive, St. Louis MO 63146, United States)
Year of Publication
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515.

Metabolic and endocrine adverse effects of second-generation antipsychotics in children and adolescents: A systematic review of randomized, placebo controlled trials and guidelines for clinical practice.
De Hert M., Dobbelaere M., Sheridan E.M., Cohen D., Correll C.U.
Embase
European Psychiatry. 26(3) (pp 144-158), 2011. Date of Publication: April 2011.
[Short Survey]
AN: 51260301

Second-generation antipsychotics (SGA) are being used more often than ever before in children and adolescents with psychotic and a wide range of non-psychotic disorders. Several SGA have received regulatory approval for some paediatric indications in various countries, but off-label use is still frequent. The aim of this paper was to perform a systematic review and critically evaluate the literature on cardiometabolic and endocrine side-effects of SGA in children and adolescents through a Medline/Pubmed/Google Scholar search of randomized, placebo controlled trials of antipsychotics in children and adolescents (<18 years old) until February 2010. In total, 31 randomized, controlled studies including 3595 paediatric patients were identified. A review of these data confirmed that SGA are associated with relevant cardiometabolic and endocrine side-effects, and that children and adolescents have a high liability to experience antipsychotic induced hyperprolactinaemia, weight gain and associated metabolic disturbances. Only weight change data were sufficiently reported to conduct a formal meta-analysis. In 24 trials of 3048 paediatric patients with varying ages and diagnoses, ziprasidone was associated with the lowest weight gain (-0.04. kg, 95% confidence interval [CI]: -0.38 to +0.30), followed by aripiprazole (0.79. kg, 95% CI: 0.54 to 1.04], quetiapine (1.43. kg, 95% CI: 1.17 to 1.69) and risperidone (1.76. kg, 95% CI: 1.27 to 2.25) were intermediate, and olanzapine was associated with weight gain the most (3.45. kg, 95% CI: 2.93 to 3.97). Significant weight gain appeared to be more prevalent in patients with autistic disorder who were also younger and likely less exposed to antipsychotics previously. These data clearly suggest that close screening and monitoring of metabolic side effects is warranted and that the least cardiometabolically problematic agents should be used first whenever possible. A good collaboration between child- and adolescent psychiatrists, general practitioners and paediatricians is essential to maximize overall outcomes and to reduce the likelihood of premature cardiovascular morbidity and mortality. © 2010 Elsevier Masson SAS.
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21295450 [https://www.ncbi.nlm.nih.gov/pubmed/?term=21295450]
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Embase
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Elsevier Masson SAS (62 rue Camille Desmoulins, Issy les Moulineaux Cedex 92442, France)
Year of Publication
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516.

Management of sickle cell disease: Acute episodes in the community and in hospital.
Telfer P.T.
Embase
Paediatrics and Child Health. 21(8) (pp 363-368), 2011. Date of Publication: August 2011.
[Review]
AN: 362344084
This review discusses the presentation and management of acute sickle crises, highlighting which aspects of diagnosis and management can be undertaken in the community and which require urgent referral to hospital. GP's, community nurse specialists, and community paediatricians

should be aware of the different acute presentations in order to provide effective and safe care, and understand warning symptoms and signs which obligate assessment in hospital. It is also important that the parents have a good awareness of the symptoms and when and how to seek help. The common complications which may be encountered in an acute hospital setting are described together with recommendations for their management based on published evidence and the author's experience. © 2011 Elsevier Ltd.
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Embase
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(Telfer) The London School of Medicine, Royal London Hospital, London, United Kingdom
Publisher
Churchill Livingstone (1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF, United Kingdom)
Year of Publication
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517.

Sickle Cell Disease in the Emergency Department: Atypical Complications and Management.
Brandow A.M., Liem R.I.
Embase
Clinical Pediatric Emergency Medicine. 12(3) (pp 202-212), 2011. Date of Publication: September 2011.
[Article]
AN: 362362778
Sickle cell disease is the most common inherited blood disorder in the United States. This disorder of hemoglobin structure leads to a chronic hemolytic anemia and complex chronic disease manifested by sudden, severe, and life-threatening complications. These acute complications can occur in any organ system beginning in early childhood and lasting throughout life. The intermittent nature and acuity of these complications lend the emergency department to be an important site of care. The hallmark of sickle cell disease is the vasoocclusive painful event. Other more "typical" complications include fever, acute chest syndrome, priapism, and ischemic stroke. Children with sickle cell disease can also present with other "atypical" complications that can have devastating consequences if they are unrecognized. Detailed discussion of these atypical sickle cell disease complications, organized by organ system involved, will be the focus of this article. © 2011 Elsevier Inc.
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Publisher
W.B. Saunders Ltd (32 Jamestown Road, London NW1 7BY, United Kingdom)
Year of Publication
2011

518.

Pulmonary hypertension and nitric oxide depletion in sickle cell disease. [Review] [62 refs]
Bunn HF, Nathan DG, Dover GJ, Hebbel RP, Platt OS, Rosse WF, Ware RE
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Blood. 116(5):687-92, 2010 Aug 05.
[Journal Article. Review]
UI: 20395414
During the past decade a large body of experimental and clinical studies has focused on the hypothesis that nitric oxide (NO) depletion by plasma hemoglobin in the microcirculation plays a central role in the pathogenesis of many manifestations of sickle cell disease (SCD), particularly pulmonary hypertension. We have carefully examined those studies and believe that the conclusions drawn from them are not adequately supported by the data. We agree that NO depletion may well play a role in the pathophysiology of other hemolytic states such as paroxysmal nocturnal hemoglobinuria, in which plasma hemoglobin concentrations are often at least an order of magnitude greater than in SCD. Accordingly, we conclude that clinical trials in SCD designed to increase the bioavailability of NO or association studies in which SCD clinical manifestations are related to plasma hemoglobin via its surrogates should be viewed with caution. [References: 62]
Version ID
1
Status
MEDLINE
Authors Full Name
Bunn, H Franklin, Nathan, David G, Dover, George J, Hebbel, Robert P, Platt, Orah S, Rosse, Wendell F, Ware, Russell E
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Comments
Comment in (CIN)
Year of Publication
2010

519.

Long-term outcome of surgical treatment of penile fracture complicated by urethral rupture.
El-Assmy A, El-Tholoth HS, Mohsen T, Ibrahiem el HI
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Sexual Medicine. 7(11):3784-8, 2010 Nov.
[Journal Article]
UI: 20059653
INTRODUCTION: The combination of lesions of the penile urethra and the corpus cavernosum is rare and is likely to worsen the immediate and long-term prognosis.
AIM: To assess the late effects of penile fractures complicated by urethral rupture treated by immediate surgical intervention.
METHODS: Fourteen patients with concomitant urethral rupture were treated surgically at our center. Those patients were seen in the outpatient follow-up clinic and were re-evaluated.
MAIN OUTCOME MEASURES: Sexual Health Inventory for Men questionnaire, local examination, uroflowmetry and penile color Doppler ultrasound.

RESULTS: The most common cause of penile fracture is sexual intercourse (50%). The site of tunical tear was in the proximal shaft of the penis in 3 patients (21%) and in the mid of the shaft in 11 patients (79%). Urethral injury was localized at the same level as the corpus cavernosum tear in all cases; and it was partial in 11 cases and complete in 3. Long-term follow-up (mean=90 months) was available for 12 patients; among whom there was no complications in 4 (33%), painful erection in 1 (8%), erectile dysfunction in 2 (17%), and palpable fibrous nodule in 5 (47%). All patients had a normal urinary flow except one who developed relative urethral narrowing that required regular dilatation for 1 month.
CONCLUSIONS: The urethral injury complicating penile fracture is often partial and localized at the level of the corpora cavenosa tear. Standard treatment consists of immediate surgical repair of both urethral and corporal ruptures with no harmful long-term sequelae on urethral and erectile function in most of patients.

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1
Status
MEDLINE
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Year of Publication
2010

520.

Penile fracture: long-term outcome of immediate surgical intervention.
Ibrahiem el-HI, el-Tholoth HS, Mohsen T, Hekal IA, el-Assmy A
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Urology. 75(1):108-11, 2010 Jan.
[Journal Article]
UI: 19896174
OBJECTIVES: To assess the etiology and the late effects of penile fractures treated by immediate surgical intervention.
METHODS: Between 1986 and 2008, a total of 155 patients with penile fracture were treated surgically in our center. The interval from injury to presentation was between 1 and 96 hours. Those patients were contacted by mail or phone and were re-evaluated. All patients were re-evaluated by questionnaire and local examination. Patients with erectile dysfunction were evaluated by color Doppler ultrasonography.
RESULTS: The most common cause of fracture of penis is sexual intercourse (51.5%). Unilateral and bilateral corporeal ruptures were present in 139 (89.7%) and 3 (1.9%) cases, respectively, whereas no tunical tear was found in 13 (8.4%) cases. Concomitant urethral injury was present in 14 (9%) cases. Long-term follow-up (>12 months) was available for 141 patients; among whom there was no complications in 108 (77%), painful erection in 2 (1.3%), penile deviation in 5 (3.2%), both in 1 (0.7%), erectile dysfunction in 11 (7.8%), and palpable scarring in 14 (10%). Scar formation was highly associated using nonabsorbable sutures (P <.001).
CONCLUSIONS: Vigorous sexual intercourse was found to be the most common cause of penile fracture. Immediate surgical intervention has low morbidity, short hospital stay, rapid functional recovery, and no serious long-term sequelae. Nonabsorbable sutures should be avoided as it has a higher incidence of scar formation.

Version ID
1
Status
MEDLINE
Authors Full Name
Ibrahiem, el-Housseiny I, el-Tholoth, Hossam S, Mohsen, Tarek, Hekal, Ihab A, el-Assmy, Ahmed
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Comments
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Year of Publication
2010

521.

Sickle-cell disease.
Rees D.C., Williams T.N., Gladwin M.T.
Embase
The Lancet. 376(9757) (pp 2018-2031), 2010. Date of Publication: December 11-17, 2010.
[Conference Paper]
AN: 51178257
Sickle-cell disease is one of the most common severe monogenic disorders in the world. Haemoglobin polymerisation, leading to erythrocyte rigidity and vaso-occlusion, is central to the pathophysiology of this disease, although the importance of chronic anaemia, haemolysis, and vasculopathy has been established. Clinical management is basic and few treatments have a robust evidence base. One of the main problems of sickle-cell disease in children is the development of cerebrovascular disease and cognitive impairment, and the role of blood transfusion and hydroxycarbamide for prevention of these complications is starting to be understood. Recurrent episodes of vaso-occlusion and inflammation result in progressive damage to most organs, including the brain, kidneys, lungs, bones, and cardiovascular system, which becomes apparent with increasing age. Most people with sickle-cell disease live in Africa, where little is known about this disease; however, we do know that the disorder follows a more severe clinical course in Africa than for the rest of the world and that infectious diseases have a role in causing this increased severity of sickle-cell disease. More work is needed to develop effective treatments that specifically target pathophysiological changes and clinical complications of sickle-cell disease. © 2010 Elsevier Ltd.
PMID
21131035 [https://www.ncbi.nlm.nih.gov/pubmed/?term=21131035]
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Embase
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Publisher
Elsevier B.V.
Year of Publication

2010

522.

Health-related quality of life in children with sickle cell disease: A report from the comprehensive sickle cell centers clinical trial consortium.
Dampier C., Lieff S., LeBeau P., Rhee S., McMurray M., Rogers Z., Smith-Whitley K., Wang W.
Embase
Pediatric Blood and Cancer. 55(3) (pp 485-494), 2010. Date of Publication: September 2010.
[Article]
AN: 359442511
Background. Pediatric health-related quality of life (HRQOL) questionnaires have been validated in children with sickle cell disease (SCD), but small sample sizes in these studies have limited clinical comparisons. We used the baseline clinical data from the Collaborative Data (C-Data) Project of the Comprehensive Sickle Cell Centers (CSCC) Clinical Trial Consortium to perform a detailed, descriptive study of HRQOL using the PedsQLTM version 4.0 generic core and fatigue scales. Methods. Retrospective clinical data were obtained via medical record abstraction. Staff-administered health history, psychosocial, and health behavior interviews were completed by a parent or guardian. PedsQLTM forms were completed separately by the child and a parent/guardian. Results. The study enrolled 1,772 subjects (53% boys) with a mean age of 9.6 years (SD 4.7). SS or Sbeta0 thalassemia occurred in 68% and 32% had SC or Sbeta+ thalassemia. The occurrences of pain, priapism, avascular necrosis of hips/shoulders (AVN), or asthma were the most common complications/conditions reported. Multiple regression models controlling for hemoglobinopathies, gender, and age suggested that parent reports of physical functioning and sleep/rest fatigue declined in response to pain or AVN, while school functioning scales declined in response to pain or asthma. Sickle pain, and to a lesser extent asthma, negatively influenced child reports on almost all functioning and fatigue scales. Conclusions. While longitudinal studies will be necessary to determine sensitivity to change, the current study suggests the potential utility of several PedsQLTM HRQOL scales as patient-reported outcome measures for observational or interventional treatment studies of children and adolescents with SCD. © 2010 Wiley-Liss, Inc.
PMID
20658620 [https://www.ncbi.nlm.nih.gov/pubmed/?term=20658620]
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Embase
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Publisher
Wiley-Liss Inc. (111 River Street, Hoboken NJ 07030-5774, United States)
Year of Publication
2010

523.

Scorpion envenomation among children: Clinical manifestations and outcome (analysis of 685 cases).
Bahloul M., Chabchoub I., Chaari A., Chtara K., Kallel H., Dammak H., Ksibi H., Chelly H., Rekik N., Ben Hamida C., Bouaziz M.
Embase
American Journal of Tropical Medicine and Hygiene. 83(5) (pp 1084-1092), 2010. Date of Publication: November 2010.
[Article]
AN: 362140075
Our objective was to characterize both epidemiologically and clinically manifestations after severe scorpion envenomation and to define simple factors indicative of poor prognosis in children. We performed a retrospective study over 13 years (1990-2002) in the medical intensive care unit (ICU) of a university hospital (Sfax-Tunisia). The diagnosis of scorpion envenomation was based on a history of scorpion sting. The medical records of 685 children aged less than 16 years who were admitted for a scorpion sting were analyzed. There were 558 patients (81.5%) in the grade III group (with cardiogenic shock and/or pulmonary edema or severe neurological manifestation [coma and/or convulsion]) and 127 patients (18.5%) in the grade II group (with systemic manifestations). In this study, 434 patients (63.4%) had a pulmonary edema, and 80 patients had a cardiogenic shock; neurological manifestations were observed in 580 patients (84.7%), 555 patients (81%) developed systemic inflammatory response syndrome (SIRS), and 552 patients (80.6%) developed multi-organ failure. By the end of the stay in the ICU, evolution was marked by the death in 61 patients (8.9%). A multivariate analysis found the following factors to be correlated with a poor outcome: coma with Glasgow coma score <= 8/15 (odds ratio [OR] = 1.3), pulmonary edema (OR = 2.3), and cardiogenic shock (OR = 1.7). In addition, a significant association was found between the development of SIRS and heart failure. Moreover, a temperature > 39degreeC was associated with the presence of pulmonary edema, with a sensitivity at 20.6%, a specificity at 94.4%, and a positive predictive value at 91.7%. Finally, blood sugar levels above 15 mmol/L were significantly associated with a heart failure. In children admitted for severe scorpion envenomation, coma with Glasgow coma score <= 8/15, pulmonary edema, and cardiogenic shock were associated with a poor outcome. The presence of SIRS, a temperature > 39degreeC, and blood sugar levels above 15 mmol/L were associated with heart failure. Copyright © 2010 by The American Society of Tropical Medicine and Hygiene.
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Publisher
American Society of Tropical Medicine and Hygiene (111 Deer Lake Road, Suite 100,Deerfield, Illinois 60015, United States)
Year of Publication
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524.

Severe Sickle Cell Disease-Pathophysiology and Therapy.
Buchanan G., Vichinsky E., Krishnamurti L., Shenoy S.

Embase
Biology of Blood and Marrow Transplantation. 16(1 SUPPL.) (pp S64-S67), 2010. Date of Publication: January 2010.
[Article]
AN: 50700935
Over 70,000 people live with sickle cell disease (SCD) in the United States and multitudes worldwide. About 2000 afflicted babies are born in this country each year. In African countries such as Nigeria, over 100,000 babies are born with the disease each year. Great strides have been made in the conservative management of SCD. However, the medical and psychosocial cost of supporting patients with this chronic illness is enormous and spans a lifetime. Hematopoietic stem cell transplantation (HSCT) can abrogate SCD manifestations, and is the best option for cure today. Yet, this treatment modality is underutilized as less than 500 transplants are reported in the Center for International Blood and Marrow Transplant Research (CIBMTR) database because of its significant risk of morbidity and mortality. There is growing understanding of the pathophysiology of the disease, and this, coupled with advances in transplantation and new approaches to therapy, continue to improve care of patients with SCD both in children and during adulthood. Continuing investigation seeks to predict the course of the disease and to determine timing and modality of therapy in order to optimize outcomes. © 2010 American Society for Blood and Marrow Transplantation.
PMID
19819341 [https://www.ncbi.nlm.nih.gov/pubmed/?term=19819341]
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Publisher
Elsevier Inc. (E-mail: usjcs@elsevier.com)
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525.

Anabolic steroid use in adolescents: Identification of those at risk and strategies for prevention.
Mulcahey M.K., Schiller J.R., Hulstyn M.J.
Embase
Physician and Sportsmedicine. 38(3) (pp 105-113), 2010. Date of Publication: October 2010.
[Review]
AN: 360189425
Success in sports is often defined by winning, which drives athletes to use performance-enhancing drugs (PEDs) to gain an advantage over opponents. Over the past 20 years, use of PEDs by Olympic and professional athletes has led to public discussion regarding potential negative health effects and ethical implications of their use. Unfortunately, PEDs are not isolated to professional athletes, as PED use in adolescents has increased dramatically. Many professional organizations, including the American Academy of Orthopaedic Surgeons (AAOS), have taken a stance against PED use in sports. The AAOS believes neither anabolic steroids nor their precursors should be used to enhance performance or appearance, and that these substances should be banned in all sports programs. Pediatricians and orthopedists are often the

first physicians to see these young athletes. It is critical for these physicians to recognize the significance of the problem, have the knowledge to inform adolescents, dissuade them from future use, and provide viable alternatives for meeting performance goals. © The Physician and Sportsmedicine.
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20959703 [https://www.ncbi.nlm.nih.gov/pubmed/?term=20959703]
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Publisher
JTE Multimedia (1235 Westlakes Dr, Ste 220, Berwyn PA 19312, United States)
Year of Publication
2010

526.

A clinical picture of Guillain-Barre Syndrome in children in the United States.
Hicks C.W., Kay B., Worley S.E., Moodley M.
Embase
Journal of Child Neurology. 25(12) (pp 1504-1510), 2010. Date of Publication: December 2010.
[Article]
AN: 360163729
The authors describe the demographics, clinical presentation, investigation, treatment, and outcomes of pediatric patients with Guillain-Barre syndrome. They identified 35 pediatric patients with Guillain-Barre syndrome presenting to a tertiary academic center over a 20-year period. The most common presenting symptoms were paresthesias (54%), weakness (49%), and myalgias (49%). Sensation was affected in 54% of patients, and hyporeflexia or areflexia was present in 94% of patients. Cranial nerve dysfunction (46%) and autonomic involvement (eg, changes in blood pressure, pulse, bowel/bladder control, or priapism; 46%) were also common. Autonomic dysfunction, cranial nerve involvement, and albuminocytological dissociation were significantly associated with a decreased time to nadir, the point when symptoms peaked (P =.015,.007, and.005, respectively). Although not statistically significant, treatment with plasmapheresis had a better success rate than intravenous immunoglobulin. The authors' results will help to further delineate the clinical picture of Guillain-Barre syndrome in children and refine treatment strategies. © 2010 The Author(s).
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Publisher
SAGE Publications Inc. (2455 Teller Road, Thousand Oaks CA 91320, United States)
Year of Publication
2010

527.

Materials in embolotherapy of high-flow priapism: results and long-term follow-up.
Ozturk MH, Gumus M, Donmez H, Peynircioglu B, Onal B, Dinc H
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Diagnostic & Interventional Radiology. 15(3):215-20, 2009 Sep.
[Journal Article]
UI: 19728271
PURPOSE: To review our experience with embolic materials used in the selective arterial embolization of high-flow priapism and present the results of long-term follow-up.
MATERIALS AND METHODS: Eight patients with traumatic high-flow priapism were reviewed. The patients were evaluated with clinical findings, laboratory examinations, and imaging findings including color Doppler ultrasonography and angiography. Diagnostic angiography demonstrated a connection between the cavernosal artery and the corpus cavernosum. Fistulas were embolized using autologous blood clot, polyvinyl alcohol particles, detachable coils, or acrylic glue. One or more procedures per patient were needed to achieve success.
RESULTS: Eleven embolization procedures were performed in eight patients. Immediate resolution of priapism was obtained after the procedures. Three patients (37.5%) had recurrence of priapism in the subsequent 1-3 weeks and required a repeat procedure. After the final procedures, all patients had complete resolution of priapism. Normal recurrence of erectile function was obtained in six of the patients (75%) after the final embolization.
CONCLUSION: Selective arterial embolization is a useful therapeutic option in the management of patients with high-flow priapism. Various materials can be used successfully as embolizing agents in the procedures according to the patient's status.
Version ID
1
Status
MEDLINE
Authors Full Name
Ozturk, Mehmet Halil, Gumus, Mehmet, Donmez, Halil, Peynircioglu, Bora, Onal, Baran, Dinc, Hasan
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Year of Publication
2009

528.

Treatment of recurrent priapism in sickle cell anemia with finasteride: a new approach.
Rachid-Filho D, Cavalcanti AG, Favorito LA, Costa WS, Sampaio FJ
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Urology. 74(5):1054-7, 2009 Nov.
[Journal Article. Research Support, Non-U.S. Gov't]
UI: 19616292
OBJECTIVES: To determine whether the use of finasteride controls recurrent priapism in patients with sickle cell anemia.

METHODS: Thirty-five patients with recurrent priapism because of sickle cell disease received finasteride during 120 days. The initial dose was decreased every 40 days, from 5 mg/d to 3 mg and then to 1 mg of finasteride until the end of 120 days. Five groups (G) were created based on priapism episodes in a month: G0, no episode; G1, 1-15 episodes; G2, 16-30; G3, 31-45; and G4, >45 episodes.
RESULTS: Records on day 0: G0, no patient; G1, 7 (20%); G2, 21 (60%); G3, 4 (12%); and G4: 3 (8%). After 40 days of using 5 mg/d finasteride we found the following results: G0, 5 patients (14%); G1, 19 (55%); G2, 8 (23%); G3, 3 (8%); and G4, none. At the end of the 40-day period, using 3 mg/d finasteride, the findings were as follows: G0, 19 patients (55%); G1, 14 (39%); G2, 2 (6%); G3, none; and G4, none. The findings after 120 days with 1 mg/d finasteride for the last 40 days were as follows: 16 patients (46%) and G1, 16 (46%). In 1 patient, the dose was increased to 3 mg and in 2 patients, to 5 mg, so as to achieve remission.
CONCLUSIONS: To our knowledge, this is the first study demonstrating that the use of finasteride could decrease and control the number of priapism recurrences in patients with sickle cell anemia, with fewer side effects than other drugs currently used.
Version ID
1
Status
MEDLINE
Authors Full Name
Rachid-Filho, Daibes, Cavalcanti, Andre G, Favorito, Luciano A, Costa, Waldemar S, Sampaio, Francisco J B
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Year of Publication
2009

529.

Successful treatment of propofol-induced priapism with distal glans to corporal cavernosal shunt.
Fuentes EJ, Garcia S, Garrido M, Lorenzo C, Iglesias JM, Sola JE
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Urology. 74(1):113-5, 2009 Jul.
[Journal Article]
UI: 19371930
We report a case of postoperative pediatric priapism in a boy without a hematologic disorder after a propofol-based general anesthetic. Our case underscores the importance of the early diagnosis and treatment to lessen the risk of complications. Given the wide use of propofol for sedation and anesthesia, clinicians should be cognizant of this rare, but serious, adverse effect that requires emergent attention.
Version ID
1
Status
MEDLINE
Authors Full Name
Fuentes, Ennio J, Garcia, Silvia, Garrido, Manuel, Lorenzo, Cristina, Iglesias, Jose M, Sola, Juan E
Institution
Fuentes, Ennio J. Department of Pediatric Surgery, Complejo Hospitalario de Ourense, Orense, Spain.

Year of Publication
2009

530.

Psychopharmacology of ADHD in pediatrics: Current advances and issues.
Greydanus D.E., Nazeer A., Patel D.R.
Embase
Neuropsychiatric Disease and Treatment. 5(1) (pp 171-181), 2009. Date of Publication: 2009.
[Review]
AN: 355664619
Attention deficit hyperactivity disorder (ADHD) is a neurobehavioral developmental disorder found in 3% to 8% of children and adolescents. An important part of ADHD management is psychopharmacology, which includes stimulants, norepinephrine reuptake inhibitors, alpha-2 agonists, and antidepressants. Medications with the best evidence-based support for ADHD management are the stimulants methylphenidate and amphetamine. A number of newer, long-acting stimulants are now available and a number of new medications are considered that are under current research.
Status
Embase
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(Greydanus) Michigan State University, Kalamazoo Center for Medical Studies, Kalamazoo, MI 49008-1284, United States
Publisher
DOVE Medical Press Ltd.
Year of Publication
2009

531.

A primary care provider's guide to preventive and acute care management of adults and children with sickle cell disease.
Pack-Mabien A., Haynes Jr. J.
Embase
Journal of the American Academy of Nurse Practitioners. 21(5) (pp 250-257), 2009. Date of Publication: May 2009.
[Article]
AN: 354556449
Purpose: To familiarize primary care providers (PCPs) with the pathophysiological processes, diagnostic evaluation, and medical management of sickle hemoglobinopathies and their complications. Current standards of care, clinical research advances, and new treatment options will also be addressed to assist PCPs in the management of sickle cell disease (SCD). Data sources: A selective search and review of the current literature on SCD and the authors' experience.
Conclusion(s): Management of individuals with SCD is very complex, requiring a multidisciplinary approach that includes the patient or parent, PCP, specialist, nurse, and social worker. More

patients living with SCD are relying on PCPs in nonspecialty practices for comprehensive disease management. Implications for practice: Newborn screening detects new cases of SCD annually. The median life expectancy has more than doubled for individuals with sickle cell anemia. Healthcare providers are now in an era of increased routine screening, assessment, and management of chronic complications from this illness not previously seen in the care of adults with SCD. © 2009 American Academy of Nurse Practitioners.
PMID
19432908 [https://www.ncbi.nlm.nih.gov/pubmed/?term=19432908]
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Publisher
Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)
Year of Publication
2009

532.

Initial presentation of unscreened children with sickle cell disease: The Toronto experience.
Lieberman L., Kirby M., Ozolins L., Mosko J., Friedman J.
Embase
Pediatric Blood and Cancer. 53(3) (pp 397-400), 2009. Date of Publication: September 2009.
[Article]
AN: 354996147
Background. The morbidity and mortality related to sickle cell disease (SCD) has decreased since the introduction of newborn screening in the United States. Given the multicultural nature of the Canadian population and the growing African Canadian population, it is concerning that there is no national neonatal screening program for SCD in Canada. The objective of this study was to evaluate the most common manner in which SCD is diagnosed in children when neonatal screening is not available routinely. Procedure. The study design was a retrospective chart review. All children aged from birth to 18 years with SCD and an admission to the Hospital for Sick Children in Toronto, Canada, between 1978 and 2004 were eligible for inclusion. Results. Fifty-two percent of the children with SCD were diagnosed through some form of screening while 48% were diagnosed with symptoms suggestive of their disease. The median age at time of diagnosis was 0.75 years in the "screened" group, and 2 years in the "symptom" group (P<0.05). The most common symptomatic presentation was with a vaso-occlusive crisis. Fifteen percent presented with more severe symptoms including acute chest syndrome (5.5%), acute splenic sequestration (5%), sepsis (3.3%), aplastic crisis (1%), priapism (0.5%), meningitis (0.5%), stroke (0.5%), and death (1%). Conclusions. Fifteen percent of children with undiagnosed SCD presented initially with severe complications of the disease. The morbidity and mortality related to undiagnosed SCD underscores the need for a national neonatal screening program in Canada. © 2009 Wiley-Liss, Inc.
PMID
19405139 [https://www.ncbi.nlm.nih.gov/pubmed/?term=19405139]
Status
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Publisher
Wiley-Liss Inc. (111 River Street, Hoboken NJ 07030-5774, United States)
Year of Publication
2009

533.

Pharmacotherapy of pediatric insomnia.
Owens J.A.
Embase
Journal of the American Academy of Child and Adolescent Psychiatry. 48(2) (pp 99-107), 2009. Date of Publication: February 2009.
[Review]
AN: 354193821
PMID
20040822 [https://www.ncbi.nlm.nih.gov/pubmed/?term=20040822]
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Publisher
Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)
Year of Publication
2009

534.

Outcome of management of acute prolonged priapism in patients with homozygous sickle cell disease.
Adetayo F.O.
Embase
West African Journal of Medicine. 28(4) (pp 234-239), 2009. Date of Publication: July-August 2009.
[Article]
AN: 358265400
BACKGROUND: Priapism is a persistent, often painful, purposeless penile erection, which may or may not be associated with sexual desire, excitement stimulation, or intercourse.
OBJECTIVE(S): To present the outcome of management of acute prolonged priapism in patients with homozygous sickle cell disease.

METHOD(S): Fifty-four patients seen over a 20-year period were studied. Of these, 35 were treated surgically with Ebbehoj's cavernosa-glandular shunt while 19 were treated conservatively. The information documented for each patient included age, haemoglobin genotype, duration of priapism before treatment, time of onset, previous history of priapism and possible aetiological factors.
RESULT(S): The age range was 2.5-38 years with a mean of 20.56 +/- 9.33 years. The potency rate in those treated conservatively was 47.37% while it was 70.37% in those treated surgically. The potency rate decreased with increasing duration of priapism before treatment. Those treated within three days had a significantly better outcome than those treated after three days. (chi2=4.2986, P=0.038). The potency rate also decreased with increasing age at onset but there was no statistically significant difference between the potency rate in the age groups.
CONCLUSION(S): Surgical treatment of acute prolonged priapism may be associated with a higher potency rate compared to conservative treatment. There is an inverse relationship between the potency rate and duration of priapism before treatment and age at onset of Priapism. Acute prolonged priapism is a common cause of impotence in patients with homozygous sickle cell disease.
PMID
20425738 [https://www.ncbi.nlm.nih.gov/pubmed/?term=20425738]
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Embase
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Publisher
West African Journal of Medicine (6 Taylor Drive, P.M.B. 2023, Yaba, Lagos, Nigeria)
Year of Publication
2009

535.

The management of stuttering priapism within a specialist unit-A 25-year experience.
Muneer A., Garaffa G., Minhas S., Ralph D.J.
Embase
British Journal of Medical and Surgical Urology. 2(1) (pp 11-16), 2009. Date of Publication: January 2009.
[Article]
AN: 354047881
Introduction: Stuttering priapism is a rare condition characterised by recurrent prolonged erections. The condition is common in patients with sickle cell disease although a significant proportion suffer from idiopathic stuttering priapism. The management of this condition is mainly through anecdotal reports.
Method(s): We have retrospectively reviewed 60 patients with this condition in a single centre over a 25-year period. Risk factors were identified and the outcomes of both pharmacological therapies and surgical interventions were recorded.
Result(s): Erections were characteristically nocturnal and painful in nature and lasted up to 72 h in some patients. Analysis of the outcomes of both medical and surgical interventions has shown that the use of hormone analogues such as cyproterone acetate is the most efficacious treatment option as it allows a successful control of their erections without a significant loss of libido in 86% of patients. The most successful surgical option was the insertion of a penile prosthesis.
Conclusion(s): Due to the rarity of this condition, the management is variable and based on anecdotal evidence. This study has reported our experience of the most efficacious treatment

options for this condition. We also discuss the potential therapeutic role of PDE-5 inhibitors in this condition. © 2008 British Association of Urological Surgeons.
Status
Embase
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Publisher
Elsevier Ltd (Langford Lane, Kidlington, Oxford OX5 1GB, United Kingdom)
Year of Publication
2009

536.

Clinical Experience and Sexual Function Outcome of Patients With Priapism Treated With Penile Cavernosal-Dorsal Vein Shunt Using Saphenous Vein Graft.
Chiou R.K., Aggarwal H., Mues A.C., Chiou C.R., Broughton F.L.
Embase
Urology. 73(3) (pp 556-561), 2009. Date of Publication: March 2009.
[Article]
AN: 50377990
Objectives: To assess the outcome of new penile cavernosal-dorsal vein shunt using a saphenous vein graft. Traditional surgeries for priapism have high failure rate and subsequent impotence.
Method(s): We reviewed the medical records of, and administered a questionnaire and the International Index of Erectile Function to, 16 consecutive patients with priapism who had treated with the penile cavernosal-dorsal vein shunt from 1997 to 2007. Their age was 15-65 years. The duration of ischemic priapism was 32 hours to 8 days. Ten patients had previously undergone shunt surgery by other urologists. Of the 16 patients, 5 returned the questionnaires.
Result(s): Priapism resolved or was improved after surgery in all 16 patients. One patient was lost to follow-up. One pediatric patient was excluded from the analysis. One patient with nonischemic priapism continued to have sexual intercourse. Of the 13 adult patients with ischemic priapism and follow-up for <=6.5 years, 3 patients had no erection, 1 had very little erection, and 9 (69%) had erection. Of the 9 patients with erections possible, six had had sexual intercourse (International Index of Erectile Function score 32-70) and 3 had not; 1 had a mental disorder, 1 was in prison, and for 1, the reason was unknown. After surgery, color Doppler ultrasound studies showed a patent shunt in all patients and restoration of cavernosal arterial flow in 12 of 13 patients studied.
Conclusion(s): A penile cavernosal-dorsal shunt appears effective for priapism. It resulted in priapism resolution even in patients who had experienced a previous failed cavernosal-glandular shunt or cavernosal-spongiosal shunt, with a high rate of sexual function preservation. © 2009 Elsevier Inc. All rights reserved.
PMID
19118881 [https://www.ncbi.nlm.nih.gov/pubmed/?term=19118881]
Status
Embase
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Publisher

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Year of Publication
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537.

Complications Associated with Sickle Cell Trait: A Brief Narrative Review.
Tsaras G., Owusu-Ansah A., Boateng F.O., Amoateng-Adjepong Y.
Embase
American Journal of Medicine. 122(6) (pp 507-512), 2009. Date of Publication: June 2009.
[Review]
AN: 354674702
Sickle cell trait occurs in approximately 300 million people worldwide, with the highest prevalence of approximately 30% to 40% in sub-Saharan Africa. Long considered a benign carrier state with relative protection against severe malaria, sickle cell trait occasionally can be associated with significant morbidity and mortality. Sickle cell trait is exclusively associated with rare but often fatal renal medullary cancer. Current cumulative evidence is convincing for associations with hematuria, renal papillary necrosis, hyposthenuria, splenic infarction, exertional rhabdomyolysis, and exercise-related sudden death. Sickle cell trait is probably associated with complicated hyphema, venous thromboembolic events, fetal loss, neonatal deaths, and preeclampsia, and possibly associated with acute chest syndrome, asymptomatic bacteriuria, and anemia in pregnancy. There is insufficient evidence to suggest an independent association with retinopathy, cholelithiasis, priapism, leg ulcers, liver necrosis, avascular necrosis of the femoral head, and stroke. Despite these associations, the average life span of individuals with sickle cell trait is similar to that of the general population. Nonetheless, given the large number of people with sickle cell trait, it is important that physicians be aware of these associations.
PMID
19393983 [https://www.ncbi.nlm.nih.gov/pubmed/?term=19393983]
Status
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Publisher
Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)
Year of Publication
2009

538.

Sickle cell disease: A review.
Roseff S.D.
Embase
Immunohematology. 25(2) (pp 67-74), 2009. Date of Publication: 2009.
[Review]

AN: 355358200
The substitution of one amino acid in the hemoglobin molecule results in sickle hemoglobin. As a result, RBCs sickle in low oxygen states causing occlusion of blood vessels, increased viscosity, and inflammation. These RBCs are prematurely removed from the circulation, resulting in a chronic hemolytic anemia. With newborn screening and early treatment, the death rate among children with SCD has declined. In addition, a variety of treatments are being introduced to help manage the various manifestations of disease. Transfusion, simple or exchange, is a mainstay of therapy, since it reduces the amount of Hgb S in circulation and suppresses erythropoiesis. Transfusion is indicated for symptomatic anemia and specifically to prevent stroke (first or recurrent), during acute stroke, and for acute chest syndrome. Unfortunately, transfusion carries risks for infectious disease transmission, as well as immunologic and inflammatory sequelae. For patients with SCD who may be chronically transfused, iron overload occurs frequently. In addition, due to differences in RBC antigens between donors and recipients, these patients are at increased risk for development of RBC alloantibodies, which can complicate further transfusion. It is, therefore, important to prevent alloimmunization by transfusing leukoreduced RBCs that match the patient for the C, E, and K1 antigens. Human progenitor cell (from bone marrow, peripheral blood stem cells, or umbilical blood) transplant can cure the disease, and is used for patients with severe disease for whom conventional therapy may not be effective.
PMID
19927623 [https://www.ncbi.nlm.nih.gov/pubmed/?term=19927623]
Status
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Publisher
American Red Cross (700 Spring Garden Street, Philadelphia PA 19123-3594, United States)
Year of Publication
2009

539.

Severe scorpion envenomation in children: Management in pediatric intensive care unit.
Bosnak M., Levent Yilmaz H., Ece A., Yildizdas D., Yolbas I., Kocamaz H., Kaplan M., Bosnak V.
Embase
Human and Experimental Toxicology. 28(11) (pp 721-728), 2009. Date of Publication: November 2009.
[Article]
AN: 355694858
Background: Scorpion envenomation is a common public health problem worldwide and children are at greater risk of developing severe cardiac, respiratory and neurological complications. The aim of this study was to evaluate the effects of antivenin and/or prazosin use on prognosis of scorpion-envenomed children admitted to pediatric intensive care unit (PICU).
Method(s): The standardized medical records of 45 children hospitalized with severe scorpion sting in PICU were retrospectively evaluated. General characteristics of the children, clinical and laboratory findings, treatment approaches and prognosis were evaluated.
Result(s): The mean age of the patients were 6.1 4.1 years ranging between 4 month and 15 years. Male to female ratio was 1.8. Thirty-three (71.1%) cases of scorpion stings came from rural areas. Twenty-six (57.8%) of the patients were stung by Androctonus crassicauda. The most common sting localization was the foot-leg (55.6%). The mean duration from the scorpion sting to hospital admission was 4.5 2.6 hours. The most common findings at presentation were cold

extremities (95.5%), excessive sweating (91.1%) and tachycardia (77.7%). The mean leukocyte count, and serum levels of glucose, lactate dehydrogenase, creatine phosphokinase and international normalized ratio were found above the normal ranges. Prazosin was used in all patients, dopamine in 11 (24.4%) and Na-nitroprusside in 4 (8.8%) patients. Two children died (4.4%) due to pulmonary oedema. These children, in poor clinical status at hospital admission, needed mechanical ventilation, and death occurred despite use of antivenin and prazosin in both of them.
Conclusion(s): The current management of children with severe scorpion envenomation consists of administration of specific antivenom and close surveillance in a PICU, where vital signs and continuous monitoring enable early initiation of therapy for life-threatening complications. The aggressive medical management directed at the organ system specifically can be effective. Our data indicated that when admission to hospital is late, the beneficial effect of antivenom and/or prazosin is questionable in severe scorpion stings.
PMID
19812121 [https://www.ncbi.nlm.nih.gov/pubmed/?term=19812121]
Status
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Publisher
SAGE Publications Ltd (55 City Road, London EC1Y 1SP, United Kingdom)
Year of Publication
2009

540.

Sildenafil increases systemic saturation and reduces pulmonary artery pressure in patients with failing Fontan physiology.
Morchi G.S., Ivy D.D., Duster M.C., Claussen L., Chan K.-C., Kay J.
Embase
Congenital Heart Disease. 4(2) (pp 107-111), 2009. Date of Publication: March/April 2009.
[Article]
AN: 355622892
Objective: The purpose of this study was to investigate the effect of sildenafil in patients with failing Fontan physiology.
Design(s): A retrospective chart review was performed to compare history and available data in patients with Fontan circulations before and after starting sildenafil. The paired and unpaired Student's t-tests were used for statistical analyses.
Patient(s): Six patients at our institution with Fontan physiology, persistent symptoms of cyanosis or effusion, and poor hemodynamics as measured in the catheterization laboratory were placed on sildenafil. One patient was not included in the analysis because of insufficient length of treatment. All patients had symptoms of failing Fontan hemodynamics with either persistent cyanosis or effusions. In this group, the mean pulmonary artery pressure was greater than 15 mm Hg (17.4 +/- 1.5 mm Hg) with mean estimated pulmonary vascular resistance of 3.5 +/- 1.0 Wood units x m2 prior to starting sildenafil.

Result(s): Sildenafil significantly increased the systemic arterial oxyhemoglobin saturation in this group (82.8 +/- 7.3% pre-treatment vs. 91.0 +/- 5.5% post-treatment, P = .017). In the four out of five patients who have had follow-up catheterizations, there was a significant decrease in pulmonary artery pressure (17.4 +/- 1.5 mm Hg pre-treatment vs. 13.8 +/- 2.1 mm Hg post-treatment, P = .018) and in estimated pulmonary vascular resistance pre- and post-sildenafil treatment (3.5 +/- 1.0 Wood units x m2 pre-treatment vs. 2.0 +/- 0.4 Wood units x m2 post-treatment, P = .031). Conclusions. : Sildenafil may be a useful adjunct to therapy in patients with failing Fontan physiology likely through its function as a pulmonary vasodilator.
Status
Embase
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2009

541.

Human platelet alloantigens (HPA) 1, HPA2, HPA3, HPA4, and HPA5 polymorphisms in sickle cell anemia patients with vaso-occlusive crisis.
Al-Subaie A.M., Fawaz N.A., Mahdi N., Al-Absi I.K., Al-Ola K., Ameen G., Almawi W.Y.
Embase
European Journal of Haematology. 83(6) (pp 579-585), 2009. Date of Publication: December 2009.
[Article]
AN: 355630341
Objectives: Vaso-occlusive crisis (VOC) is a significant cause of morbidity and mortality in sickle cell anemia (SCA) patients. Insofar as polymorphism in human platelet alloantigen (HPA) exhibit a prothrombotic nature, we hypothesized that specific HPA polymorphic variants are associated with VOC. We investigated the distribution of HPA1, HPA2, HPA3, HPA4, and HPA5 alleles genotypes among VOC and non-VOC control SCA patients. Patients/methods: This was a case-control study. Study subjects comprised SCA patients with (VOC group; n = 127) or without (Steady-state group; n = 130) VOC events. HPA genotyping was done by PCR-SSP.
Result(s): Significantly higher frequencies of HPA-2b, HPA-3b, and HPA-5b alleles, and marked enrichment of HPA-3b/3b, HPA-5a/5b, and HPA-5b/5b genotypes, were seen in VOC than in control SCA patients. Taking homozygous wild-type genotypes as reference, univariate analysis identified HPA-3a/3b, HPA-3b/3b, and HPA-5b/5b to be associated with VOC. Multivariate analysis confirmed the independent association of only HPA-3a/3b and HPA-3b/3b genotypes with VOC. HPA-3 genotypes were significantly correlated with VOC frequency, type, and medication, and requirement for hospitalization. While both HPA 3a/3b (P = 0.002; OR = 2.94; 95% CI = 1.49-5.77) and 3b/3b (P = 0.006; OR = 3.16; 95% CI = 1.40-7.17) genotypes were associated with need for hospitalization, only HPA-3b/3b was associated with VOC frequency, type (localized vs. generalized), and medication (narcotics vs. NSAIDs).

Conclusion(s): This confirms the association of HPA polymorphisms with SCA VOC, of which HPA-3 appears to be independent genetic risk factors for SCA VOC. © 2009 John Wiley & Sons A/S.
PMID
19702628 [https://www.ncbi.nlm.nih.gov/pubmed/?term=19702628]
Status
Embase
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Publisher
Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)
Year of Publication
2009

542.

Epidemiology, clinical presentation and final outcome of patients with scorpion bite.
Singhal A., Mannan R., Rampal U.
Embase
Journal of Clinical and Diagnostic Research. 3(3) (pp 1523-1528), 2009. Date of Publication: 2009.
[Article]
AN: 354877125
Most of the scorpion sting cases are acute life-threatening and time-limiting medical emergencies. The present study was undertaken to analyze the varied clinical presentations in patients admitted with a history of scorpion bite, with a special emphasis to find out whether any difference existed in the presentation of paediatric patients in comparison to the adult patients and to understand whether any particular signs and symptoms were associated with increased mortality and morbidity in different age groups. Also, the final outcomes in all the age groups were noted. This study was conducted at a tertiary care hospital (SRN Hospital, Allahabad) from April 2006 to September 2007. In all the age groups, 74 cases presenting with a history of scorpion sting were either observed or admitted to the intensive coronary care unit (ICCU). They were classified into different groups (A-D) depending upon the clinical presentation. GROUP A included patients who presented only with local signs or those who were asymptomatic; GROUP B included patients having signs of acute pulmonary oedema (APO); GROUP C included patients with signs of APO and myocarditis and GROUP D included patients with APO, myocarditis and encephalopathy or encephalopathy alone. The final outcome was tabulated and the results were analyzed to associate the mortality with any particular clinical parameter. The treatment protocol was designed according to the groups divided. The older age group (5-15 years) comprised of the asymptomatic group (Group-A) in which survival was excellent (100%). Group B comprised of the maximum number of patients ie.52 (70.27%). In this group, the patients in the age group of 5-15 years were the largest cohort. Survival in this group was quite satisfactory, with a recovery rate of 96.16%. Group C patients had an additional element of myocarditis which affected the younger individuals i.e. age groups less than 5 and 5-15 years comprising of 3 patients each. In this group, mortality was seen in 2 (33.33%) patients. Group D had the worst outcome with 100% mortality rates and affected the extremes in the age groups from very young (less than 5 years) to the elderly (above 15 years) patients. An incidental finding of priapism was noted in 27.02% of the patients. The point to be noted was that it was present in 100% of the cases in the age group of

less than 5 years in male children and in 40 % of the cases in the age group of 5-15 years in males. There was no incidence of priapism in males above 15 years.
Status
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2009

543.

Effects of Long-Term Sildenafil Treatment for Pulmonary Hypertension in Infants with Chronic Lung Disease.
Mourani P.M., Sontag M.K., Ivy D.D., Abman S.H.
Embase
Journal of Pediatrics. 154(3) (pp 379-384.e2), 2009. Date of Publication: March 2009.
[Article]
AN: 50309749
Objective: To determine the clinical course and outcomes of infants with chronic lung disease (CLD) and pulmonary hypertension (PH) who received prolonged sildenafil therapy. Study design: We conducted a retrospective review of 25 patients <2 years of age with CLD in whom sildenafil was initiated for the treatment of PH while they were hospitalized from January 2004 to October 2007. Hemodynamic improvement was defined by a 20% decrease in the ratio of pulmonary to systemic systolic arterial pressure or improvement in the degree of ventricular septal flattening with serial echocardiograms.
Result(s): Chronic sildenafil therapy (dose range, 1.5-8.0 mg/kg/d) was initiated at a median of 171 days of age (range, 14-673 days of age) for a median duration of 241 days (range, 28-950 days). Twenty-two patients (88%) achieved hemodynamic improvement after a median treatment duration of 40 days (range, 6-600 days). Eleven of the 13 patients with interval estimates of systolic pulmonary artery pressure with echocardiogram showed clinically significant reductions in PH. Five patients (20%) died during the follow-up period. Adverse events leading to cessation or interruption of therapy occurred in 2 patients, 1 for recurrent erections, and the other had the medication held briefly because of intestinal pneumatosis.
Conclusion(s): These data suggest that chronic sildenafil therapy is well-tolerated, safe, and effective for infants with PH and CLD.
PMID
18950791 [https://www.ncbi.nlm.nih.gov/pubmed/?term=18950791]
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Publisher
Mosby Inc. (11830 Westline Industrial Drive, St. Louis MO 63146, United States)
Year of Publication
2009

544.

Priapism in children: Review of pathophysiology and treatment.
De Jesus L.E., Dekermacher S.
Embase
Jornal de Pediatria. 85(3) (pp 194-200), 2009. Date of Publication: May-June 2009.
[Review]
AN: 354724989
Objective: Priapism may cause serious sequelae concerning the future sex life of the patient, as it can determine impotence, erectile dysfunction or psychogenic sexual aversion. It is a common symptom of sickle cell disease in children and adolescents. There are few good quality evidence manuscripts about the problem in current medical literature. Sources: Literature review on the databases MEDLINE and LILACS covering the period from 1966 to 2008. Summary of the findings: The basis for the treatment of low flow priapism includes treating sickle cell disease and the usage of intracavernous adrenergic agents as necessary. Surgery is indicated in a minority of cases. The treatment of pediatric cases demands dose adjustments, adequate drug choice and sedoanalgesia to cover procedures involving pain or trauma.
Conclusion(s): A new physiopathologic theory concerning sickle cell disease, which questions the traditional vascular blockage mechanisms by deformed red cells and proposes that endothelial inflammatory activation is the main cause of clinical problems, allows to propose new therapeutic maneuvers to solve sickle cell priapism. The absence of good quality evidence to treat sickle cell priapism suggests the necessity to conduct good prospective multicenter protocols to investigate the condition.
PMID
19455267 [https://www.ncbi.nlm.nih.gov/pubmed/?term=19455267]
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Publisher
Sociedade Brasileira de Pediatria (Av. Carlos Gomes, 328/ cj. 305 Bela Vista, Porto Alegre, Brazil)
Year of Publication
2009

545.

Clinical course linkage among different priapism subtypes: Dilemma in the management strategies.
Hisasue S, Kobayashi K, Kato R, Hashimoto K, Yamashita S, Takahashi S, Masumori N, Tsukamoto T
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
International Journal of Urology. 15(11):1006-10, 2008 Oct.
[Journal Article]
UI: 18761535
OBJECTIVES: Priapism is a rare condition whose management differs according to the etiology. We report the clinical course of three forms of priapism to assess the feasibility and safety of recent management strategies.
METHODS: The study included eight patients complaining of persistent erection for >/=4 h who were treated in our institution between January 1996 and July 2007.
RESULTS: Overall, we categorized 12 cases of priapism in eight patients divided as follows: five cases of ischemic priapism (IP), three of stuttering priapism (SP), and four of non-ischemic priapism (NIP). Two of five IP patients needed a shunt procedure, which led to the subsequent erectile dysfunction. The other three were treated successfully with a corporal injection of sympathomimetic agents and subsequently suffered from SP. One of the three SP patients suffered from mimicked NIP with increased arterial blood flow during the initial treatment for IP. Four of the NIP patients including the mimicked one achieved complete detumescence, through arterial embolization in two and conservative management in two.
CONCLUSIONS: Current management seems effective and safe in the short-term. However, the long-term outcome of the treatment for IP is still disappointing. Careful long-term observation is needed for an appropriate management.
Version ID
1
Status
MEDLINE
Authors Full Name
Hisasue, Shin-Ichi, Kobayashi, Ko, Kato, Ryuichi, Hashimoto, Kohei, Yamashita, Shinichi, Takahashi, Satoshi, Masumori, Naoya, Tsukamoto, Taiji
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Year of Publication
2008

546.

Delayed adverse vascular events after splenectomy in hereditary spherocytosis.
Schilling RF, Gangnon RE, Traver MI
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Thrombosis & Haemostasis. 6(8):1289-95, 2008 Aug.
[Journal Article]
UI: 18485083
BACKGROUND: It is probable that the variety and frequency of delayed adverse vascular events after splenectomy are underappreciated. Splenectomy is performed for a wide variety of conditions, and delayed postsplenectomy hazards are not often studied.
OBJECTIVE: To estimate the relative risk of adverse vascular events in members of hereditary spherocytosis families who have or have not had a splenectomy.

METHODS: Members of families in which hereditary spherocytosis exists were systematically questioned about adverse vascular events.
RESULTS: The cumulative incidence of arterial and venous events at age 70 years was greater in persons who had undergone a splenectomy for spherocytosis (arterial, 22% females, 32% males; venous, 20% females, 19% males) than in affected persons who did not undergo splenectomy (arterial, 3% females, 2% males; venous, 6% females, 4% males) or non-affected family members (arterial, 10% females, 17% males; venous, 4% females, 12% males). Affected subjects who undergo splenectomy are at greatly increased risk of arterial events as compared to affected subjects who do not undergo splenectomy [arterial, hazard ratio (HR) 7.2, 95% confidence interval (CI) 2.8-17.2; venous, HR 3.3, 95% CI 1.1-9.8].
CONCLUSION: There is a significant, long-lasting, increased risk of adverse arterial and venous thromboembolic events after splenectomy performed for hereditary spherocytosis. A review of the literature indicates that this is also true when splenectomy is performed for several other indications.
Version ID
1
Status
MEDLINE
Authors Full Name
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Year of Publication
2008

547.

Posttraumatic nonischemic priapism treated with autologous blood clot embolization.
Numan F., Cantasdemir M., Ozbayrak M., Sanli O., Kadioglu A., Hasanefendioglu A., Bas A.
Embase
Journal of Sexual Medicine. 5(1) (pp 173-179), 2008. Date of Publication: January 2008.
[Article]
AN: 351015706
Introduction. High-flow arterial priapism is rare and characterized by a prolonged nonpainful erection. Autologous clot embolization allows complete resolution of the problem in most of the cases. Aim. To review our experience with superselective transcatheter embolization in the treatment of nonischemic priapism. Main Outcome Measures. Advances in the understanding of the nonischemic priapism with the aid of newer techniques have altered the current management of nonischemic priapism. Materials and Methods. Between 2002 and 2006, 11 patients underwent superselective transcatheter embolization of nonischemic priapism with blunt trauma to the penis or perineum. All patients underwent diagnostic evaluation with color-flow Doppler ultrasound and superselective pudendal arteriography, revealing bilateral arteriocorporal fistula and pseudoaneurysm in two cases, bilateral arteriocorporal fistula in one case, unilateral arteriocorporal fistula in one case, and unilateral arteriocorporal fistula and pseudoaneurysm in seven cases. Autologous blood clot was used as an embolization agent in all cases combined with microcatheter guidance. Results. The procedure was technically successful in all cases. In three (27.2%) cases, a second embolization was required due to recurrence of priapism. In all patients, erectile function was restored within 6 weeks of the procedure. Follow-ups at 6 and 12months after the last procedure revealed that full erectile capacity was restored in 10 of 11 patients, and these patients did not experience further recurrence of priapism. One patient reported a slight decrease in the quality of his penile erection. Conclusions. Our experience

revealed that superselective transcatheter embolization and transient occlusion of the fistula with autologous blood clot is an effective therapy for the treatment of nonischemic priapism. Furthermore, recovery of erectile function due to recanalization of the occluded vessel occurred weeks after the procedure. © 2007 International Society for Sexual Medicine.
PMID
18173765 [https://www.ncbi.nlm.nih.gov/pubmed/?term=18173765]
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Embase
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Publisher
Blackwell Publishing Ltd
Year of Publication
2008

548.

Penile prosthesis implantation for treatment of postpriapism erectile dysfunction.
Durazi M.H., Jalal A.A.
Embase
Urology journal. 5(2) (pp 115-119), 2008. Date of Publication: 2008 Spring.
[Article]
AN: 352238657
INTRODUCTION: Our aim was to evaluate the procedure and outcome of penile prosthesis surgery in the treatment of men with postpriapism erectile dysfunction. MATERIALS AND METHODS: During the period between 1997 and 2004, a total of 17 patients with postpriapism erectile dysfunction underwent penile prosthesis implantation at our institution. Prosthesis implantation was done electively 6 to 18 months after priapism, when the patients presented with erectile dysfunction. Of the prosthesis implanted, 11 were malleable, 4 were 2-piece, and 2 were 3-piece prostheses (AMS, Minnetonka, Minnesota, USA).
RESULT(S): All the 17 patients were successfully implanted with penile prosthesis. Intra-operatively, corporeal dilation was difficult due to extensive corporeal fibrosis, which led to urethral injury in 2 patients. There were no major postoperative complications. The median hospital stay was 5 days. The follow-up period ranged from 2 to 9 years (median, 6 years). All the patients were satisfied with the prosthesis.
CONCLUSION(S): Penile prosthesis implantation is the modality of treatment for patients with postpriapism erectile dysfunction at our institution. It has a high patient satisfaction rate. Although procedure-related complications are common due to corporeal fibrosis, they were mostly minor ones and did not affect the outcome of the procedure.
PMID
18592465 [https://www.ncbi.nlm.nih.gov/pubmed/?term=18592465]
Institution
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Year of Publication
2008

549.

Chronic myeloid leukaemia at the University Hospital of the West Indies: A 17-year review.
Buchner-Daley L.M., Brady-West D.C.
Embase
West Indian Medical Journal. 57(5) (pp 493-496), 2008. Date of Publication: November 2008.
[Review]
AN: 354513777
Objective: To determine the presenting features and evolution of patients diagnosed with chronic myeloid leukaemia between 1983 and 1999 at the University Hospital of the West Indies.
Method(s): Forty-one records were retrospectively analyzed for the patients' demographics, reasons for referral, clinical features, laboratory investigations and the time to blast transformation and death.
Result(s): Seventy-one per cent were males and 29% were females. The male to female ratio was 2.4:1. The median age at presentation was 37 years (range 14-81 years). Seventy-eight per cent of the patients presented in the chronic phase. Weight loss and splenomegaly were the most frequent presenting features being seen in 54 and 83 per cent respectively. The median survival was 36 months.
Conclusion(s): In this study, the clinical features and evolution were comparable to existing data. Improved accrual and routine Philadelphia chromosome testing would provide a more accurate reflection of the status of CML in our population.
PMID
19565982 [https://www.ncbi.nlm.nih.gov/pubmed/?term=19565982]
Status
Embase
Institution
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Publisher
University of the West Indies
Year of Publication
2008

550.

Color Doppler appearance of penile cavernosal-spongiosal communications in patients with high-flow priapism.
Bertolotto M., Zappetti R., Pizzolato R., Liguori G.
Embase
Acta radiologica (Stockholm, Sweden : 1987). 49(6) (pp 710-714), 2008. Date of Publication: Jul 2008.
[Article]
AN: 352096899
BACKGROUND: Superselective embolization of the torn artery is currently considered the treatment of choice for patients with high-flow priapism. After embolization, however, the arterial-sinusoidal fistula is still patent in a significant percentage of patients, despite arteriographic evidence of occlusion. PURPOSE: To investigate the prevalence and flow characteristics of penile cavernosal-spongiosal communications (CSCs) in patients with high-flow priapism, and to establish whether the recognition of these vessels before and after angiographic embolization has a role in predicting the outcome of therapy. MATERIAL AND METHODS: Twelve consecutive

patients with high-flow priapism underwent penile color Doppler ultrasound before and after angiographic embolization of the arterial-sinusoidal fistula. The prevalence of CSCs feeding the fistula was evaluated before and after embolization.
RESULT(S): Before angiographic embolization, color Doppler ultrasound identified five CSCs in 3/12 patients. One CSC was proximal to the fistula, and 4/5 were distal. After angiographic embolization, the fistula was not completely closed in these patients, fed by the distal CSCs. However, spontaneous closure occurred within 1 month. The fistula was also fed by CSCs in another two patients in whom these vessels were not evident before embolization. In one case, the fistula closed spontaneously within 1 week, while in the other case the fistula remained patent, fed by other collateral vessels.
CONCLUSION(S): The type of vessels that are involved in refilling the fistula after embolization is of concern for the outcome of the patients. In our series, the fistulas supplied only by CSCs closed spontaneously within 1 month. Watchful waiting should be preferred to repeated embolization to avoid the risk of unnecessary procedures.
PMID
18568565 [https://www.ncbi.nlm.nih.gov/pubmed/?term=18568565]
Institution
(Bertolotto, Zappetti, Pizzolato, Liguori) Department of Radiology, University of Trieste, Ospedale di Cattinara, Trieste, Italy.
Year of Publication
2008

551.

MR imaging of nonmalignant penile lesions.
Kirkham A.P., Illing R.O., Minhas S., Allen C.
Embase
Radiographics : a review publication of the Radiological Society of North America, Inc. 28(3) (pp 837-853), 2008. Date of Publication: 2008 May-Jun.
[Review]
AN: 351856303
Magnetic resonance (MR) imaging is potentially useful in the assessment of many benign penile diseases. When T1- and T2-weighted sequences are used, MR imaging can clearly delineate the tunica albuginea and can be used to diagnose penile fracture and Peyronie disease; in both conditions, MR imaging may help refine the surgical approach. It is also useful in cases of priapism; in these cases, intravenously administered contrast material can help assess the viability of the corpora cavernosa and the presence of penile fibrosis. In the assessment of a penile prosthesis, MR imaging provides excellent anatomic information and is the investigation of choice. In the evaluation of erectile dysfunction, MR imaging has limited value, and for urethral stricture, it has not yet proved adequately superior to other modalities to justify its routine use.

PMID
18480487 [https://www.ncbi.nlm.nih.gov/pubmed/?term=18480487]
Institution
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Year of Publication
2008

552.

Epidemiology of scorpionism: A global appraisal.
Chippaux J.-P., Goyffon M.
Embase
Acta Tropica. 107(2) (pp 71-79), 2008. Date of Publication: August 2008.
[Review]
AN: 50202716
The scorpionism is an actual public health problem in several parts of the world because, either incidence, or severity of envenomations is high and managed with difficulty by health services, or for these two reasons at the same time. The treatment of scorpion envenomation is complex and controversial, in particular regarding the utility of the antivenoms and symptomatic treatments that must be associated. The authors reviewed the literature of last 30 years to discuss the epidemiologic importance of the scorpionism and to point out the principal therapeutic or preventive measures. According to the most recent studies, seven areas were identified as at risk: north-Saharan Africa, Sahelian Africa, South Africa, Near and Middle-East, South India, Mexico and South Latin America, east of the Andes. These involve 2.3 billion at risk population. The annual number of scorpion stings exceeds 1.2 million leading to more than 3250 deaths (0.27%). Although adults are more often concerned, children experience more severe envenomations and among them, mortality is higher. Improvement of therapeutic management would reduce the lethality very significantly.
PMID
18579104 [https://www.ncbi.nlm.nih.gov/pubmed/?term=18579104]
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Publisher
Elsevier (P.O. Box 211, Amsterdam 1000 AE, Netherlands)
Year of Publication
2008

553.

A modification of Winter's shunt in the treatment of pediatric low-flow priapism.
Raveenthiran V.
Embase
Journal of Pediatric Surgery. 43(11) (pp 2082-2086), 2008. Date of Publication: November 2008.
[Article]
AN: 352637276
Purpose: Cavernous shunt operations available for treating priapism are frequently unsuitable for children owing to high chances of persistent venous leak that results in postoperative erectile dysfunction. In this article, a modification of Winter's shunt, which is suitable for treating low-flow priapism in children, is described. Methods and patients: Using a large bore needle, multiple punctures were made in the tip of corpora cavernosa through the glans. The needle tracks functioned as temporary cavernoglandular fistula thereby, causing detumescence. This modified technique was used in 7 children all of whom had ischemic priapism. The age range was 9 months to 17 years, and the mean duration of symptom was 11 hours (range, 5-20 hours).

Result(s): In all the patients, priapism was successfully relieved by the modified technique. Immediate recurrence of priapism was noted in only one patient. In 5 patients for whom adequate follow-up details are available, postprocedure penile erection was confirmed either by self-reporting or by observation. There were no major complications.
Conclusion(s): This technical modification of the classical Winter's shunt appears to be a useful alternative in the management of pediatric low-flow priapism. A high chance of retaining erectile capacity after this technique is a significant advantage. Further clinical studies are required to confirm the observations of this preliminary report.
PMID
18970944 [https://www.ncbi.nlm.nih.gov/pubmed/?term=18970944]
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Publisher
W.B. Saunders (Independence Square West, Philadelphia PA 19106-3399, United States)
Year of Publication
2008

554.

Men's Health in Africa. Part 1: Reproductive urogenital diseases and human immunodeficiency virus infection.
Heyns C.F., Bornman M.S.
Embase
Journal of Men's Health. 5(1) (pp 66-72), 2008. Date of Publication: March 2008.
[Review]
AN: 351329223
While acknowledging that the concept of 'men's health' is not clearly defined, and that the geographic designation 'Africa' involves immense demographic heterogeneity, the aim of this paper is to present a review of reproductive and urogenital aspects of men's health, including the effect of sexually transmitted infections in Africa. Infertility is particularly distressing in African societies, and is usually attributed to the woman, although male-factor infertility is increasingly being recognized. Polygamy is still relatively common in some countries as a male strategy to extend reproductive ability. Men's knowledge of, and attitudes to, family planning in some parts of Africa is still poor. The prevalence, etiology and treatment of erectile dysfunction in Africa is similar to that in other countries, but traditional (herbal) remedies are also widely used. Hereditary hemoglobinopathy is relatively common in West Africa, and priapism occurs in approximately one third of men with sickle cell disease. Parasitic infestations such as schistosomiasis and filariasis are still common in tropical Africa, and are a cause of significant male urogenital morbidity and even mortality. Sexually transmitted infections are relatively common in many African countries, and are a prominent cause of infertility, urethral stricture disease and Fournier's gangrene. In many sub-Saharan countries the average life expectancy of the population has decreased considerably due to the epidemic of human immunodeficiency virus (HIV) infection and the acquired immunodeficiency syndrome (AIDS). Ritual circumcision is a cause of morbidity and even mortality in some areas. Recently, randomized, controlled clinical trials conducted in three African countries have provided evidence that the risk of acquiring HIV infection is approximately halved by adult male circumcision. Overall, there is a clear need for health education and increased attention to the reproductive health concerns of males. Sustained efforts to improve the general level of education and to increase child survival are key factors in addressing male reproductive health issues. Moreover, proper management of age-related conditions in both

males and females could have an impact on societies in Africa like nowhere else in the world, because the surviving elderly population will be the ones taking care of the HIV/AIDS orphans. © 2008 WPMH GmbH.
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Embase
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Publisher
Elsevier (P.O. Box 211, Amsterdam 1000 AE, Netherlands)
Year of Publication
2008

555.

Sickle cell leg ulcers: A frequently disabling complication and a marker of severity.
Halabi-Tawil M., Lionnet F., Girot R., Bachmeyer C., Levy P.P., Aractingi S.
Embase
British Journal of Dermatology. 158(2) (pp 339-344), 2008. Date of Publication: February 2008.
[Article]
AN: 351137195
Background: Leg ulcers are a poorly known and underestimated complication of sickle cell disease (SCD), but in our experience they often appear as a severely disabling condition, associated with the most severe forms of the disease.
Objective(s): To assess the characteristics, complications, repercussion on quality of life and associations of SCD ulcers.
Method(s): Case series of 20 patients followed in a French referral centre for SCD and who had previous/present leg ulcers.
Result(s): Median ulcerated area was 12 cm 2 and median time spent with ulcers was 29.5 months. Locoregional infections developed in 85%, ankle stiffness in 50% and mood disorders in 85%. Ninety per cent of patients needed analgesics, 20% being opioids. Median loss of time from work was 12.5 months. The Short Form 36 Health Survey showed physical and mental component summary scores of 41.5 and 40.7, respectively, indicating severe alteration close to that found in lung cancer or haemodialysis. Two categories of SCD leg ulcers were distinguished, defined by a 1-year duration cut off. The 'prolonged' ulcers had larger surfaces, tended to recur more frequently and led to more infection and depression. Several SCD complications were associated with leg ulcers, notably priapism, pulmonary hypertension, stroke and acute chest syndrome.
Conclusion(s): Leg ulcers are a major complication of SCD, given their severe consequences and frequent association with other specific organ damage, and they constitute in their 'prolonged' form a severely disabling condition that remains an important therapeutic challenge. © 2007 The Authors.
PMID
18047512 [https://www.ncbi.nlm.nih.gov/pubmed/?term=18047512]
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Publisher
Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)
Year of Publication
2008

556.

A reliable diagnosis of human rabies based on analysis of skin biopsy specimens.
Dacheux L., Reynes J.-M., Buchy P., Sivuth O., Diop B.M., Rousset D., Rathat C., Jolly N., Dufourcq J.-B., Nareth C., Diop S., Iehle C., Rajerison R., Sadorge C., Bourhy H.
Embase
Clinical Infectious Diseases. 47(11) (pp 1410-1417), 2008. Date of Publication: 01 Dec 2008.
[Article]
AN: 352654315
Background. The number of human deaths due to rabies is currently underestimated to be 55,000 deaths per year. Biological diagnostic methods for confirmation of rabies remain limited, because testing on postmortem cerebral samples is the reference method, and in many countries, sampling brain tissue is rarely practiced. There is a need for a reliable method based on a simple collection of nonneural specimens. Methods. A new reverse-transcription, heminested polymerase chain reaction (RT-hnPCR) protocol was standardized at 3 participating centers in Cambodia, Madagascar, and France. Fifty-one patients from Cambodia, Madagascar, Senegal, and France were prospectively enrolled in the study; 43 (84%) were ultimately confirmed as having rabies. A total of 425 samples were collected from these patients during hospitalization. We studied the accuracy of the diagnosis by comparing the results obtained with use of biological fluid specimens (saliva and urine) and skin biopsy specimens with the results obtained with use of the standard rabies diagnostic procedure performed with a postmortem brain biopsy specimen. Results. The data obtained indicate a high specificity (100%) of RT-hnPCR and a higher sensitivity (>=98%) when the RT-hnPCR was performed with skin biopsy specimens than when the test was performed with fluid specimens, irrespective of the time of collection (i.e., 1 day after the onset of symptoms or just after death). Also, a sensitivity of 100% was obtained with the saliva sample when we analyzed at least 3 successive samples per patient. Conclusions. Skin biopsy specimens should be systematically collected in cases of encephalitis of unknown origin. These samples should be tested by RT-hnPCR immediately to confirm rabies; if the technique is not readily available locally, the samples should be tested retrospectively for epidemiological purposes.
PMID
18937576 [https://www.ncbi.nlm.nih.gov/pubmed/?term=18937576]
Status
Embase
Institution
(Dacheux, Bourhy) UPRE Dynamique des Lyssavirus et Adaptation A l'Hote, Centre National de Reference Pour la Rage, Centre Collaborateur de l'Organisation Mondiale de la Sante de Reference et de Recherche Sur la Rage, Paris, France (Jolly, Sadorge) Centre de Recherche Vaccinale et Biomedicale, Institut Pasteur, Paris, France
(Reynes, Rousset, Iehle) Institut Pasteur de Madagascar, Antananarivo, Madagascar
(Rathat) Hopital de Soavinandriana, Antananarivo, Madagascar
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Publisher
Oxford University Press (2001 Evans Road, Cary NC 27513, United States)
Year of Publication
2008

557.

Quality of life and pain management in sickle-cell disease.
Howard J., Thomas V.J., Rawle H., Cartwright R., Westerdale N.
Embase
Pediatric Health. 2(3) (pp 377-391), 2008. Date of Publication: June 2008.
[Review]
AN: 351827356
Sickle-cell disease is the most common genetic disorder worldwide and is characterized by intermittent severe painful episodes and other complications such as stroke, priapism, cholecystitis and acute chest syndrome. This review outlines the causes and characteristics of pain in children with sickle cell disease, how pain can be assessed and how painful episodes can be prevented. Sickle cell disease can have a significant impact on the patient's quality of life, and the ways in which this can manifest, how it can be measured and how interventions such as cognitive behavioral therapy can be used to manage it are outlined. Medical management of acute painful episodes both in the community and in the hosptial setting are discussed, including the role of different analgesic and adjuvant agents. Prevention of painful episodes with hydroxycarbamide is discussed. © 2008 Future Medicine Ltd.
Status
Embase
Institution
(Howard, Thomas, Rawle, Cartwright, Westerdale) St. Thomas' Hospital, Department of Haematology, London SE1 7EH, United Kingdom
Publisher
Future Medicine Ltd. (2nd Albert Place, Finchley Central, London N3 1QB, United Kingdom)
Year of Publication
2008

558.

Approach to newborn priapism: a rare entity.
Burgu B, Talas H, Erdeve O, Karagol BS, Fitoz S, Soygur TY
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of pediatric urology. 3(6):509-11, 2007 Dec.
[Journal Article]
UI: 18947805
Priapism is a rare entity with a different aetiology in newborns than in childhood and adult life. Due to its rarity, management can be challenging. The possible consequences of improper treatment make management of this condition clinically relevant. Preservation of normal erection

is the major goal. Although the majority of cases are idiopathic, prolonged erection may be associated with polycythemia. As spontaneous detumescence occurs in the majority of cases, conservative non-surgical treatment is advocated initially. We report the case of a newborn presenting with priapism on the 1st day of life. Detumescence was achieved on the 4th day of life with conservative management.
Version ID
1
Status
PubMed-not-MEDLINE
Authors Full Name
Burgu, Berk, Talas, Halit, Erdeve, Omer, Karagol, Belma S, Fitoz, Suat, Soygur, Tarkan Y
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Year of Publication
2007

559.

Preincisional subcutaneous infiltration of ketamine suppresses postoperative pain after circumcision surgery.
Tan PH, Cheng JT, Kuo CH, Tseng FJ, Chung HC, Wu JI, Hsiao HT, Yang LC
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Clinical Journal of Pain. 23(3):214-8, 2007 Mar-Apr.
[Clinical Trial. Comparative Study. Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]
UI: 17314579
OBJECTIVE: N-methyl-D-aspartate and other glutamate receptors have been shown to present on the peripheral axons of primary afferents, and peripheral injection of N-methyl-D-aspartate-receptor antagonists can suppress hyperalgesia and allodynia. Thus, this study examined postoperative analgesic and adverse effects of local ketamine administered postoperatively.
METHODS: Ketamine (0.3%, 3 mL) or saline was subcutaneously infiltrated before incision in a double-blind manner using a sample population of 40 patients undergoing circumcision surgery, equally and randomly assigned to 2 groups based on the treatment. The saline-infiltrated patients also received 9-mg intramuscular ketamine into the upper arm to control for any related systemic analgesic effects. The patients were followed up for 24 hours to determine postoperative analgesia and identify adverse effects.
RESULTS: In the ketamine-infiltrated patients, the time interval until first analgesic demand (166 vs. 80 min) was longer and the incidence of pain-free status (pain score=0) during movement (45% vs. 10%) and erection (40% vs. 0%) was significantly higher than for the saline-treated analogs ($P<0.05$). The dose of ketorolac use and pain score during erection were significant lower in group ketamine patients. No significant differences were noted with respect to the incidence of adverse effects comparing the 2 groups.
DISCUSSION: We conclude that preincisional subcutaneous ketamine infiltration can suppress postoperative pain after the circumcision surgery.
Version ID
1
Status
MEDLINE
Authors Full Name

Tan, Ping-Heng, Cheng, Jiin-Tsuey, Kuo, Chien-Hung, Tseng, Feng-Jen, Chung, Han-Chium, Wu, Jyh-I, Hsiao, Hung-Tsung, Yang, Lin-Cheng
Institution
Tan, Ping-Heng. Department of Anesthesiology, E-DA Hospital, I-Shou University, Taiwan, ROC. tanphphd@hotmail.com
Year of Publication
2007

560.

Practice parameter for the assessment and treatment of children and adolescents with depressive disorders.
Birmaher B., Brent D.
Embase
Journal of the American Academy of Child and Adolescent Psychiatry. 46(11) (pp 1503-1526), 2007. Date of Publication: November 2007.
[Article]
AN: 351338971
This practice parameter describes the epidemiology, clinical picture, differential diagnosis, course, risk factors, and pharmacological and psychotherapy treatments of children and adolescents with major depressive or dysthymic disorders. Side effects of the antidepressants, particularly the risk of suicidal ideation and behaviors are discussed. Recommendations regarding the assessment and the acute, continuation, and maintenance treatment of these disorders are based on the existent scientific evidence as well as the current clinical practice.

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18049300 [https://www.ncbi.nlm.nih.gov/pubmed/?term=18049300]
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Publisher
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Year of Publication
2007

561.

Superselective arterial embolization for patients with high-flow priapism: results of follow-up for five or more years.
Baba Y., Hayashi S., Ueno K., Nakajo M.
Embase
Acta radiologica (Stockholm, Sweden : 1987). 48(3) (pp 351-354), 2007. Date of Publication: Apr 2007.
[Article]
AN: 46857214
PURPOSE: To retrospectively evaluate the long-term results of transcatheter arterial embolization for high-flow priapism. MATERIAL AND METHODS: The study comprised six patients with high-flow priapism treated by superselective embolization of the internal pudendal

arteries at our institution. The cause of priapism was traumatic in five patients and idiopathic in one. Follow-up was > or = 5 years in all cases.
RESULT(S): A total of nine embolizations were performed in the six patients. Embolization was performed once in three patients, while repeated embolizations were performed in the remaining three. Eleven arteries were altogether treated. Embolic materials used were gelatin sponge in nine arteries, gelatin sponge and microcoils in one, and microcoils alone in one. Embolization of the internal pudendal arteries on both sides in one single session was performed in one patient. In one patient, complete occlusion of the pseudoaneurysm was not achieved. However, restoration of erectile function and detumescence were noted during follow-up. Complications during the procedure were not registered. At follow-up > or = 5 years after successful embolization, all six patients experienced detumescence as well as normal erectile function.
CONCLUSION(S): Superselective embolization of the internal pudendal artery is the procedure of choice for treatment of high-flow priapism.
PMID
17453510 [https://www.ncbi.nlm.nih.gov/pubmed/?term=17453510]
Institution
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Year of Publication
2007

562.

Principles and indications of chronic transfusion therapy for children with sickle cell disease.
Ware R.
Embase
Clinical Advances in Hematology and Oncology. 5(9) (pp 686-688), 2007. Date of Publication: September 2007.
[Article]
AN: 351699411
PMID
17982409 [https://www.ncbi.nlm.nih.gov/pubmed/?term=17982409]
Status
Embase
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(Ware) Department of Hematology, St. Jude Children's Research Hospital, Memphis, TN, United States
Publisher
Millennium Medical Publishing, Inc. (611 Broadway, Suite 828, New York NY 10012, United States)
Year of Publication
2007

563.

Anxiety and depression in children and adolescents with sickle cell disease.
Benton T.D., Ifeagwu J.A., Smith-Whitley K.
Embase

Current Psychiatry Reports. 9(2) (pp 114-121), 2007. Date of Publication: April 2007.
[Review]
AN: 46579149
A growing body of evidence suggests that depressive disorders and anxiety disorders are much more prevalent among medically ill children and adolescents when compared with the general population, and that the presence of comorbidity may adversely affect medical outcomes and quality of life. Whereas the prevalence and impact of anxiety and depressive disorders have been described in chronic conditions such as asthma, diabetes, and epilepsy, much less is known about sickle cell disease (SCD), a disorder that affects more than 70,000 Americans, primarily those of African and Mediterranean descent. A hallmark of this disorder is recurrent, acute, and chronic pain that often requires emergency management and hospitalization. Medical advances in the treatment of this illness have transformed SCD from a condition associated with very early morbidity and mortality into a chronic condition of adulthood. This article reviews the evidence describing our knowledge of anxiety and depression in children and adolescents with SCD, its clinical impact, and effectiveness of interventions.
PMID
17389120 [https://www.ncbi.nlm.nih.gov/pubmed/?term=17389120]
Status
Embase
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Publisher
Current Medicine Group LLC (400 Market St, Ste 700 Philadelphia PA 19106, United States)
Year of Publication
2007

564.

Treatment of attention deficit hyperactivity disorder in children and adolescents: Safety considerations.
Wolraich M.L., McGuinn L., Doffing M.
Embase
Drug Safety. 30(1) (pp 17-26), 2007. Date of Publication: 2007.
[Review]
AN: 46072355
Despite a large body of evidence for both the validity of the diagnosis of attention deficit hyperactivity disorder (ADHD) and the efficacy of its treatment with medication, there is an equally long history of controversy. This article focuses on presenting safety information for medications approved by the US FDA for the treatment of individuals with ADHD. Stimulant medications are generally safe and effective. The common adverse effects of stimulant medications, including appetite suppression and insomnia, are usually of mild severity and manageable without stopping the medication. The more severe adverse effects such as tics or bizarre behaviours occur with low frequency and usually resolve when the medication is stopped. The possible impact on growth requires careful monitoring. Several rare but potentially severe adverse effects including sudden cardiac death and cancer following long-term treatment have been reported; however, these effects have not been adequately demonstrated to be of significant concern at this time. Atomoxetine also has a mild adverse effect profile in terms of severity and frequency although the numbers of studies and years of clinical experience is considerably less with this drug than for the stimulant medications. When the risks are juxtaposed to the clear efficacy in significantly reducing dysfunctional symptoms of ADHD, benefit-risk

analyses support the continued use of these pharmacological treatments for patients with ADHD.

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17194168 [https://www.ncbi.nlm.nih.gov/pubmed/?term=17194168]
Status
Embase
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Publisher
Adis International Ltd (41 Centorian Drive, Private Bag 65901, Mairangi Bay, Auckland 10 1311, New Zealand)
Year of Publication
2007

565.

Sickle cell disease: The Lebanese experience.
Inati A., Jradi O., Tarabay H., Moallem H., Rachkidi Y., El Accaoui R., Isma'eel H., Wehbe R., Mfarrej B.G., Dabbous I., Taher A.
Embase
International Journal of Laboratory Hematology. 29(6) (pp 399-408), 2007. Date of Publication: December 2007.
[Article]
AN: 350060631
Sickle cell disease (SCD), the commonest single gene disorder worldwide, is an inherited disease that has different clinical and hematological manifestations in different populations. The objective of this study is to describe the characteristics of the Lebanese SCD population. This was a retrospective study that included information on 387 patients with either sickle cell anemia (SS) or sickle beta-thalassemia (ST). The mean (+/-SD) age was 17.9 years (+/-12.5), and the mean (+/-SD) follow-up was 9.3 +/- 6.9 years. Fifty percent of the patients were males and SS/ST distribution was 3 : 1. The disease was clustered in two geographic areas in North and South Lebanon. Nearly, all patients were Muslims and 56% were the offspring of consanguineous parents. The prevalence of splenomegaly beyond 6 years of age among SS patients was 28.9%. The prevalence rates of stroke, leg ulcers and priapism were 4.1%, 1.4%, and 0.8%, respectively. Comparing the SS and the ST patients, there were no statistically significant differences in the prevalence of all clinical manifestations except for splenomegaly (SS: 28.9%, ST: 54.9%, P-value < 0.001) and splenectomy (SS: 16.1%, ST: 35.7%, P-value < 0.001). In contrast to Northern American populations and similar to some Mediterranean populations, Lebanese SCD patients have a higher prevalence of persistent splenomegaly. The relatively low incidence of thrombotic complications deserves further investigation. The study's limitations include those of any other retrospective study and the fact that not all Lebanese centers caring for inherited hemoglobin disorders were included. However, the results of this first large scale national survey indicate that preventive efforts should target the Northern and Southern regions of Lebanon to decrease the number of new off springs afflicted with this disease similar to what has been successfully achieved with Thalassemia, another hemoglobinopathy that is highly prevalent in the country.
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17988293 [https://www.ncbi.nlm.nih.gov/pubmed/?term=17988293]
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Embase

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Publisher
Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)
Year of Publication
2007

566.

Medical management of pediatric mood disorders.
Singh M.K., Pfeifer J.C., Barzman D.H., Kowatch R.A., DelBello M.P.
Embase
Pediatric Annals. 36(9) (pp 552-563), 2007. Date of Publication: September 2007.
[Review]
AN: 350076930
PMID
17910203 [https://www.ncbi.nlm.nih.gov/pubmed/?term=17910203]
Status
Embase
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Publisher
Slack Incorporated (6900 Grove Road, Thorofare NJ 08086-9447, United States)
Year of Publication
2007

567.

Search of a non-toxic therapeutics solution to erectile dysfunction and/or impotence in men.
Qureshi S., Al-Rejaie S.S., Aleisa A.M., Al-Bekairi A.M., Al-Shabanah O.A., Al-Majed A., Qureshi M.R., Qureshi M.F., Al Bakrah M.
Embase
Pharmacognosy Magazine. 3(9) (pp 1-15), 2007. Date of Publication: January/March 2007.
[Review]
AN: 46900056
The objective of this review is to highlight the common conditions of erectile dysfunction, impotence and infertility that affects majority of world's men population. To overcome the distress,

unhappiness, and relationship problems, men throughout the world resorts to avail any therapy that can make their partners happy and overcome the inability to conceive. In this context, an attempt is made to focus the etiological factors, including (I) pathology of the disease (ii) addiction to alcohol and smoking habits and (iii) the adverse effects of some synthetic and natural drugs. Different available treatment modalities have been described and the toxicological manifestations of the erectogenic drugs have been discussed. Synthetic drugs are well-known for their side effects and the undesirable effect of natural drugs has not been thoroughly worked out on the assumption that they are harmless. Nevertheless, since the erectogenic drugs are a sure way to a possible conception, the adverse effects of such drugs could result in deterioration of the future generations resulting in physically crippled and mentally retarded children, in addition to syndrome menace in human population. Finally it is concluded that doctors prescribing erectogenic drugs should have a thorough knowledge of the literature on undesirable effects of such drugs. The erectogenic drugs (whether synthetic or natural) should be regulated by strict protocols before they are available for human consumption.
Status
Embase
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Publisher
Medknow Publications and Media Pvt. Ltd (B9, Kanara Business Centre, off Link Road, Ghatkopar (E), Mumbai 400 075, India)
Year of Publication
2007

568.

Laparoscopic splenic procedures in children: Experience in 231 children.
Rescorla F.J., West K.W., Engum S.A., Grosfeld J.L.
Embase
Annals of Surgery. 246(4) (pp 683-687), 2007. Date of Publication: October 2007.
[Article]
AN: 47480624
OBJECTIVES: The purpose of this report is to evaluate the efficacy of and complications observed after laparoscopic splenic procedures in children.
METHOD(S): Review of a prospective database at a single institution (1995-2006) identified 231 children (129 boys; 102 girls; average age 7.69 years) undergoing laparoscopic splenic procedures.
RESULT(S): Two hundred twenty-three children underwent laparoscopic splenectomy (211 total; 12 partial) by the lateral approach. Indication for splenectomy was hereditary spherocytosis (111), immune thrombocytopenic purpura (36), sickle cell disease (SCD) (51), and other (25). Four (2%) required conversion to an open procedure. Eight additional laparoscopic splenic procedures were performed: splenic cystectomy for epithelial (4) or traumatic (2) cyst, and splenopexy for wandering spleen (2). Average length of stay was 1.5 days. Complications (11% overall, 22% in SCD patients) included ileus (5), bleeding (4), acute chest syndrome (5), pneumonia (2), portal vein thrombosis (1), priapism (1), hemolytic uremic syndrome (1), diaphragm perforation (2), colonic injury (1), missed accessory spleen (1), trocar site hernia (1), subsequent total splenectomy after an initial partial (1), and recurrent cyst (1). Subsequent operations were open in 3 (colon repair, hernia, and missed accessory spleen) and laparoscopic in 2 (completion

splenectomy, and cyst excision). There were no deaths, wound infections, or instances of pancreatitis.
CONCLUSION(S): Laparoscopic splenic procedures are safe and effective in children and are associated with low morbidity, higher complication rate in SCD, low conversion rate, zero mortality, and short length of stay. Laparoscopic splenectomy has become the procedure of choice for most children requiring a splenic procedure. © 2007 Lippincott Williams & Wilkins, Inc.
PMID
17893505 [https://www.ncbi.nlm.nih.gov/pubmed/?term=17893505]
Status
Embase
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Publisher
Lippincott Williams and Wilkins (530 Walnut Street,P O Box 327, Philadelphia PA 19106-3621, United States)
Year of Publication
2007

569.

Consequences of Use of Anabolic Androgenic Steroids.
Casavant M.J., Blake K., Griffith J., Yates A., Copley L.M.
Embase
Pediatric Clinics of North America. 54(4) (pp 677-690), 2007. Date of Publication: August 2007. [Review]
AN: 47302016
Whether providing anticipatory guidance to the young adolescent patient, conducting a preparticipation examination on a young athlete, or treating a sick user of anabolic androgenic steroids (AASs), the primary care physician must be familiar with the adverse consequences of the use of these compounds. This article reviews the endocrine, cardiovascular, neuropsychiatric, musculoskeletal, hematologic, hepatic, and miscellaneous effects of AASs, highlighting effects reported in children and adolescents, and relying on consequences in adults when pediatric data is unavailable. © 2007 Elsevier Inc. All rights reserved.
PMID
17723870 [https://www.ncbi.nlm.nih.gov/pubmed/?term=17723870]
Status
Embase
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(Copley) Department of Psychiatry, The Ohio State University Hospitals, 140 Neurosciences Facility, 1670 Upham Drive, Columbus, OH 43210, United States
Publisher
W.B. Saunders (Independence Square West, Philadelphia PA 19106-3399, United States)
Year of Publication
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570.

Haemoglobinopathies.
Howard J., Davies S.C.
Embase
Paediatrics and Child Health. 17(8) (pp 311-316), 2007. Date of Publication: August 2007.
[Article]
AN: 47248396
Sickle cell disease and thalassaemia are the most common inherited causes of anaemia, and are now usually detected in England and Wales via the newborn screening programme. The most common symptom of sickle cell disease is acute pain, but it is a multi-organ disorder and long-term follow-up must reflect this. Treatments such as hydroxyurea are now available. beta-thalassaemia major is the most clinically significant of the thalassaemias and requires lifelong transfusion therapy, which will result in iron overload and subsequent clinical problems unless iron chelation therapy is undertaken. Stem cell transplantation is the only curative option for the haemoglobinopathies.
Status
Embase
Institution
(Howard, Davies) St Thomas' Hospital, Lambeth Palace Road, London, United Kingdom
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Publisher
Churchill Livingstone (1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF, United Kingdom)
Year of Publication
2007

571.

Treatment of High-flow Priapism with Superselective Transcatheter Embolization in 27 Patients: A Multicenter Study.
Kim K.R., Shin J.H., Song H.-Y., Ko G.-Y., Yoon H.-K., Sung K.-B., Ahn T.-Y., Kim C.W., Kim Y.H., Ko H.-K., Kwak B.K., Shim H.J., Chung H.-H., Shin S.W., Bae J.-I.
Embase
Journal of Vascular and Interventional Radiology. 18(10) (pp 1222-1226), 2007. Date of Publication: October 2007.
[Article]
AN: 47446264
Purpose: To evaluate the effectiveness and safety of treatment of high-flow priapism (HFP) with superselective transcatheter embolization at nine university hospitals.
Material(s) and Method(s): Between May 1994 and October 2006, 27 patients underwent superselective embolization of the cavernous artery for HFP. Trauma was apparent in 22

patients, there was self-administered intracavernosal injection for erectile dysfunction in two, and the remaining three did not recall any penile or perineal trauma. The embolic agents used were autologous blood clot (n = 12), gelatin sponge (n = 12), microcoils combined with gelatin sponge (n = 1), polyvinyl alcohol (n = 1), and N-butyl cyanoacrylate (n = 1). Recurrence of priapism and change in erectile function were evaluated during a mean follow-up of 13 months. Differences in results between patients treated with autologous blood clot versus gelatin sponge were statistically analyzed with use of the chi2 test.
Result(s): In 24 of 27 patients (89%), a single embolization was sufficient for complete resolution of priapism. Repeat embolization was required in two patients (7%), and in the remaining patient (4%), shunt surgery was performed after embolization as a result of HFP coexisting with corporeal venoocclusive dysfunction. Eighteen of 23 patients (78%) who had premorbid normal erectile function showed maintained potency during the follow-up period. There was no significant difference affecting required repeat embolization (P = .537) and change in quality of erection (P = .615) during the follow-up period between the autologous blood clot and gelatin sponge treatment groups.
Conclusion(s): Superselective transcatheter embolization in the treatment of HFP is effective and ensures a high level of preservation of premorbid erectile function. © 2007 SIR.
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17911511 [https://www.ncbi.nlm.nih.gov/pubmed/?term=17911511]
Status
Embase
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572.

Outcome Analysis of Severe Chordee Correction Using Tunica Vaginalis as a Flap in Boys With Proximal Hypospadias.
Braga L.H.P., Pippi Salle J.L., Dave S., Bagli D.J., Lorenzo A.J., Khoury A.E.
Embase

Journal of Urology. 178(4 SUPPLEMENT) (pp 1693-1697), 2007. Date of Publication: October 2007.
[Article]
AN: 47368492
Purpose: There is ongoing controversy regarding optimal treatment for severe ventral curvature. It has been suggested that ventral corporeal lengthening may be associated with recurrent curvature and erectile dysfunction. To further assess these issues we reviewed our experience with ventral penile lengthening for correcting the severe ventral curvature associated with proximal hypospadias.
Material(s) and Method(s): We reviewed the records of 38 boys with severe hypospadias and congenital ventral curvature greater than 45 degrees who were treated at our institution from 1995 to 2004 with placement of a flap or graft in the corporeal bodies to straighten the phallus. Of the patients 21 had perineal and 17 had penoscrotal hypospadias, including 22 with associated penoscrotal transposition and/or bifid scrotum and 6 with ambiguous genitalia. Testosterone stimulation before surgery was given in 11 children at surgeon discretion.
Result(s): Median age at surgery was 15 months. The urethral plate was divided in 94.7% of patients. A tunica vaginalis flap was used alone in 23 cases and associated with dura, pericardium or small intestinal submucosa in 8, 2 and 1, respectively. The remaining 4 patients underwent ventral grafting alone, including lyophilized dura in 1, pericardium in 1 and dermis in 1. Urethral reconstruction was achieved by the transverse island flap technique or 1 of its modifications in 34 children. Four boys underwent a 2-stage procedure. Followup available on 35 of 38 patients was 1 to 11 years (median 5.3). Recurrent ventral curvature in 5 of 35 patients was mild in 1 and clinically significant, requiring re-intervention, in 4. Four of 9 patients (44.4%) who underwent corporeal grafting with lyophilized dura had recurrent ventral curvature vs 1 of 23 (4.3%) who had a tunica vaginalis flap (chi-square 5.14, p = 0.02). At last followup straight erections were documented by patients and/or parents in 30 of 35 children (85.7%).
Conclusion(s): The short-term outcome of ventral penile lengthening using tunica vaginalis flap alone for correcting severe chordee is favorable with a 95% success rate. Dural grafts were associated with a higher risk of recurrent ventral curvature compared to tunica vaginalis flaps. Although most of our patients were not yet adults, when chordee and erectile dysfunction may become apparent, we believe that tunica vaginalis flap repair is a good option for correcting severe ventral curvature. © 2007 American Urological Association.
PMID
17707021 [https://www.ncbi.nlm.nih.gov/pubmed/?term=17707021]
Status
Embase
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(Braga, Pippi Salle, Dave, Bagli, Lorenzo, Khoury) Division of Urology, Hospital for Sick Children, Toronto, Ont., Canada
Publisher
Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)
Year of Publication
2007

573.

Attention Deficit Hyperactivity Disorder Across the Lifespan: The Child, Adolescent, and Adult.
Greydanus D.E., Pratt H.D., Patel D.R.
Embase
Disease-a-Month. 53(2) (pp 70-131), 2007. Date of Publication: February 2007.
[Article]
AN: 46452595

Management of a child, adolescent, college student, or adult with ADD/ADHD (ADHD) is reviewed with emphasis on pharmacologic approaches in the adult. Psychological treatment includes psychotherapy, cognitive-behavior therapy, support groups, parent training, biofeedback, meditation, and social skills training. Medications are reviewed that research has revealed can improve the core symptomatology of a child or adolescent with ADHD. These medications include stimulants (psychostimulants), antidepressants, alpha-2 agonists, and a norepinephrine reuptake inhibitor. Psychopharmacology approved and/or used in pediatric patients are also used in adults with ADHD, though most are not officially FDA-approved. It is emphasized that ADHD management should include a multi-modal approach, involving appropriate educational interventions, appropriate psychological management of the patient of any age, and judicious use of medications. Such an approach is recommended to benefit those with ADHD achieve their maximum potential across the human life span.
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17386306 [https://www.ncbi.nlm.nih.gov/pubmed/?term=17386306]
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Publisher
Mosby Inc. (11830 Westline Industrial Drive, St. Louis MO 63146, United States)
Year of Publication
2007

574.

Psychopharmacologic treatment of pediatric major depressive disorder.
Boylan K., Romero S., Birmaher B.
Embase
Psychopharmacology. 191(1) (pp 27-38), 2007. Date of Publication: March 2007.
[Review]
AN: 46294941
Rationale: The role of pharmacotherapy in the treatment of major depressive disorder (MDD) in youth has received much attention in recent years due to concerns of efficacy and safety of the antidepressants for the treatment of MDD in youth.
Objective(s): This review describes the existing published and unpublished literature regarding the efficacy and short-term safety of the antidepressants and decision-making process required for the use of these medications for youth with MDD. In addition, current continuation and maintenance treatments are discussed.
Result(s): In general, nine depressed youth must be treated with an antidepressant to obtain one clinical response above that achieved with placebo. To date, fluoxetine has showed the most consistent positive treatment effects. Depressed youth had also acutely responded to other antidepressants, but the response to placebo has also been high. Overall, the antidepressants are well tolerated, but 1-3 children and adolescents of 100 taking antidepressants showed onset or worsening of suicidal ideation and, more rarely, suicide attempts.
Conclusion(s): There is a positive risk-benefit ratio for the use of antidepressants in the acute treatment of depressed youth. First-line antidepressant treatment with-or without-specific types of psychotherapy is indicated for youth with MDD of at least moderate severity. All youth taking antidepressants must be closely monitored for suicidality and medication side effects. Many youth will likely require psychotherapy or additional medication treatments to address comorbid disorders. Treatments to prevent relapses and recurrences require further study.
PMID
16896960 [https://www.ncbi.nlm.nih.gov/pubmed/?term=16896960]
Status

Embase
Institution
(Boylan) Department of Psychiatry and Behavioural Neurosciences, McMaster University, Box 2000, 1200 Main St. W, Hamilton, Ont. L8N 3Z5, Canada (Romero, Birmaher) Western Psychiatric Institute and Clinic, University of Pittsburgh Medical Center, 3811 O'Hara Street, Pittsburgh, PA 15213, United States
Publisher
Springer Verlag (Tiergartenstrasse 17, Heidelberg D-69121, Germany)
Year of Publication
2007

575.

Sickle cell disease in North Europe.
Howard J., Davies S.C.
Embase
Scandinavian Journal of Clinical and Laboratory Investigation. 67(1) (pp 27-38), 2007. Date of Publication: 2007.
[Review]
AN: 46252847
The numbers of patients with sickle cell disease in Northern Europe are steadily increasing due to migration, leading to a need for improved healthcare services for these patients. We outline the role of neonatal and antenatal screening programmes in the diagnosis of sickle cell disease, clinical aspects of care and the therapeutic options available. The clinical areas discussed in detail are pain management, the management of stroke and other neurological complications and the management of pulmonary and splenic complications. The role of hydroxyurea, blood transfusion and bone marrow transplantation are also discussed. © 2007 Taylor & Francis.
PMID
17365983 [https://www.ncbi.nlm.nih.gov/pubmed/?term=17365983]
Status
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(Howard, Davies) Department of Haematology, Central Middlesex Hospital, London, United Kingdom (Howard) Department of Haematology, Central Middlesex Hospital, London, NW10 7NS, United Kingdom
Publisher
Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
Year of Publication
2007

576.

Clinical profile of sickle cell disease in Yemeni children.
Al-Saqladi A.-W., Delpisheh A., Bin-Gadeem H., Brabin B.J.
Embase
Annals of Tropical Paediatrics. 27(4) (pp 253-259), 2007. Date of Publication: December 2007.
[Article]
AN: 350167610

The clinical spectrum of sickle cell disease (SCD) in the Arabian Peninsula varies widely. This is the first report in Yemeni children.
Method(s): A hospital-based, cross-sectional study was undertaken in Al-Wahada Teaching Hospital in Aden of children under 16 years with homozygous (SS) SCD.
Result(s): Fifty-six (55%) were males. There were clinical manifestations in 20% by the age of 6 months and in 67%, 88% and 92% by 1, 2 and 3 years, respectively. Dactylitis (hand-foot syndrome) was the most common presenting symptom and occurred in 54% of cases, followed by acute respiratory infections and other acute febrile illnesses. The main causes of hospitalisation were painful crisis (36%), anaemic crisis (16%) and acute chest syndrome (11%). Hepatomegaly was detected in 72% and splenomegaly in 40%. Cerebrovascular accident, cholelithiasis, hepatic crisis and leg ulcers each occurred in about 5% of patients. There was first- and second-degree consanguinity in 31% and 16%, respectively, of patients' families.
Conclusion(s): SCD is a serious problem, affecting children in Yemen from an early age. Disease course and severity were similar to that in Africans and American blacks and some reports from western Saudi Arabia. A screening programme linked to comprehensive medical care and genetic counselling is required to improve management and quality of life. © 2007 The Liverpool School of Tropical Medicine.
PMID
18053341 [https://www.ncbi.nlm.nih.gov/pubmed/?term=18053341]
Status
Embase
Institution
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Publisher
Maney Publishing (Suite 1C, Joseph's Well, Hanover Walk, Leeds LS3 1AB, United Kingdom)
Year of Publication
2007

577.

Sexual dysfunction in men with chronic prostatitis/chronic pelvic pain syndrome: improvement after trigger point release and paradoxical relaxation training.
Anderson RU, Wise D, Sawyer T, Chan CA
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Urology. 176(4 Pt 1):1534-8; discussion 1538-9, 2006 Oct.
[Journal Article]
UI: 16952676
PURPOSE: The impact of chronic pelvic pain syndrome on sexual function in men is underestimated. We quantified sexual dysfunction (ejaculatory pain, decreased libido, erectile dysfunction and ejaculatory difficulties) in men with chronic pelvic pain syndrome and assessed the effects of pelvic muscle trigger point release concomitant with paradoxical relaxation training.
MATERIALS AND METHODS: We treated 146 men with a mean age of 42 years who had had refractory chronic pelvic pain syndrome for at least 1 month with trigger point release/paradoxical relaxation training to release trigger points in the pelvic floor musculature. The Pelvic Pain

Symptom Survey and National Institutes of Health-Chronic Prostatitis Symptom Index were used to document the severity/frequency of pain, urinary and sexual symptoms. A global response assessment was done to record patient perceptions of overall therapeutic effects at an average 5-month followup.
RESULTS: At baseline 133 men (92%) had sexual dysfunction, including ejaculatory pain in 56%, decreased libido in 66%, and erectile and ejaculatory dysfunction in 31%. After trigger point release/paradoxical relaxation training specific Pelvic Pain Symptom Survey sexual symptoms improved an average of 77% to 87% in responders, that is greater than 50% improvement. Overall a global response assessment of markedly or moderately improved, indicating clinical success, was reported by 70% of patients who had a significant decrease of 9 (35%) and 7 points (26%) on the National Institutes of Health-Chronic Prostatitis Symptom Index ($p < 0.001$). Pelvic Pain Symptom Survey sexual scores improved 43% with a markedly improved global response assessment ($p < 0.001$) but only 10% with moderate improvement ($p = 0.96$).
CONCLUSIONS: Sexual dysfunction is common in men with refractory chronic pelvic pain syndrome but it is unexpected in the mid fifth decade of life. Application of the trigger point release/paradoxical relaxation training protocol was associated with significant improvement in pelvic pain, urinary symptoms, libido, ejaculatory pain, and erectile and ejaculatory dysfunction.
Version ID
1
Status
MEDLINE
Authors Full Name
Anderson, Rodney U, Wise, David, Sawyer, Timothy, Chan, Christine A
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Anderson, Rodney U. Department of Urology, Stanford University School of Medicine, Stanford, California, USA.
Year of Publication
2006

578.

Somatization in the population: from mild bodily misperceptions to disabling symptoms.
Hiller W, Rief W, Brahler E
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Social Psychiatry & Psychiatric Epidemiology. 41(9):704-12, 2006 Sep.
[Journal Article]
UI: 16794766
OBJECTIVE: This study investigates the prevalence of current somatization in the population by taking different levels of symptom severity into account. Somatization is described along a continuum from mild and negligible bodily misperceptions to severe and disabling somatoform symptoms.
METHODS: A representative sample of 2.552 persons in Germany was examined with a screening instrument for medically unexplained physical complaints that had occurred during the past 7 days. All 53 symptoms from the ICD-10/DSM-IV sections of somatoform disorders were included.
RESULTS: 81.6% reported at least one symptom causing at least mild impairment and 22.1% at least one symptom causing severe impairment. The entire sample had an average of 6.6 symptoms associated with at least mild distress. Somatization of any degree was associated with female gender, age above 45, lower educational level, lower household income and rural area. The most common symptoms with prevalence rates > 20% were various types of pain (back,

head, joints, extremities), food intolerance, sexual indifference, painful menstruations and erectile/ejaculatory dysfunction.
CONCLUSION: This population survey demonstrates that medically unclear complaints are an everyday phenomenon. About three out of four cases are below clinical relevance with only low level of impairment. Epidemiological correlates are similar between clinical and non-clinical forms of somatization.
Version ID
1
Status
MEDLINE
Authors Full Name
Hiller, Wolfgang, Rief, Winfried, Brahler, Elmar
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Year of Publication
2006

579.

Medical and surgical management of priapism. [Review] [63 refs]
Cherian J, Rao AR, Thwaini A, Kapasi F, Shergill IS, Samman R
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Postgraduate Medical Journal. 82(964):89-94, 2006 Feb.
[Journal Article. Review]
UI: 16461470
Priapism is a pathological condition of penile erection that persists beyond, or is unrelated to, sexual stimulation. Pathologically and clinically, two subtypes are seen-the high flow (non-ischaemic) variety and the low flow (ischaemic) priapism. The low flow type is more dangerous, as these patients are susceptible to greater complications and the long term recovery of erectile function is dependent on prompt and urgent intervention. Many of the causes of priapism are medical, including pharmacological agents, and as such, priapism should be considered as a medical and surgical emergency. [References: 63]
Version ID
1
Status
MEDLINE
Authors Full Name
Cherian, J, Rao, A R, Thwaini, A, Kapasi, F, Shergill, I S, Samman, R
Institution
Cherian, J. Department of Urology, Bradford Royal Infirmary, Bradford, UK.
PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2596691
Year of Publication
2006

580.

Popular ergogenic drugs and supplements in young athletes.
Calfee R., Fadale P.
Embase
Pediatrics. 117(3) (pp e577-e589), 2006. Date of Publication: March 2006.
[Review]
AN: 46063196
Ergogenic drugs are substances that are used to enhance athletic performance. These drugs include illicit substances as well as compounds that are marketed as nutritional supplements. Many such drugs have been used widely by professional and elite athletes for several decades. However, in recent years, research indicates that younger athletes are increasingly experimenting with these drugs to improve both appearance and athletic abilities. Ergogenic drugs that are commonly used by youths today include anabolic-androgenic steroids, steroid precursors (androstenedione and dehydroepiandrosterone), growth hormone, creatine, and ephedra alkaloids. Reviewing the literature to date, it is clear that children are exposed to these substances at younger ages than in years past, with use starting as early as middle school. Anabolic steroids and creatine do offer potential gains in body mass and strength but risk adverse effects to multiple organ systems. Steroid precursors, growth hormone, and ephedra alkaloids have not been proven to enhance any athletic measures, whereas they do impart many risks to their users. To combat this drug abuse, there have been recent changes in the legal status of several substances, changes in the rules of youth athletics including drug testing of high school students, and educational initiatives designed for the young athlete. This article summarizes the current literature regarding these ergogenic substances and details their use, effects, risks, and legal standing. Copyright © 2006 by the American Academy of Pediatrics.
PMID
16510635 [https://www.ncbi.nlm.nih.gov/pubmed/?term=16510635]
Status
Embase
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Publisher
American Academy of Pediatrics (141 Northwest Point Blvd, P.O. Box 927, Elk Grove Village IL 60007-1098, United States)
Year of Publication
2006

581.

Care of patients with haemoglobin abnormalities: history and biology.
Khattab A.D., Rawlings B., Ali I.S.
Embase
British journal of nursing (Mark Allen Publishing). 15(18) (pp 994-998), 2006. Date of Publication: 2006 Oct 12-25.
[Review]
AN: 44984453
Haemoglobinopathies refer to a range of genetically inherited disorders of red blood cell haemoglobin and include sickle cell disorders and thalassaemias. They occur most commonly in populations whose ancestors come from Africa, Asia, Mediterranean Islands, and the Middle and Far East. Haemoglobin (Hb) abnormalities (or haemoglobinopathies) are caused by (i) abnormalities of the protein structure; (ii) imbalanced globin chain production owing to reduced rate of synthesis of normal a or b globin chains; or (iii) a combination of the two. This article will

focus on the biological basis of sickle cell disorders and will discuss the history and pathology of the conditions.
PMID
17077770 [https://www.ncbi.nlm.nih.gov/pubmed/?term=17077770]
Institution
(Khattab, Rawlings, Ali) Department of Nursing, Institute of Health and Community Studies, Bournemouth University.
Year of Publication
2006

582.

Hematological parameters in sick cell anemia patients with and without priapism.
Ahmed S.G., Ibrahim U.A., Hassan A.W.
Embase
Annals of Saudi Medicine. 26(6) (pp 439-443), 2006. Date of Publication: November/December 2006.
[Article]
AN: 46195730
Background: Priapism was associated with certain hematological parameters in sickle cell anemia (SCA) patients in one report but not in another. We studied differences in haematological parameters between SCA patients with and without priapism.
Patients and Methods: Eighteen patients with SCA who presented with acute priapism during the years 2001-2004 were compared with age- and sex-matched SCA patients without priapism with respect to hematocrit, reticulocyte count, level of irreversibly sickled cells (ISC), percentage of haemoglobin F (Hb F), total leukocyte and platelet counts.
Result(s): SCA patients with priapism had a mean hematocrit of 0.28 L/L, which was significantly higher than the mean hematocrit value of 0.24 L/ L (P<0.05) in patients without priapism. The mean reticulocyte count of 8% in patients with priapism was significantly lower than mean reticulocyte count of 12% (P<0.05) in patients without priapism. The level of ISC of 3% in patients with priapism was significantly lower than the level of 6.5% (P<0.05) in patients without priapism. There was no statistically significant difference in the mean levels of Hb F (7% vs. 6%). Patients with priapism had a mean leukocyte count and mean platelet count that did not significantly differ from values in patients without priapism.
Conclusion(s): SCA patients with priapism had a lower rate of hemolysis, resulting in a higher hematocrit and greater blood viscosity, which increased the risk of corpora cavernosal sickling and blockade. Hence, a relatively high hematocrit is a risk factor for the development priapism in patients with sickle cell anemia.
PMID
17143019 [https://www.ncbi.nlm.nih.gov/pubmed/?term=17143019]
Status
Embase
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Publisher
Medknow Publications and Media Pvt. Ltd (B9, Kanara Business Centre, off Link Road, Ghatkopar (E), Mumbai 400 075, India)
Year of Publication
2006

583.

Evaluation of patients after treatment of arterial priapism with selective micro-embolization.
Tonseth K.A., Egge T., Kolbenstvedt A., Hedlund H.
Embase
Scandinavian Journal of Urology and Nephrology. 40(1) (pp 49-52), 2006. Date of Publication: January 2006.
[Article]
AN: 43207214
Objective. Arterial (high-flow) priapism is characterized by a prolonged non-painful erection without sexual arousal as a result of unregulated inflow of blood to the corpus cavernosum. Treatment is based on decreasing this elevated inflow, primarily by means of selective arteriography and embolization. The aim of this study was to evaluate the treatment of patients with arterial priapism. Material and methods. In the period between 1990 and 2004, 10 patients with arterial priapism were admitted to our department. The mean age when priapism developed was 32 years (range 11-62 years). Eight patients were treated with selective embolization, one was operated on and one refused treatment. Nine patients completed a standardized questionnaire which included the International Index of Erectile Function (IIEF-5). The mean follow-up time after treatment was 70 months. Results. All patients treated with selective embolization achieved reduced tumescence. Six out of eight patients had an improved IIEF-5 score after treatment. In nine men, the etiology of the arterial priapism was perineal trauma. In one case, an anomaly with an accessory artery to the corpus cavernosum was diagnosed, which required surgery, and in one case recurrence of the priapism necessitated a second embolization. Conclusions. Selective embolization results in reduced tumescence and an improvement in erectile function in patients with arterial priapism. Trauma to the perineum was the main etiology in this study. © 2006 Taylor & Francis.
PMID
16452056 [https://www.ncbi.nlm.nih.gov/pubmed/?term=16452056]
Status
Embase
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Publisher
Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
Year of Publication
2006

584.

Quality of life in patients with chronic kidney disease: Focus on end-stage renal disease treated with hemodialysis.
Kimmel P.L., Patel S.S.
Embase
Seminars in Nephrology. 26(1) (pp 68-79), 2006. Date of Publication: January 2006.
[Review]

AN: 43075516
The proper measures for assessing quality of life (QOL) in patients with chronic kidney disease (CKD) remain unclear. QOL measures are subjective or objective, functional or satisfaction-based, and generic or disease-specific. Treatment of end-stage renal disease with transplantation and treatment of anemia with erythropoietin in patients with CKD have been associated with dramatic improvements of QOL. Other factors such as age, ethnic or national background, stage of CKD, modality of dialytic therapy, exercise interventions, sleep disturbances, pain, erectile dysfunction, patient satisfaction with care, depressive affect, symptom burden, and perception of intrusiveness of illness may be associated with differential perception of QOL. Recent studies showed an association between assessment of QOL and morbidity and mortality in end-stage renal disease patients, suggesting the measures do matter. Further studies are necessary in patients with early stages of CKD and in children. QOL measures should include validated psychosocial measures of depressive affect, perception of burden of illness, and social support. The challenge for the next decade will be to continue to devise interventions that meaningfully increase the QOL of patients with CKD at all stages.
PMID
16412831 [https://www.ncbi.nlm.nih.gov/pubmed/?term=16412831]
Status
Embase
Institution
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Publisher
W.B. Saunders (Independence Square West, Philadelphia PA 19106-3399, United States)
Year of Publication
2006

585.

Treating persistent adolescent aggression.
Peterson J., Sheldon C.
Embase
Current Treatment Options in Neurology. 8(5) (pp 427-438), 2006. Date of Publication: September 2006.
[Review]
AN: 44349496
Adolescent aggressive behavior is a frequently encountered problem for clinicians and society as a whoLe. Better understanding of biological, social, and familial risk factors for maladaptive aggressive behavior may lead to more effective interventions. The social information processing problems characteristic of this group interfere with treatment and outcome. Although further studies are needed, evidence for the effectiveness of psychopharmacologic treatments is increasing. There is also evidence for several effective psychotherapeutic interventions, especially for those with affective/impulsive aggression. Knowledge of risk factors, psychosocial strategies, and psychopharmacologic treatments can enhance the clinician's ability to intervene with this difficult group.
Status
Embase
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Publisher
Current Science Ltd (34-42 Cleveland Street, London W1P 6LB, United Kingdom)
Year of Publication
2006

586.

Emerging drugs for premature ejaculation.
Waldinger M.D.
Embase
Expert Opinion on Emerging Drugs. 11(1) (pp 99-109), 2006. Date of Publication: March 2006.
[Review]
AN: 43439754
Lifelong premature ejaculation (PE) is a frequent male sexual dysfunction and is thought to be mediated in part by disturbances of serotonergic (5-hydroxytryptamine; 5-HT) neurotransmission and ejaculation-mediating 5-HT receptors in the CNS. The aetiology of the dysfunction is unclear, but probably includes neurobiological and environmental factors. Lifelong PE is a syndrome characterised by a cluster of symptoms. Rapid ejaculations become manifest around the first sexual encounters in puberty or adolescence. Intravaginal ejaculation latency time usually occurs within 30-60 s, or maximally within 2 min after vaginal penetration, is present with nearly every sexual partner, and remains similar throughout life or may aggravate during ageing. The syndrome may lead to secondary psychological, sexual and relationship problems. Daily treatment with some selective serotonin re-uptake inhibitors (SSRIs) leads to strong ejaculation delay, but may be accompanied by side effects. New treatment with SSRIs with a short half-life (if approved) for on-demand use 1-2 h prior to coitus exerts less ejaculation-delaying effects than daily SSRI strategies. Animal studies have shown that strong, immediate ejaculation delay may be induced by the combination of an SSRI with a 5-HT1A receptor antagonist. The combination of an SSRI and any other compound that immediately strongly raises 5-HT neurotransmission may form the basis for the development of new on-demand drugs to treat PE. © 2006 Ashley Publications.
PMID
16503829 [https://www.ncbi.nlm.nih.gov/pubmed/?term=16503829]
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Embase
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Publisher
Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
Year of Publication
2006

587.

Pharmacological treatment for attention-deficit/hyperactivity disorder (ADHD) in adults.
Dowson J.H.
Embase

Current Psychiatry Reviews. 2(3) (pp 317-331), 2006. Date of Publication: August 2006.
[Review]
AN: 44269922
Attention-Deficit/Hyperactivity Disorder (ADHD), as defined by DSM-IV, is a heterogeneous syndrome affecting an estimated 7% of children. Many will continue to have clinically-significant features of ADHD as adults, although some patients referred to adult psychiatrists have previously-unrecognised ADHD. Studies involving neurocognitive assessments or brain imaging have indicated ADHD-associated brain dysfunctions. An important therapeutic role for drugs such as methylphenidate has been clearly established in children and the benefits of medication for ADHD in adults are being increasingly recognised. The present review is aimed at adult psychiatrists who are considering or managing drug treatments for ADHD in adult patients. The focus is on medication regimes, but relevant 'background' literature is also reviewed, as an awareness of a range of published evidence is necessary when assessing ADHD in adult patients and advising on possible drug treatments. © 2006 Bentham Science Publishers Ltd.
Status
Embase
Institution
(Dowson) Cambridge University, Department of Psychiatry, Addenbrooke's Hospital, Box 189, Cambridge CB2 2QQ, United Kingdom
Publisher
Bentham Science Publishers B.V. (P.O. Box 294, Bussum 1400 AG, Netherlands)
Year of Publication
2006

588.

Darbepoetin alfa for the treatment of anemia in pediatric patients with chronic kidney disease.
Warady B.A., Arar M.Y., Lerner G., Nakanishi A.M., Stehman-Breen C.
Embase
Pediatric Nephrology. 21(8) (pp 1144-1152), 2006. Date of Publication: August 2006.
[Article]
AN: 44083889
Darbepoetin alfa, an erythropoiesis-stimulating glycoprotein, has proved efficacious in the treatment of anemia of chronic kidney disease (CKD) in adult subjects. However, little information is available from pediatric populations. We conducted an open-label, non-inferiority, 28-week study comparing the efficacy of darbepoetin alfa with that of recombinant human erythropoietin (rHuEpo) in pediatric subjects with CKD. Subjects, aged 1-18, who were receiving stable rHuEpo treatment (n=124) were randomized (1:2) to either continue receiving rHuEpo or convert to darbepoetin alfa, with doses titrated to achieve and maintain hemoglobin (Hb) levels between 10.0 and 12.5 g/dl. Darbepoetin alfa was considered to be non-inferior to rHuEpo if the lower limit of the two-sided 95% confidence interval (CI) for the difference in the mean change in Hb between the two treatment groups was above -1.0 g/dl. The adjusted mean change in Hb between the baseline and the evaluation period for the rHuEpo and darbepoetin alfa groups was -0.16 g/dl and 0.15 g/dl, respectively, with a difference of 0.31 g/dl (95% CI: -0.45, 1.07) between the means. These results, and the comparable safety profiles, demonstrate that darbepoetin alfa is non-inferior to rHuEpo in the treatment of anemia in pediatric patients with CKD. © IPNA 2006.
PMID
16724235 [https://www.ncbi.nlm.nih.gov/pubmed/?term=16724235]
Status
Embase
Institution

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(Nakanishi, Stehman-Breen) Amgen Inc., Thousand Oaks, CA 91320, United States
Publisher
Springer Verlag (Tiergartenstrasse 17, Heidelberg D-69121, Germany)
Year of Publication
2006

589.

Clinical trials and the drugging of our children.
Lemke J.L.
Embase
Journal of Orthomolecular Medicine. 21(3) (pp 152-156), 2006. Date of Publication: Third Quarter 2006.
[Review]
AN: 44701670
Status
Embase
Institution
(Lemke) Genesis Metabolic Therapy 3b, 2727 Quadra Street, Victoria, BC V8T 4E5, Canada
Publisher
International Society for Orthomolecular Medicine (16 Florence Avenue, Toronto ONT M2N 1E9, Canada)
Year of Publication
2006

590.

Treatment outcome and outcome associations in children with pervasive developmental disorders treated with selective serotonin reuptake inhibitors: A chart review.
Henry C.A., Steingard R., Venter J., Guptill J., Halpern E.F., Bauman M.
Embase
Journal of Child and Adolescent Psychopharmacology. 16(1-2) (pp 187-195), 2006. Date of Publication: February/April 2006.
[Review]
AN: 43570678
Purpose: The aim of this study was to determine the outcome and predictors of outcome with selective serotonin reuptake inhibitors (SSRIs) in outpatient children and adolescents with pervasive developmental disorders (PDDs).
Method(s): Clinic charts were reviewed for 89 outpatient youths with a Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) diagnosis of a PDD who were treated with SSRIs. Response was determined using the Clinical Global Impressions (CGI) scale. Side-effect and demographic data, including family history, were recorded.

Result(s): Forty-four point nine percent (44.9%) were determined to be much improved and considered responders. Fifty-four percent (54%) of the subjects demonstrated activation side effects. In 35.4% of these subjects, the activation side effects led to drug discontinuation. Pearson chi-squared and regression analysis demonstrated an association between SSRI response and a family history of PDD. There were no significant associations between clinical variables and activation side effects.
Conclusion(s): SSRI treatment led to modest response rate in this group of youths with PDDs. Activation side effects were frequent, often leading to treatment dropouts. Potential outcome associations include a family history of PDDs.
PMID
16553539 [https://www.ncbi.nlm.nih.gov/pubmed/?term=16553539]
Status
Embase
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Publisher
Mary Ann Liebert Inc. (140 Huguenot Street, New Rochelle NY 10801-5215, United States)
Year of Publication
2006

591.

Intracavernosal irrigation by cold saline as a simple method of treating iatrogenic prolonged erection.
Ateyah A, Rahman El-Nashar A, Zohdy W, Arafa M, Saad El-Den H
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Sexual Medicine. 2(2):248-53, 2005 Mar.
[Journal Article. Randomized Controlled Trial]
UI: 16422893
AIMS AND METHODS: The aim of this study was to evaluate the efficacy of aspiration and irrigation of the corpora cavernosa with cold saline as a simple outpatient method for treating prolonged penile erection after intracavernous injection of vasoactive agents.
RESULTS: Aspiration and irrigation was needed in 70 out of 122 cases with iatrogenic priapism in whom cooling of the penis and perineum failed to achieve detumescence. According to the temperature of the saline used, patients were randomized into four different groups: A, B, C, and D with a saline temperature 10, 15, 20, and 37 degrees C, respectively.
MAIN OUTCOME: We used a significantly larger volume of saline in groups C and D compared to group A. On the other hand there was no significant difference in the volume of saline used between groups A and B. Complete detumescence was achieved in 24/25 (96%) of cases in group A compared to 9/15 (60%) of cases in group D.
CONCLUSION: We recommend corporal aspiration and irrigation with 10 degrees C saline for patients with prolonged penile erection who failed to respond to the noninvasive measures using ice-cold compresses and physical exercise.
Version ID
1

Status
MEDLINE
Authors Full Name
Ateyah, Ahmed, Rahman El-Nashar, Abdel, Zohdy, Wael, Arafa, Mohammed, Saad El-Den, Hatem
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Ateyah, Ahmed. Department of Andrology Cairo University, Cairo, Egypt.
Year of Publication
2005

592.

'Straightening-reinforcing' technique for congenital curvature and Peyronie's disease.
Mantovani F, Patelli E, Castelnuovo C, Nicola M
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Urologia Internationalis. 75(3):201-3, 2005.
[Journal Article. Randomized Controlled Trial]
UI: 16215304
OBJECTIVES: We report an initial randomised study on surgical techniques with subsequent intensive application of our procedure.
MATERIALS AND METHODS: We modified Ebbehoj-Metz technique by a 'straightening-reinforcing' (S-R) double stitch: the first performs the plication, the second tightens it, thus preventing tension during erection. This is different to the simple Ebbehoj-Metz stitch that only provides plication but, as it does not provide reinforcement, does not prevent recurrence. From 1995 to 2000 78 plications were performed: 60 for congenital curvatures (age range 18-32 years) and 18 for Peyronie's disease (PD; age range 36-58 years). During the first 3 years, i.e. between 1995 and 1998, patients were randomised to S-R plication (20 congenital and 5 PD) and Nesbit procedure (20 congenital and 5 PD), for a total number of 50 patients (40 congenital and 10 PD). The last 28 patients, operated between 1998 and 2000, were assigned exclusively to S-R plication. We delayed study publication in favour of an adequate follow-up.
RESULTS: No patient reported a decrease in erectile function and all reported easy vaginal penetration within 3 months. In 60% of the patients undergoing the Nesbit technique, restoration of a fully satisfactory coital activity was delayed because of pain during erection; 35% of all patients had some problems with the coronal suture which disappeared 1 month after the operation, and 15% reported decreased sensibility of the glans. Recurrence rate was not significant for all patients of all groups, even if 3 PD patients of the S-R plication group and 1 PD patient of the Nesbit group received no benefit from the operation.
CONCLUSION: S-R plication is not better than the Nesbit procedure. However, for low degrees of penile bending, both congenital and acquired, we do not think it strictly necessary to perform the more invasive Nesbit operation (requiring opening of Buck's fascia, detachment of the neurovascular dorsal bundle or urethra and albuginea excision). Modified plication may be a minimally invasive and effective treatment suitable for most curvatures treated in day clinics and under local anaesthesia.

Version ID
1
Status
MEDLINE
Authors Full Name
Mantovani, Franco, Patelli, Emilio, Castelnuovo, Chiara, Nicola, Massimiliano
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Year of Publication
2005

593.

Conservative management of priapism in acute spinal cord injury.
Gordon SA, Stage KH, Tansey KE, Lotan Y
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Urology. 65(6):1195-7, 2005 Jun.
[Journal Article]
UI: 15913719
OBJECTIVES: To perform a retrospective chart review of priapism as a complication of spinal cord injury and review the management and follow-up. Priapism is a known complication of acute spinal cord injury, but little has been written concerning the management of this condition.
METHODS: A retrospective chart review (1992 through 2002) was performed for all patients with a diagnosis of priapism. Of these patients, 6 had priapism in the setting of acute spinal cord injury without pelvic trauma. We reviewed the management of the priapism in these cases, and follow-up was attempted in each case.
RESULTS: Of the 6 patients with spinal cord injury-related priapism, 4 had spinal cord injury located at C5-C7, 1 at C5-C6, and 1 at T12. The prolonged erections were managed conservatively in 4 patients and irrigated with intracorporeal phenylephrine in 2. All patients with corporal blood gas measurement (n = 4) had nonischemic priapism. All 4 patients who underwent no intervention had the priapism resolve within 5 hours. Four patients (two treated conservatively and two who underwent irrigation) had recurrent episodes during the same admission that resolved spontaneously. Long-term outcomes were obtained by telephone from all 6 patients. Of the 6 patients, 5 had maintained spontaneous erections to date (range 3 to 10 years).
CONCLUSIONS: The results of our study have shown that priapism related to acute spinal cord injury is nonischemic and may be managed conservatively because of the high likelihood of resolution. Corporal blood gas measurement is important because the results can guide further management decisions. Our results suggests that conservative management of priapism related to spinal cord injury has a low rate of causing long-term erectile dysfunction.
Version ID
1
Status
MEDLINE
Authors Full Name
Gordon, S Alexis, Stage, Key H, Tansey, Keith E, Lotan, Yair
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Year of Publication
2005

594.

Adult surgical emergencies in a developing country: the experience of Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State, Nigeria.
Chianakwana GU, Ihegihu CC, Okafor PI, Anyanwu SN, Mbonu OO
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
World Journal of Surgery. 29(6):804-7; discussion 808, 2005 Jun.
[Journal Article]
UI: 15880283
The goal of this study was to examine the adult surgical emergencies seen at the Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi, with a view to proffering preventive solutions where appropriate and improving outcome. From the register of patients seen at the Casualty department and from the operations register in the main operation room of NAUTH, names and hospital numbers of adult patients treated as emergencies over a 5-year period, from 7 September 1998 to 6 September 2003, were obtained. The hospital folders were then retrieved from the Records Department. From each folder, the following details about each patient were extracted: age, sex, diagnosis at presentation, causative factors, treatment given, and outcome. A total of 902 adult patients were treated during the period. The commonest emergency operation was appendectomy for acute appendicitis in 139 patients (97 women and 42 men), followed closely by road traffic accidents (RTAs) involving 137 patients (103 men and 34 women). Gunshot injuries, which resulted mainly from armed robbery attacks, accounted for 127 cases. More men (113) sustained gunshot injuries than women (14). Of the 92 cases of acute intestinal obstruction seen, 62 occurred in women and 30 in men. Some 126 men presented with acute urinary retention, and two others presented with priapism. Governments at various levels should provide modern diagnostic tools for the accurate preoperative diagnosis of surgical emergencies in hospitals. Governments should also inculcate strict discipline into drivers using the highways, particularly in relation to abuse of alcohol and drugs. Good roads and adequate security should be provided for the people. The need for Pre-Hospital Care for the efficient evacuation of accident victims is emphasized. These measures will help to improve the management and outcome of surgical emergencies, and decrease the number of surgical emergencies resulting from RTAs and gunshot wounds.
Version ID
1
Status
MEDLINE
Authors Full Name
Chianakwana, Gabriel U, Ihegihu, Chima C, Okafor, Pius I S, Anyanwu, Stanley N C, Mbonu, Okechukwu O
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Year of Publication
2005

595.

Physiological ischemia/reperfusion phenomena and their relation to endogenous melatonin production: An hypothesis.
Tan D.-X., Manchester L.C., Sainz R.M., Mayo J.C., Leon J., Reiter R.J.
Embase
Endocrine. 27(2) (pp 149-157), 2005. Date of Publication: July 2005.
[Review]
AN: 41558447

Ischemia/reperfusion is a frequently encountered phenomenon in organisms. Prolonged ischemia followed then by reperfusion results in severe oxidative injury in tissues and organs; however, some species can tolerate such events better than others. In nature, arousal from hibernation and resurfacing from diving causes animals to experience classic ischemia/reperfusion and, somehow, these animals cope well with the potential oxidative stress. It has been documented that during these physiological ischemia/reperfusion events, the activities of several antioxidant enzymes and the levels of some small-molecular-weight antioxidants become elevated. For example, the potent small-molecular-weight antioxidant melatonin often attains especially high levels during these physiological ischemia/reperfusion events including during arousal from hibernation or in the newborns during delivery. Highly elevated melatonin production during these physiological ischemia/reperfusion episodes exhibits several features. First, this high melatonin production is transient and fits well with the time schedule of the physiological ischemia/reperfusion period; therefore, it is not related to the normal endogenous melatonin rhythm. Yet, this transient peak protects the animals from destructive oxidative processes that occur during these transition periods. Second, these high levels of melatonin seem to derive from several organs since pinealectomy does not totally reduce circulating levels of this agent. Third, high melatonin production present at arousal from hibernation or in the newborns at birth does not appear to be controlled by light, i.e., it occurs both during the day and at night, and the amplitudes of elevated melatonin levels are equivalent at these times. The significance of these findings is discussed herein. Based on currently available data, we hypothesize that melatonin plays an important role in the physiological ischemia/ reperfusion, i.e., as a member of antioxidant defense system, to protect against the potential oxidative injury induced by the physiological ischemia/reperfusion.
PMID
16217128 [https://www.ncbi.nlm.nih.gov/pubmed/?term=16217128]
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Publisher
Humana Press Inc.
Year of Publication
2005

596.

Renal involvement in human rabies: Clinical manifestations and autopsy findings of nine cases from northeast of Brazil.
Daher E.D.F., Da Silva Jr. G.B., Ferreira M.T., Barros F.A.D.S., Gurgel T.M., Patrocinio R.M.D.S.V.
Embase
Revista do Instituto de Medicina Tropical de Sao Paulo. 47(6) (pp 315-320), 2005. Date of Publication: November/December 2005.
[Article]
AN: 43168112
A retrospective study was conducted in nine patients with rabies admitted to a hospital of Fortaleza, Brazil. Autopsy was performed in all cases. The ages ranged from three to 81 years

and six were males. They all were bitten by dogs. The time between the accident and the hospital admission ranged from 20 to 120 days (mean 45 +/- 34 days). The time until death ranged from one to nine days (mean 3.3 +/- 5.5 days). The signs and symptoms presented were fever, hydrophobia, aerophobia, agitation, disorientation, dyspnea, sialorrhea, vomiting, oliguria, sore throat, pain and hypoesthesia in the site of the bite, headache, syncope, cough, hematemesis, mydriasis, hematuria, constipation, cervical pain and priapism. In three out of six patients, there was evidence of acute renal failure, defined as serum creatinine >= 1.4 mg/dL. The post-mortem findings in the kidneys were mild to moderate glomerular congestion and mild to intense peritubular capillary congestion. Acute tubular necrosis was seen in only two cases. This study shows some evidence of renal involvement in rabies. Histopathologic findings are nonspecific, so hemodynamic instability, caused by autonomic dysfunction, hydrophobia and dehydration must be responsible for acute renal failure in rabies.
PMID
16553320 [https://www.ncbi.nlm.nih.gov/pubmed/?term=16553320]
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(Daher) Rua Vicente Linhares 1198, 60270-135 Fortaleza, CE, Brazil
Publisher
Instituto de Medicina Tropical de Sao Paulo
Year of Publication
2005

597.

New plication technique for the treatment of congenital penile curvature.
Kato T., Nagao K., Ishii N., Miura K.
Embase
Reproductive Medicine and Biology. 4(4) (pp 255-258), 2005. Date of Publication: December 2005.
[Article]
AN: 43019799
Introduction: Conditions that cause curvature of the erect penis also lead to difficulties with intercourse. The present study presents an effective surgical treatment for congenital penile curvature.
Method(s): Between March 1996 and August 2004, 49 patients were diagnosed with congenital penile curvature at the Toho University Omori Hospital Reproduction Center, Tokyo. Of these, 27 eligible patients underwent surgical treatment. The operative technique used involved the tunica albuginea being exposed and a number of vertical incisions were made through its superficial layers. The superficial layer of the tunica albuginea was then resected using scissors. Inverted plication sutures were then placed in the raw surface of the corpus cavernosum using 2-0 nylon. In addition, 2-0 polyglactic acid (Vicryl) sutures were placed on either side of each nylon suture knot.
Result(s): Of a total of 49 patients, 27 eligible patients underwent surgical treatment with no serious postoperative complications. All 27 patients were able to sustain intercourse. There were

no new cases of erectile dysfunction, penile pain or penile shortening. There were no recurrences of penile curvature.
Conclusion(s): This new partial thickness shaving, inverted sutures reinforced with dissolving sutures plication method is an extremely effective surgical treatment for congenital penile curvature, with a superior safety profile.
Status
Embase
Institution
(Kato, Nagao, Ishii, Miura) Department of Urology, Toho University School of Medicine, 6-11-1 Omori Nishi, Ota-ku, Tokyo 143-8541, Japan
Publisher
John Wiley and Sons Ltd
Year of Publication
2005

598.

Preservation of ejaculatory and erectile function after radical cystectomy for urothelial malignancy.
Salem H.K.
Embase
Journal of the Egyptian National Cancer Institute. 17(4) (pp 239-244), 2005. Date of Publication: Dec 2005.
[Article]
AN: 45014478
BACKGROUND: During treating cancer patients, sexual issues should not be forgotten. With increasing survival from urologic cancer, quality of life and quality of sexuality have became very important targets in treating those patients. Fertility to those patients who desire fatherhood is sometimes more important than cancer morbidity, especially young patients in the rural areas in our country, to the extent that they may refuse the operation.We describe a new technique to preserve the erectile function and antegrade ejaculation after radical cystectomy.
PATIENTS AND METHODS: Seven potent men with a median age of 40 years (range 35-50) presented with invasive transitional cell carcinoma (TCC) of the lateral or the anterior bladder wall. All patients wished to preserve the ejaculatory function and fertility potential. We described the surgical technique of nerve sparing radical cystectomy with preservation of the vas deferens, seminal vesicles, whole prostate and neurovascular bundles. The follow up period ranged from six months to three years (mean 20 months) to assess recurrence, erectile function and ejaculatory function.
RESULT(S): Erectile function is normal in all patients with satisfactory sexual intercourse. Antegrade ejaculation was documented in six cases. One of them fathered a child. No local or distant recurrence was detected in the seven patients at the last follow-up.
CONCLUSION(S): The technique of radical cystectomy (with preservation of the vas deferens, whole prostate and seminal vesicle) is a good option in selected young men with bladder carcinoma in whom preservation of fertility is desirable.
PMID
17102818 [https://www.ncbi.nlm.nih.gov/pubmed/?term=17102818]
Institution
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Year of Publication
2005

599.

An evidence-based approach to the treatment of adults with sickle cell disease.
Lottenberg R., Hassell K.L.
Embase
Hematology / the Education Program of the American Society of Hematology. American Society of Hematology. Education Program. (pp 58-65), 2005. Date of Publication: 2005.
[Article]
AN: 41899562
The application of evidence-based medicine to the management of adults with sickle cell disease (SCD) is currently primarily driven by clinical expertise and patient preference, as there is a paucity of randomized controlled trial (RCT) data to guide decision-making. A summary of SCD management principles in the areas of health care maintenance, transfusion therapy, treatment and prevention of painful episodes, acute chest syndrome, stroke, renal disease, contraception and pregnancy, and priapism is predominantly based on the authors' interpretation of available observational studies as well as the opinions of experts in SCD. RCTs impacting current practices address use of hydroxyurea to prevent painful episodes and acute chest syndrome, intensity of pre-operative transfusion, transfusion during pregnancy, and angiotensin-converting enzyme inhibitor therapy for proteinuria, but most issues in adult SCD care have not been rigorously studied and management may not be appropriately extrapolated from pediatric data. While challenging clinical problems need to be addressed by RCTs, there is also the need for development of practice guidelines using formal methodological strategies. This brief review is not a substitute for the process but provides a literature-based approach to making treatment decisions when caring for adults with SCD.
PMID
16304360 [https://www.ncbi.nlm.nih.gov/pubmed/?term=16304360]
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(Lottenberg) University of Florida College of Medicine, Box 100277 UFHSC, Gainesville, Florida 32610, USA.
Year of Publication
2005

600.

Depression in the older adult.
Lawhorne L.
Embase
Primary Care - Clinics in Office Practice. 32(3 SPEC. ISS.) (pp 777-792), 2005. Date of Publication: September 2005.
[Review]
AN: 41242372
Older adults who visit the primary care physician's office often exhibit depressive symptoms. The challenge for the physician and other office staff is to determine what these symptoms mean: Loneliness? Fear? Grief? A consequence of a coexisting medical condition? A DSM depressive disorder? Or something else? Addressing ambiguous symptoms that may represent a depressive disorder may be difficult in the busy office setting. The findings of one recent study suggest that it is not lack of knowledge that impedes the recognition of depression but rather the conditions under which clinical decision making occurs [37]. The process of ruling out medical diagnoses

and opening the door to consider a mental health diagnosis can be time-consuming and circuitous, especially if the clinician is not already familiar with the patient or if the clinician who is familiar with the patient perceives insufficient time to deal with the issues raised by opening the door [37]. The fundamental challenge for the primary care clinician as aging baby boomers inundate the health care system is to restructure office practice to recognize, assess, and manage geriatric syndromes including depression. The underlying principle for successful restructuring is acknowledging that these syndromes have multiple causes requiring multifaceted interventions. Operationally, doing simple things consistently and well may have significant impact. By consistently recognizing biologic and psychosocial risk factors for depression, by taking a careful history (including the two-question screen [25]), and by conducting a thorough physical examination, the office-based clinician will generally have a strong clinical hunch about the presence or absence of a depressive disorder and any comorbid medical and neuropsychiatric conditions. Armed with this information, additional laboratory and brain imaging studies and subsequent management strategies are straightforward.
PMID
16140127 [https://www.ncbi.nlm.nih.gov/pubmed/?term=16140127]
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W.B. Saunders (Independence Square West, Philadelphia PA 19106-3399, United States)
Year of Publication
2005

601.

2-Stage repair in infancy for severe hypospadias with chordee: Long-term results after puberty.
Lam P.N., Greenfield S.P., Williot P., Zaontz M.R., Snodgrass W.
Embase
Journal of Urology. 174(4 II) (pp 1567-1572), 2005. Date of Publication: October 2005.
[Conference Paper]
AN: 41318625
Purpose: Urinary and sexual functions were assessed in post-pubescent boys who had undergone 2-stage hypospadias repair in infancy for severe hypospadias with chordee.
Material(s) and Method(s): A total of 44 boys who had undergone 2-stage hypospadias repair from 1985 to 1993 and who were at least 13 years old were contacted. Of the 44 boys 27 (61%) with an average age of 15.4 years (range 13 to 21) responded. Meatal locations were midshaft in 14 cases, penoscrotal in 9 and perineal in 4. Four boys had bifid scrotum and 5 had intersex disorders. Intramuscular testosterone was administered preoperatively to 15 (56%) boys. A Nesbit procedure was performed in 18 boys (67%). Average patient age at stage 2 repair was 2.3 years. Mean followup was 12.7 years (range 10.7 to 17.2). Additional surgery was performed for diverticuli in 5 cases, fistula in 3 and minor strictures in 4. Of the 27 patients 25 presented for examination and 2 responded to questionnaire only.
Result(s): All patients had normal meatal position, normal glanular anatomy, a well-defined coronal sulcus, normal cylindrical shafts without extra skin and well-defined penoscrotal junctions. Ten boys (40%) had minor spraying of stream, all stood to void and 10 (40%) milked the urethra after voiding. None had chordee. Twenty patients were able to ejaculate and 9 (42.9%) had to milk the ejaculate. Two patients (7.7%) had minor pain with erection. All subjects were satisfied with urinary, erectile and ejaculatory functions, and 23 (92%) were pleased with appearance.

Conclusion(s): The 2-stage approach for severe hypospadias results in excellent function, cosmesis and patient satisfaction after puberty, with no chordee. Minor voiding and ejaculatory problems are to be expected. Late complications are rare. The use of extragenital skin to either primarily repair or salvage a "cripple" has not been necessary. Copyright © 2005 by American Urological Association.
PMID
16148653 [https://www.ncbi.nlm.nih.gov/pubmed/?term=16148653]
Status
Embase
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(Greenfield) Department of Pediatric Urology, Women and Children's Hospital of Buffalo, 219 Bryant St., Buffalo, NY 14222, United States
Publisher
Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)
Year of Publication
2005

602.

Mortality in sickle cell patients on hydroxyurea therapy.
Bakanay S.M., Dainer E., Clair B., Adekile A., Daitch L., Wells L., Holley L., Smith D., Kutlar A.
Embase
Blood. 105(2) (pp 545-547), 2005. Date of Publication: 15 Jan 2005.
[Article]
AN: 40070734
The efficacy of hydroxyurea (HU) and its role in the reduction in mortality in sickle cell patients has been established. Nevertheless, many patients still die of complications of this disease while on HU. Of the 226 patients treated with HU at our center, 38 died (34 of sickle cell-related causes). Acute chest syndrome (ACS) was the most common (35%) cause of death. Deceased and surviving patients did not differ significantly in average HU dose, baseline fetal hemoglobin (Hb F), or maximum Hb F response. However, the deceased patients were significantly older when HU was instituted, were more anemic, and more likely to have BAN or CAM haplotypes. They also had significantly higher serum blood-urea-nitrogen (BUN) and creatinine levels. Sickle cell patients who die while on HU therapy may represent a subgroup of older patients, possibly with more severe disease and more severe organ damage. Such patients need early identification and prompt HU institution. © 2005 by The American Society of Hematology.
PMID
15454485 [https://www.ncbi.nlm.nih.gov/pubmed/?term=15454485]
Status
Embase
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(Bakanay, Dainer, Clair, Adekile, Daitch, Wells, Holley, Smith, Kutlar) Sickle Cell Center, Department of Medicine, Medical College of Georgia, Augusta, GA, United States (Kutlar) Sickle Cell Center, Department of Medicine, Medical College of Georgia, 1120 15th St, Augusta, GA 30912, United States
Publisher
American Society of Hematology (1900 M Street, Suite 2000, Washington DC 20036, United States)
Year of Publication
2005

603.

Lifelong premature ejaculation: Current debate on definition and treatment.
Waldinger M.D.
Embase
Journal of Men's Health and Gender. 2(3) (pp 333-338), 2005. Date of Publication: September 2005.
[Review]
AN: 41755113
Lifelong premature ejaculation is characterized by early ejaculations occurring at nearly every intercourse, with nearly every female partner, and most often from the first sexual encounters in puberty and adolescence. Premature ejaculation has always been regarded as a psychological disorder that had to be treated by psychotherapy. However, there is no evidence supporting general psychological causes and efficacy of behavioural treatment for this male sexual complaint. In contrast, there is increasing evidence for the efficacy of daily treatment with some selective serotonin reuptake inhibitors (SSRIs) and on-demand treatment with clomipramine and anesthetic ointments. Data of recent epidemiological stopwatch research of the intravaginal ejaculation latency time (IELT) support an ejaculation distribution theory, of a continuum of IELT in the general male population. Using the 0.5 and 2.5 percentile as accepted standards of disease definition, lifelong premature ejaculation has been defined as a neurobiological dysfunction with an unacceptable increase of risk to develop sexual and psychological problems at any time during a lifetime. It is proposed that all men with an IELT of less than 1 minute have "definite" premature ejaculation, while men with IELTs between 1 and 1.5 minutes have "probable" premature ejaculation. In addition, it is proposed to define the severity of premature ejaculation (none, mild, moderate, severe) in terms of associated psychological problems. © 2005 WPMH GmbH. Published by Elsevier Ireland Ltd.
Status
Embase
Institution
(Waldinger) Department of Psychiatry and Neurosexology, Haga Hospital Leyenburg, Netherlands
Publisher
Elsevier (P.O. Box 211, Amsterdam 1000 AE, Netherlands)
Year of Publication
2005

604.

Adverse effects of anabolic steroids in athletes: A constant threat.
Maravelias C., Dona A., Stefanidou M., Spiliopoulou C.
Embase
Toxicology Letters. 158(3) (pp 167-175), 2005. Date of Publication: 15 Sep 2005.
[Short Survey]
AN: 41074813
Anabolic-androgenic steroids (AAS) are used as ergogenic aids by athletes and non-athletes to enhance performance by augmenting muscular development and strength. AAS administration is often associated with various adverse effects that are generally dose related. High and multi-doses of AAS used for athletic enhancement can lead to serious and irreversible organ damage. Among the most common adverse effects of AAS are some degree of reduced fertility and

gynecomastia in males and masculinization in women and children. Other adverse effects include hypertension and atherosclerosis, blood clotting, jaundice, hepatic neoplasms and carcinoma, tendon damage, psychiatric and behavioral disorders. More specifically, this article reviews the reproductive, hepatic, cardiovascular, hematological, cerebrovascular, musculoskeletal, endocrine, renal, immunologic and psychologic effects. Drug-prevention counseling to athletes is highlighted and the use of anabolic steroids is must be avoided, emphasizing that sports goals may be met within the framework of honest competition, free of doping substances.
PMID
16005168 [https://www.ncbi.nlm.nih.gov/pubmed/?term=16005168]
Status
Embase
Institution
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Publisher
Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)
Year of Publication
2005

605.

Toxicology and overdose of atypical antipsychotic medications in children: Does newer necessarily mean safer?.
DuBois D.
Embase
Current Opinion in Pediatrics. 17(2) (pp 227-233), 2005. Date of Publication: April 2005.
[Review]
AN: 40516106
Purpose of review: Atypical antipsychotic medications (second-generation antipsychotics) have been increasingly used in the treatment of a number of psychotic disorders since their introduction in 1988, with the newest medication introduced in 2002. Justification for their use includes claims of equal or improved antipsychotic activity over first-generation antipsychotics, increased tolerability, and decreased side effects. However, there are still significant adverse effects and toxicities with this class of medications. Toxicologic exposures and fatalities associated with atypical antipsychotics continue to increase in the United States, with 32,422 exposures and 72 deaths in 2003. There have also been Food and Drug Administration warnings in the past year about how some atypical antipsychotics have been marketed to minimize the potentially fatal risks and claiming superior safety to other atypical antipsychotics without adequate substantiation, indicating the toxicologic potential of these agents may be underestimated. Recent findings: Continued research to evaluate adverse effects and tolerability of atypical antipsychotics compared with first-generation antipsychotics and each other is reviewed. This article also reviews the pharmacodynamics, pharmacokinetics, and drug interactions with these medications. New therapeutic monitoring recommendations for this class of medications have also been proposed. Finally, clinical toxicity in overdose and management are reviewed.
Summary: While new atypical antipsychotic medications may have a safer therapeutic and overdose profile than first-generation antipsychotic medications, many adverse and toxic effects still need to be considered in therapeutic monitoring and overdose management.
PMID
15800418 [https://www.ncbi.nlm.nih.gov/pubmed/?term=15800418]

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Publisher
Lippincott Williams and Wilkins (530 Walnut Street,P O Box 327, Philadelphia PA 19106-3621, United States)
Year of Publication
2005

606.

Association of single nucleotide polymorphisms in klotho with priapism in sickle cell anaemia.
Nolan V.G., Baldwin C., Ma Q., Wyszynski D.F., Amirault Y., Farrell J.J., Bisbee A., Embury S.H., Farrer L.A., Steinberg M.H.
Embase
British Journal of Haematology. 128(2) (pp 266-272), 2005. Date of Publication: January II 2005.
[Article]
AN: 40159999
The complications of sickle cell disease are probably determined by genes whose products modify the pathophysiology initiated by the sickle haemoglobin mutation. Priapism, one vaso-occlusive manifestation of sickle cell disease, affects more than 30% of males with the disease. We examined the possible association of single nucleotide polymorphisms (SNPs) in 44 candidate genes of different functional classes for an association with the occurrence of priapism. One hundred and forty-eight patients with sickle cell anaemia and incident or a confirmed history of priapism were studied, along with 529 controls that had not developed priapism. Polymorphisms in the KLOTHO gene (KL; 13q12) showed an association with priapism by genotypic [reference SNP cluster identifier number (rs)2249358; odds ratio (OR) = 2.6 (1.4-5.5); rs211239; OR = 1.7 (1.2-2.6)] and haplotype analyses [rs211234 and rs211239; OR = 2.3 (1.5-3.4)]. These findings may have broader implications in sickle cell disease, as KL encodes a membrane protein that regulates many vascular functions, including vascular endothelial growth factor expression and endothelial nitric oxide release.
PMID
15638863 [https://www.ncbi.nlm.nih.gov/pubmed/?term=15638863]
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Publisher
Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)
Year of Publication
2005

607.

Hemolysis-associated priapism in sickle cell disease.
Nolan V.G., Wyszynski D.F., Farrer L.A., Steinberg M.H.
Embase
Blood. 106(9) (pp 3264-3267), 2005. Date of Publication: November 2005.
[Article]
AN: 41565928
Priapism, although uncommon in the general population, is one of the many serious complications associated with sickle cell disease (SCD). Few studies have described the clinical and hematologic characteristics of individuals with priapism and SCD. Using data from the Cooperative Study for Sickle Cell Disease, we assembled 273 case subjects with priapism and 979 control subjects. Case subjects, compared with control subjects, had significantly lower levels of hemoglobin; higher levels of lactate dehydrogenase, bilirubin, and aspartate aminotransferase; and higher reticulocyte, white blood cell, and platelet counts. These findings suggest an association of priapism with increased hemolysis. Hemolysis decreases the availability of circulating nitric oxide, which plays an important role in erectile function. © 2005 by The American Society of Hematology.
PMID
15985542 [https://www.ncbi.nlm.nih.gov/pubmed/?term=15985542]
Status
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Publisher
American Society of Hematology (1900 M Street, Suite 2000, Washington DC 20036, United States)
Year of Publication
2005

608.

Treatment of insomnia.
Infante M., Benca R.
Embase
Primary Psychiatry. 12(8) (pp 47-56), 2005. Date of Publication: August 2005.
[Review]
AN: 41153779
Chronic insomnia is a common complaint in psychiatric practice. The management of patients with insomnia should promote sleep as well as restore normal daytime function. Most treatment modalities, including behavioral and pharmacologic approaches, have been validated in patients with primary insomnia, but may also be helpful in patients with secondary insomnia or insomnia comorbid with medical and psychiatric conditions. Behavioral therapies appear to have longerlasting efficacy after cessation of treatment, and should therefore always be considered. Hypnotics are approved for the short-term treatment of insomnia; they are generally used in the treatment of acute or transient types of insomnia, but are increasingly being used for chronic

insomnia as well. In the presence of psychiatric disorders or other sleep disorders, other options such as antidepressants, antipsychotics, or anticonvulsants may help promote sleep.
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Publisher
MBL Communications (333 Hudson St. 7th Floor, New York NY 10013, United States)
Year of Publication
2005

609.

Phenotype/genotype relationships in sickle cell disease: A pilot twin study.
Weatherall M.W., Higgs D.R., Weiss H., Weatherall D.J., Serjeant G.R.
Embase
Clinical and Laboratory Haematology. 27(6) (pp 384-390), 2005. Date of Publication: December 2005.
[Article]
AN: 41784348
The roles of genetic and non-genetic factors in the haematology, growth and clinical features of sickle cell disease have been studied in nine identical twin pairs (six homozygous sickle cell disease, three sickle cell-haemoglobin C disease). A comparison group of 350 age-gender matched sibling pairs, selected to have an age difference of <5 years, was used for assessing the concordance of numerical data. Attained height, weight at attained height, fetal haemoglobin, total haemoglobin, mean cell volume, mean cell haemoglobin and total bilirubin levels showed significantly greater correlation in identical twins than in siblings. Twins showed similarities in the prevalence and degree of splenomegaly, susceptibility to priapism, and in onset of menarche, but other clinical complications were discordant in prevalence and severity. These findings suggest that physical growth and many haematological characteristics are subject to genetic influences, but that non-genetic factors contribute to the variance in disease manifestations. © 2005 Blackwell Publishing Ltd.
PMID
16307540 [https://www.ncbi.nlm.nih.gov/pubmed/?term=16307540]
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Publisher
Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)
Year of Publication
2005

610.

Changing diagnostic and therapeutic concepts in high-flow priapism.
Kuefer R., Bartsch Jr. G., Herkommer K., Kramer S.C., Kleinschmidt K., Volkmer B.G.
Embase
International Journal of Impotence Research. 17(2) (pp 109-113), 2005. Date of Publication: March/April 2005.
[Review]
AN: 40434582
High-flow priapism (HFP) is defined as pathological increased arterial influx into the cavernosal bodies. Since 1960,202 cases have been published in the literature. This study evaluates the effect of the changing diagnostic and therapeutic concepts. The data of 202 cases of HFP was evaluated regarding diagnostic and therapeutic procedures and long-term results. Success was defined as restored erectile function without recurrent priapism. The major etiology of HFP is trauma, especially in children or young adults; in older men, HFP is a rare event mainly caused by malignoma. Cavernosal blood-gas analysis, color-Doppler ultrasound and angiography were the most effective diagnostic tools to distinguish high- from low-flow priapism. The success rate was 20% for shunt operations and 89% for arterial embolization. In conclusion, embolization was effective in the majority of cases of traumatic HFP, while shunt surgery remained disappointing. For HFP caused by inherited diseases and malignoma conservative therapy is mandatory.
PMID
15229624 [https://www.ncbi.nlm.nih.gov/pubmed/?term=15229624]
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Publisher
Nature Publishing Group (Houndmills, Basingstoke, Hampshire RG21 6XS, United Kingdom)
Year of Publication
2005

611.

Pharmacologic treatment of chronic pediatric hypertension.
Robinson R.F., Nahata M.C., Batisky D.L., Mahan J.D.
Embase
Pediatric Drugs. 7(1) (pp 27-40), 2005. Date of Publication: 2005.
[Review]
AN: 40444227
Improved recognition of the relationship between childhood and adult blood pressures and identification of end-organ damage in children, adolescents, and young adults with hypertension has led to increased focus by pediatricians and general practitioners on the detection, evaluation, and treatment of hypertension. Notably, detection, evaluation, and treatment of pediatric hypertension has increased significantly since the first Task Force Report on High Blood

Pressure in Children and Adolescents in 1977 with advances in both nonpharmacologic and pharmacologic treatments. Angiotensin-converting enzyme inhibitors (e.g. captopril, enalapril, lisinopril, ramipril) and calcium channel antagonists (e.g. nifedipine, amlodipine, felodipine, isradipine) are the most commonly prescribed antihypertensive medications in children due to their low adverse-effect profiles. Diuretics (e.g. thiazide diuretics, loop diuretics, and potassium-sparing diuretics) are usually reserved as adjunct therapy. Newer agents, such as angiotensin receptor antagonists (e.g. irbesartan), are currently being studied in children and adolescents. These agents may be an option in children with chronic cough secondary to angiotensin-converting enzyme inhibitors. beta-Adrenoreceptor antagonists (e.g. propranolol, atenolol, metoprolol, and labetalol), alpha-adrenoreceptor antagonists, alpha-adrenoreceptor agonists, direct vasodilators, peripheral adrenoreceptor neuron agonists, and combination products are less commonly used in pediatric patients because of adverse events but may be an option in children unresponsive to calcium channel blockers, angiotensin converting-enzyme inhibitors, or angiotensin receptor blockers.
PMID
15777109 [https://www.ncbi.nlm.nih.gov/pubmed/?term=15777109]
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Publisher
Adis International Ltd (41 Centorian Drive, Private Bag 65901, Mairangi Bay, Auckland 10 1311, New Zealand)
Year of Publication
2005

612.

Sequelae of parenteral drug abuse involving the external genitalia.
Mireku-Boateng AO, Nwokeji C
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Urologia Internationalis. 73(4):302-4, 2004.
[Journal Article]
UI: 15604571
UNLABELLED: Intravenous drug abuse continues to be a major social problem in the USA. Many drug abusers eventually run out of usual intravenous sites and begin to utilize more unusual sites. Some of these sites include the cervical veins and the superficial dorsal vein of the penis. Sometimes the vein is missed and there is extravasation of the drug subcutaneously or intracorporeally. Acute cavernositis, priapism, penile subcutaneous hematoma, penile ulcerations and corporal fibrosis as well as Fournier's gangrene are some of the sequelae of these adventures. We describe our experience with these situations and review the management of penile ulcers.
MATERIAL AND METHODS: Six patients who were seen in our general urology practice in Washington, D.C., with parenteral drug abuse involving the external genitalia were studied.
RESULTS: Complications of acute cavernositis, priapism and penile ulcers were observed in this group.

CONCLUSION: It is essential to be aware that these habits occur as well as some of the complications outlined here. We review the management of penile ulcers.

Version ID
1
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Year of Publication
2004

613.

Cold saline enema in priapism--a useful tool for underprivileged.
Bansal AR, Godara R, Garg P
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Tropical Doctor. 34(4):227-8, 2004 Oct.
[Journal Article]
UI: 15510950
Priapism, prolonged painful erection of the penis, is a urological emergency. Untreated, the patient can end up with impotence. Various methods have been described for its treatment but the initial management remains conservative. This study presents our experience with the use of sedation followed by an ice-cold saline enema in the management of priapism.
Version ID
1
Status
MEDLINE
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Year of Publication
2004

614.

Management of penile fracture.
El-Taher AM, Aboul-Ella HA, Sayed MA, Gaafar AA
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Trauma-Injury Infection & Critical Care. 56(5):1138-40; discussion 1140, 2004 May.
[Journal Article]

UI: 15179260
BACKGROUND: Penile fracture is not a frequent event. It consists of rupture of the tunica albuginea of the corpora cavernosa. Fracture occurs when the penis is erect, as the tunica is very thin and not flexible.
METHODS: This prospective study was carried out over a period of 1 year and included 12 patients presenting with penile fracture.
RESULTS: Diagnosis was made clinically, and there was no need to perform cavernosography in any case. The most common cause of fracture was trauma to the erect penis during intercourse. Mean age of patients was 29.5 (+8.96) years, and mean time of presentation was 15.5 (+8.04) hours. Subcoronal circumferential degloving incision was done in all cases. Nine patients were operated on, and three patients refused surgery and were treated conservatively. Repair consisted of evacuation of hematoma and repair of the tunical defect with absorbable sutures. The mean operative time was 33.9 (+8.2) minutes. Preoperative and postoperative antibiotics were used, and all operated cases were discharged on the second postoperative day. All operated cases were able to achieve full erection with straight penis except one, in whom mild curvature and pain during erection was observed.
CONCLUSION: Penis fracture is a true urologic emergency. It should be treated surgically as early as possible to ensure a better outcome.
Version ID
1
Status
MEDLINE
Authors Full Name
El-Taher, Ahmad M, Aboul-Ella, Hassan A, Sayed, Mohamed A, Gaafar, Atef A
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Year of Publication
2004

615.

Sickle-cell disease.
Stuart M.J., Nagel R.L.
Embase
Lancet. 364(9442) (pp 1343-1360), 2004. Date of Publication: 09 Oct 2004.
[Conference Paper]
AN: 39335827
With the global scope of sickle-cell disease, knowledge of the countless clinical presentations and treatment of this disorder need to be familiar to generalists, haematologists, internists, and paediatricians alike. Additionally, an underlying grasp of sickle-cell pathophysiology, which has rapidly accrued new knowledge in areas related to erythrocyte and extra-erythrocyte events, is crucial to an understanding of the complexity of this molecular disease with protean manifestations. We highlight studies from past decades related to such translational research as the use of hydroxyurea in treatment, as well as the therapeutic promise of red-cell ion-channel blockers, and antiadhesion and anti-inflammatory therapy. The novel role of nitric oxide in sickle-cell pathophysiology and the range of its potential use in treatment are also reviewed. Understanding of disease as the result of a continuing interaction between basic scientists and clinical researchers is best exemplified by this entity.
PMID
15474138 [https://www.ncbi.nlm.nih.gov/pubmed/?term=15474138]
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(Stuart) Department of Pediatrics, Division of Hematology, Thomas Jefferson Univ., P., United States
Publisher
Elsevier B.V.
Year of Publication
2004

616.

Treatment of priapism in pediatric patients with sickle cell disease.
Maples B.L., Hagemann T.M.
Embase
American Journal of Health-System Pharmacy. 61(4) (pp 355-363), 2004. Date of Publication: 15 Feb 2004.
[Review]
AN: 39004602
Purpose. The available treatment options for priapism in pediatric (1-21 years of age) patients with sickle cell disease (SCD) are reviewed. Summary. Priapism is a complication of SCD that receives little attention, yet it is a particularly bothersome issue for many pediatric patients. Numerous therapeutic options have been attempted, including diethylstilbestrol, gonadotropin-releasing hormone analogues, various adrenergic agonists, and hydroxyurea. Few agents have actually been examined in a controlled clinical trial, making it difficult for practitioners to treat this complication. It is our recommendation that treatment should be conservative initially, with the patient being encouraged to urinate, exercise, increase his fluid intake, and take oral analgesics. If the episode of priapism persists beyond 2 hours, the patient should report to the emergency department for i.v. hydration and analgesics. If the episode persists beyond 4 hours, intracavernosal aspiration and instillation of an alpha-agonist should be performed and repeated as needed. If the priapism remains for longer than 12 hours, surgery should be considered for shunt placement. Conclusion. There is little evidence available regarding the definitive treatment of priapism, which affects a large number of pediatric patients with SCD. It is quite clear that more research is needed to determine what the best treatment options are for patients with this condition. Health care providers should educate their patients with SCD about the condition. Education, combined with more research of treatment options, may help patients avoid the damaging social, psychological, and medical implications of this bothersome and often embarrassing complication of SCD.
PMID
15011763 [https://www.ncbi.nlm.nih.gov/pubmed/?term=15011763]
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Publisher
American Society of Health-Systems Pharmacy
Year of Publication

2004

617.

A rapid and systematic review and economic evaluation of the clinical and cost-effectiveness of newer drugs for treatment of mania associated with bipolar affective disorder.
Bridle C., Palmer S., Bagnall A.-M., Darba J., Duffy S., Sculpher M., Riemsma R.
Embase
Health Technology Assessment. 8(19) (pp iii-109), 2004. Date of Publication: May 2004.
[Review]
AN: 38812218
Objectives: To evaluate the clinical and cost-effectiveness of quetiapine, olanzapine and valproate semisodium in the treatment of mania associated with bipolar disorder. Data sources: Electronic databases; industry submissions made to the National Institute for Clinical Excellence. Review methods: Randomised trials and economic evaluations that evaluated the effectiveness of quetiapine, olanzapine or valproate semisodium in the treatment of mania associated with bipolar disorder were selected for inclusion. Data were extracted by one reviewer into a Microsoft Access database and checked for quality and accuracy by a second. The quality of the cost-effectiveness studies was assessed using a checklist updated from that developed by Drummond and colleagues. Relative risk and mean difference data were presented as Forest plots but only pooled where this made sense clinically and statistically. Studies were grouped by drug and, within each drug, by comparator used. chi 2 tests of heterogeneity were performed for the outcomes if pooling was indicated. A probabilistic model was developed to estimate costs from the perspective of the NHS, and health outcomes in terms of response tare, based on an improvement of at least 50% in a patient's baseline manic symptoms derived from an interview-based mania assessment scale. The model evaluated the cost-effectiveness of the alternative drugs when used as part of treatment for the acute manic episode only.
Result(s): Eighteen randomised trials met the inclusion criteria. Aspects of three of the quetiapine studies were commercial-in-confidence. The quality of the included trials was limited and overall, key methodological criteria were not met in most trials. Quetiapine, olanzapine and valproate semisodium appear superior to placebo in reducing manic symptoms, but may cause side-effects. There appears to be little difference between these treatments and lithium in terms of effectiveness, but quetiapine is associated with somnolence and weight gain, whereas lithium is associated with tremor. Olanzapine as adjunct therapy to mood stabilisers may be more effective than placebo in reducing mania and improving global health, but it is associated with more dry mouth, somnolence, weight gain, increased appetite, tremor and speech disorder. There was little difference between these treatments and haloperidol in reducing mania, but haloperidol was associated with more extrapyramidal side-effects and negative implications for health-related quality of life. Intramuscular olanzapine and lorazepam were equally effective and safe in one very short (24 hour) trial. Valproate semisodium and carbamazepine were equally effective and safe in one small trial in children. Olanzapine may be more effective than valproate semisodium in reducing mania, but was associated with more dry mouth, increased appetite, oedema, somnolence, speech disorder, Parkinson-like symptoms and weight gain. Valproate semisodium was associated with more nausea than olanzapine. The results from the base-case analysis demonstrate that choice of optimal strategy is dependent on the maximum that the health service is prepared to pay per additional responder. For a figure of less than 7179 per additional responder, haloperidol is the optimal decision; for a spend in excess of this, it would be olanzapine. Under the most favourable scenario in relation to the costs of responders and non-responders beyond the 3-week period considered in the base-case analysis, the incremental cost-effectiveness ratio of olanzapine is reduced to 1236.
Conclusion(s): In comparison with placebo, quetiapine, olanzapine and valproate semisodium appear superior in reducing manic symptoms, but all drugs are associated with adverse events.

In comparison with lithium, no significant differences were found between the three drugs in terms of effectiveness, and all were associated with adverse events. Several limitations of the cost-effectiveness analysis exist, which inevitably means that the results should be treated with some caution. There remains a need for well-conducted, randomised, double-blind head-to-head comparisons of drugs used in the treatment of mania associated with bipolar disorder and their cost-effectiveness. Participant demographic, diagnostic characteristics, the treatment of mania in children, the use of adjunctive therapy and long-term safety issues in the elderly population, and acute and long-term treatment are also subjects for further study.
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15147609 [https://www.ncbi.nlm.nih.gov/pubmed/?term=15147609]
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National Co-ordinating Centre for HTA (Bouldrewood, Mail Point 728, Highfield, Southhampton, United Kingdom)
Year of Publication
2004

618.

Randomized, crossover comparison study of the short-term effect of oral testosterone undecanoate and intramuscular testosterone depot on linear growth and serum bone alkaline phosphatase.
Ahmed S.F., Tucker P., Mayo A., Wallace A.M., Hughes I.A.
Embase
Journal of Pediatric Endocrinology and Metabolism. 17(7) (pp 941-950), 2004. Date of Publication: 2004.
[Article]
AN: 39136277
Aim: To compare the effects of oral testosterone undecanoate (TU) 40 mg daily and intramuscular depot sustanon 50 (SUS), 4 weekly, on short-term growth and bone turnover.
Method(s): Prospective, randomised, cross-over study over 26 weeks with 4 weeks of run-in, 8 weeks of treatment I (TU/SUS), 4 weeks of wash-out, 8 weeks of treatment II (SUS/TU) and 4 weeks of final wash-out.
Main Outcome Measure(s): Weekly change in lower leg length (LLL) as measured by knemometry, i.e. LLL velocity (LLLV) and absolute bone alkaline phosphatase levels (bALP), as well as percentage change in bALP (%bALP).
Patient(s): Fourteen boys with delayed growth and puberty; two declined and one boy with sickle cell trait dropped out with priapism a week after SUS. The remainder had a median age of 14.3 years (range 12.5-17.4), testicular volume of 2 ml each (2-6), HtSDS of -2.1 (-3.3 to -1.0) and BA delay of 2.4 years (0.7-4.4).
Result(s): Median LLLV in the treatment blocks was 0.7 mm/wk (-0.27 to 2.2) and LLLV during the run-in and wash-out periods was 0.27 mm/wk (-0.3 to 0.6) ($p < 0.005$). LLLV during treatment with TU and SUS was 0.51 mm/wk (-0.22 to 2.17) and 0.67 mm/wk (-0.27 to 2.2), respectively (NS). Median LLLV during the washout phases that followed the TU block and the SUS block was similar at 0.28 mm/wk (-0.1 to 0.6) and 0.3 mm/wk (-0.2 to 0.6), respectively. LLLV peaks and troughs that were related to the timing of the injection were more evident during SUS therapy.

Median bALP during the run-in period was 94.2 U/l (16-282) and the median %bALP during this period was 1.2% (-57, 16). The main rise in bALP occurred during the treatment blocks with a %bALP of 19.3% (-28.8, 121.7) ($p < 0.005$). Median bALP at the beginning and end of the SUS block was 99.7 U/l (51.7, 225) and 170 U/l (64.8, 273), respectively ($p < 0.05$). Median bALP at the beginning and end of the TU block was 111 U/l (51, 287) and 127.6 U/l (66.4, 298) (NS). Median %bALP during SUS was higher than during TU at 28.1% (4.4, 121.7) and 11.8% (-28.8, 83.6) ($p = 0.07$).
Conclusion(s): At the doses studied, testosterone undecanoate was as effective as sustanon at promoting short-term growth but changes in bone alkaline phosphatase were more marked during sustanon therapy. © Freund Publishing House Ltd.
PMID
15301041 [https://www.ncbi.nlm.nih.gov/pubmed/?term=15301041]
Status
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Publisher
Walter de Gruyter and Co. (Genthiner Strasse 13, Berlin D-10785, Germany)
Year of Publication
2004

619.

Drugs and hormones used to treat pediatric and adolescent reproductive endocrine disorders.
Gubitosi-Klug R.A., Martinez A., Mericq V., Palmert M.R.
Embase
Pediatric Endocrinology Reviews. 2(SUPPL. 1) (pp 93-107), 2004. Date of Publication: November 2004.
[Review]
AN: 40129188
Pediatric and adolescent reproductive endocrine disorders represent a myriad of diseases including cryptorchidism, male and female sex steroid deficiencies, precocious puberty, and polycystic ovarian syndrome. While there are many traditional therapeutic interventions, some disorders now benefit from new medications or formulations. In this article, we review the most commonly used pharmacological therapies for these disorders and discuss treatment controversies and toxicities.
PMID
16456488 [https://www.ncbi.nlm.nih.gov/pubmed/?term=16456488]
Status
Embase
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Publisher
YS Medical Media Ltd. (P.O. Box 8214, Kiryat-Nordau Industrial Area, Netanya 42504, Israel)
Year of Publication
2004

620.

Phentolamine re-dosing during penile dynamic colour Doppler ultrasound: A practical method to abolish a false diagnosis of venous leakage in patients with erectile dysfunction.
Gontero P., Sriprasad S., Wilkins C.J., Donaldson N., Muir G.H., Sidhu P.S.
Embase
British Journal of Radiology. 77(923) (pp 922-926), 2004. Date of Publication: November 2004.
[Article]
AN: 39600233
Increased sympathetic tone may cause an equivocal response to a prostaglandin E1 (PGE1) penile Doppler ultrasound (US) examination interpreted as a venous leak. We evaluated the US parameters and erectile response to the addition of phentolamine to a PGE1 penile Doppler US examination to ascertain whether addition of phentolamine would abolish a suboptimal response. 32 patients (median age 29 years, range 17-70 years) with either a previous Doppler US pattern of venous leakage or a clinical suspicion of venogenic impotence, underwent Doppler US after a total dose of 20mug of PGE1. Peak systolic velocity (PSV), end diastolic velocity (EDV) and grade of erection were documented. If erectile response was suboptimal irrespective of the EDV measurement, 2 mg-intracavernosal phentolamine was administered and measurements repeated. Six patients had a normal erectile response, the remaining 26 received phentolamine. A significant increase in PSV between baseline and 20mug PGE1 ($p< 0.001$) was observed in all cases. Following phentolamine there was a significant increase in grade of erection ($p=0.0001$) and a significant reduction in the EDV ($p=0.0001$). A reduction of the EDV to below 0.0 cm s-1 was observed in 16 patients. Four patients with EDV <5.0 cm s-1 but >0.0 cm s-1 had improved erectile response following phentolamine while six showed persistent EDV elevation >5 cm s-1. No priapism was documented. It is essential to ensure cavernosal relaxation using phentolamine before a Doppler US diagnosis of venous leak is made. This two-stage assessment will allow this to be done efficiently and with a low risk of priapism. © 2004 The British Institute of Radiology.
PMID
15507415 [https://www.ncbi.nlm.nih.gov/pubmed/?term=15507415]
Status
Embase
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Publisher
British Institute of Radiology (36 Portland Place, London W1N 1AT, United Kingdom)
Year of Publication
2004

621.

Polymorphism of the human platelet antigen-5 system is a risk factor for occlusive vascular complications in patients with sickle cell anemia.
Castro V., Alberto F.L., Costa R.N.P., Lepikson-Neto J., Gualandro S.F.M., Figueiredo M.S., Annichino-Bizzacchi J.M., Saad S.T.O., Costa F.F.
Embase
Vox Sanguinis. 87(2) (pp 118-123), 2004. Date of Publication: August 2004.
[Article]
AN: 39265460
Background: Polymorphisms of platelet membrane glycoproteins such as human platelet antigen (HPA)-1b, HPA-2b, the -5T/C Kozak sequence and C807T have been described as risk factors for vascular disease. Vaso-occlusion episodes are a common feature of sickle cell anaemia (SCA), leading to complications such as stroke, acute chest syndrome, avascular head femur necrosis and priapism. Complex interactions are involved in vaso-occlusion, and activated platelets may play an important role. These data raised the question of whether platelet polymorphisms could be implicated in occlusive vascular complications (OVC) of SCA.
Material(s) and Method(s): In this study, 97 patients with SCA were analysed in two groups: 34 patients presenting with OVC (SCA-VC) and 63 without these complications (SCA-N). The distribution of the HPA-1, -2 and -5 systems, as well as C807T dimorphism and -5T/C Kozak sequence alleles, was evaluated using DNA-based methods.
Result(s): Patients of the SCA-VC group showed a higher frequency of the HPA-5b allele (0.324) compared with those of the SCA-N group (0.111) (chi2 = 13.19, P = 0.0002). None of the other polymorphisms, isolated or associated as haplotypes, demonstrated any correlation with the development of OVC in these patients.
Conclusion(s): The findings of this study suggest that the HPA-5b allele is a genetic risk factor for the development of OVC in patients with SCA. This allele could be explored as a target for the development of new therapeutic approaches.
PMID
15355504 [https://www.ncbi.nlm.nih.gov/pubmed/?term=15355504]
Status
Embase
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Publisher
Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)
Year of Publication
2004

622.

Nitric oxide release from human corpus cavernosum induced by a purified scorpion toxin.

Teixeira C.E., De Oliveira J.F., Baracat J.S., Priviero F.B.M., Okuyama C.E., Rodrigues Netto Jr. N., Fregonesi A., Antunes E., De Nucci G.
Embase
Urology. 63(1) (pp 184-189), 2004. Date of Publication: January 2004.
[Article]
AN: 38147590
Objectives. To investigate the effects of a purified scorpion toxin (Ts3) on human corpus cavernosum (HCC) in vitro. Scorpion venoms cause a massive release of neurotransmitters that contribute to the clinical symptoms resulting from envenomation. Methods. HCC strips were mounted in organ baths containing Krebs solution. After equilibration, the tissues were precontracted with phenylephrine (10 mumol/L). The relaxations caused by Ts3 (30 nmol/L) were compared with those induced by electrical field stimulation (1 to 20 Hz) and nitric oxide (NO, 1 to 100 mumol/L). Results. The addition of Ts3 evoked long-lasting relaxations of precontracted HCC strips, and exogenously applied NO and electrical field stimulation caused short-lived responses. The NO synthesis inhibitor Nomega-nitro-L-arginine methyl ester (L-NAME; 100 mumol/L) reduced by 87% +/- 2% the Ts3-induced relaxations; this inhibition was reversed by pretreating the tissues with L-arginine (1 mmol/L). The relaxant responses mediated by Ts3 were blocked to a similar degree by the soluble guanylyl cyclase inhibitor 1H-[1,2,4] oxadiazolo [4,3,-alquinoxalin-1- one] (10 mumol/L). In contrast, the addition of the phosphodiesterase type 5 inhibitor sildenafil (0.1 mumol/L) significantly enhanced Ts3-evoked relaxations by 78% +/- 4%. The sodium channel blocker tetrodotoxin (1 mumol/L) completely blocked the relaxant responses elicited by both Ts3 and electrical field stimulation, without significantly affecting those elicited by NO. Conclusions. The results indicate that Ts3 relaxes the HCC through the release of NO from nitrergic nerves. The elucidation of this mechanism is useful for the development of new therapeutic strategies to treat priapism after scorpion envenomation or to modulate sodium channel activity in the case of penile dysfunction. © 2004 Elsevier Inc.
PMID
14751389 [https://www.ncbi.nlm.nih.gov/pubmed/?term=14751389]
Status
Embase
Institution
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Publisher
Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)
Year of Publication
2004

623.

Follow-up of sickle cell disease patients with priapism treated by hydroxyurea.
Saad S.T.O., Lajolo C., Gilli S., Marques Jr. J.F.C., Lima C.S., Costa F.F., Arruda V.R.
Embase
American Journal of Hematology. 77(1) (pp 45-49), 2004. Date of Publication: September 2004.
[Article]
AN: 39108796
Hydroxyurea is one of the most successfully used therapies for sickle cell disease. Results of many clinical trials point to hydroxyurea administration for patients with frequent painful crises and acute chest syndrome. Priapism is one of the complications that could be prevented by hydroxyurea, but there are few reports demonstrating the results. Since November 1993,

hydroxyurea has been used in our clinic for preventing priapism in patients with stuttering or major attacks who are still capable of achieving intercourse on demand. Five patients were enrolled in the study, and 4 cases benefited by this treatment. After the initial treatment for the acute attack, all five patients developed stuttering priapism. Hydroxyurea was then introduced at the initial dose of 10 mg/kg, and as the hydroxyurea dosage increased, the number or length of priapism episodes decreased. One to two months after the maximal dose (20-35 mg/kg) was introduced, the episodes disappeared. In two patients, we were forced to administer over 30 mg hydroxyurea/kg to abort the episodes, and, in another patient, 25 mg/kg was necessary. All patients present normal sexual activity. Hydroxyurea was discontinued in two patients, but stuttering priapism reappeared. Hydroxyurea was then re-introduced, and priapism disappeared. One patient, using 20 mg hydroxyurea/kg, had a 6-year remission of priapism after hydroxyurea administration; however, he experienced stuttering priapism, 1 month before a major attack, that progressed to impotence. During that month, he did not seek medical attention. In conclusion, the data here presented suggests that hydroxyurea may prevent priapism attacks in sickle cell disease, probably at higher doses than usually prescribed for painful crisis prevention. © 2004 Wiley-Liss, Inc.
PMID
15307105 [https://www.ncbi.nlm.nih.gov/pubmed/?term=15307105]
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Embase
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Publisher
Wiley-Liss Inc. (111 River Street, Hoboken NJ 07030-5774, United States)
Year of Publication
2004

624.

A pharmacotherapy algorithm for stabilization and maintenance of pediatric bipolar disorder.
Pavuluri M.N., Henry D.B., Devineni B., Carbray J.A., Naylor M.W., Janicak P.G.
Embase
Journal of the American Academy of Child and Adolescent Psychiatry. 43(7) (pp 859-867), 2004.
Date of Publication: July 2004.
[Article]
AN: 38808491
Objective: To assess the feasibility and effectiveness of an evidence-based pharmacotherapy algorithm in the treatment of pediatric bipolar disorder.
Method(s): The study reports the results of a study of 64 bipolar type I subjects who were treated according to an algorithm developed in our specialty clinic. All subjects had been diagnosed using the Washington University in St. Louis Schedule for Affective Disorders and Schizophrenia. Subjects scored an average of 28 (+/- 4) on the baseline Young Mania Rating Scale. All subjects were assessed over an 18-month period. In addition, we were able to match 17 of the 64 subjects in the algorithm sample for gender, age, ethnicity, socioeconomic status, and diagnosis with an equal number of subjects in a psychopharmacology clinic who received treatment as usual.
Result(s): Prescribing clinicians were able to implement primary and secondary strategies, including detailed tactics of medication choices in the algorithm group. Growth curve analysis of the total algorithm group showed strong and significant improvement in symptoms. Analyses of the matched groups also showed strong effects for the treatment algorithm over treatment as usual. Treatment adherence and family satisfaction were higher in the algorithm group.

Conclusion(s): An evidence-based, problem-solving pharmacotherapy algorithm is feasible and may be associated with better outcomes in the treatment of pediatric bipolar disorder. Randomized trials will be necessary to gather additional support for the algorithm's effectiveness.
PMID
15213587 [https://www.ncbi.nlm.nih.gov/pubmed/?term=15213587]
Status
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Publisher
Elsevier Ltd (Langford Lane, Kidlington, Oxford OX5 1GB, United Kingdom)
Year of Publication
2004

625.

Efficacy of shunt surgery for refractory low flow priapism: a report on the incidence of failed detumescence and erectile dysfunction.
Nixon RG, O'Connor JL, Milam DF
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Urology. 170(3):883-6, 2003 Sep.
[Journal Article]
UI: 12913722
PURPOSE: The reported success rate for surgical cavernosa-to-spongiosum shunts in patients with refractory low flow priapism is variable and yet it is reported to be as high as 100% in terms of achieving detumescence. The long-term potency rate after the introduction of the shunt procedure is also as high as 50%. We reviewed the efficacy of various shunts in terms of achieving detumescence and we clarified the rate of erectile dysfunction at long-term followup.
MATERIALS AND METHODS: Patients were included in the analysis if they had painful low flow priapism more than 4 hours in duration that was refractory to conservative management, ultimately requiring a surgical shunt. Data, including etiology, duration and initial treatment measures, were retrospectively compiled in the last 12 years and the type of surgical shunts performed were recorded. Followup erectile function was assessed by clinical notes and a telephone survey using the International Index of Erectile Function.
RESULTS: Of the 28 consecutive patients included in the study 13 (46.4%) required more than 1 operation for failed detumesence, of whom 12 (92.3%) initially underwent a Winter shunt. Only 2 of the 20 men (10%) with available followup reported preservation of pre-morbid erectile function. Three men (15%) achieved partial erection without the assistance of oral or injectable agents.
CONCLUSIONS: In contrast to previously reported success rates, approximately 50% of our patients required reoperation for failed detumescence following a cavernosa-to-spongiosum shunt. In our experience the Winter shunt was the least successful operation, whereas reoperation was uncommonly required following an Al-Ghorab or Quackels shunt. As many as 90% of our patients had erectile dysfunction at followup.
Version ID
1
Status
MEDLINE

Authors Full Name
Nixon, Randy G, O'Connor, Jeffrey L, Milam, Douglas F
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Nixon, Randy G. Department of Urologic Surgery, Vanderbilt University School of Medicine, Medical Center North, Nashville, TN 37232, USA.
Year of Publication
2003

626.

Polytetrafluoroethylene versus polypropylene sutures for Essed-Schroeder tunical plication.
van der Horst C, Martinez Portillo FJ, Melchior D, Bross S, Alken P, Juenemann KP
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Urology. 170(2 Pt 1):472-5, 2003 Aug.
[Comparative Study. Journal Article]
UI: 12853802
PURPOSE: Essed-Schroeder plication is an established operative technique to correct congenital and acquired penile deviation. However, a third of all patients complain about discomfort from the suture material used. We prospectively evaluated patient satisfaction and quality of life after modified Essed-Schroeder plication by comparing 2 suture materials.
MATERIALS AND METHODS: Between 1998 and 2001, 88 patients underwent surgical correction of penile deviation at our hospital. Mean patient age was 40 years (range 18 to 71) and mean followup was 30 months. Preoperatively penile curvature was greater than 20 degrees in all patients. A standardized questionnaire was sent to all patients. A total of 55 patients, including 30 with Peyronie's disease (PD) and 25 with congenital penile deviation (CPD), were available for evaluation and had complete followup.
RESULTS: In 25 of these patients (12 with PD and 13 with CPD) nonabsorbable polypropylene (PP) sutures were used for plication, whereas in the other 30 (18 with PD and 12 with CPD) nonabsorbable polytetrafluoroethylene (PT) sutures were used. In the PP group 22 of the 25 patients (88%) could notice the sutures (11 with PD and 11 with CPD), 10 had discomfort (6 with PD and 4 with CPD) and 3 had pain during penile erection (2 with PD and 1 with CPD). In the PT group 15 of the 30 patients (50%) could notice the sutures (10 with PD and 5 with CPD), 3 had discomfort (1 with PD and 2 with CPD) and 1 with PD had painful erections. Three patients had recurrent deviation, of whom 2 and 1 underwent plication with PP and PT, respectively.
CONCLUSIONS: These results indicate the PT is the more superior suture material with regard to postoperative patient discomfort after Essed-Schroeder correction of penile deviation. Nonabsorbable PT sutures do not impair the efficacy of the modified Essed-Schroeder plication technique and the success rate is not related to the underlying pathological condition.
Version ID
1
Status
MEDLINE
Authors Full Name
van der Horst, Christoph, Martinez Portillo, Francisco J, Melchior, Diethild, Bross, Stefan, Alken, Peter, Juenemann, Klaus-Peter
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Year of Publication
2003

627.

Management of priapism in the newborn.
Meijer B, Bakker HH
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Urology. 61(1):224, 2003 Jan.
[Journal Article]
UI: 12559306
We report a case of priapism in a newborn and the results of a review of the publications on neonatal priapism. A preterm newborn developed idiopathic priapism on the first day after birth. The priapism disappeared after 4 days of observation. Periods with normal penile erection were reported at follow-up after 20 months. The results of the literature review also advocate management by observation alone.
Version ID
1
Status
MEDLINE
Authors Full Name
Meijer, Boaz, Bakker, Herman H R
Institution
Meijer, Boaz. Department of Urology, Academic Medical Center, Amsterdam, The Netherlands.
Year of Publication
2003

628.

The clinical management of Scorpion stings in children.
El Amin E.O.
Embase
Qatar Medical Journal. 12(1) (pp 11-14), 2003. Date of Publication: June 2003.
[Article]
AN: 37045528
Management of scorpion envenomation in children is a difficult problem(1). The envenomation syndrome is not very well understood in humans(2-4) although there has been extensive work on animal envenomation(5-7). This is an attempt to bring together the two experiences in order to produce an acceptable management protocol for envenomation in children. This protocol is based on the management of more than 2,500 cases over a period of seven years in Saudi Arabia where the mortality was about five per cent at the start and zero at the end. The management protocol adopted there in 1992 was a result of serious work on clinical data from Ministry of Health hospitals and laboratory work in the pharmacology department of the faculty of Pharmacy, King Saud University.
Status
Embase
Institution
(El Amin) Khoula Hospital, P.O. Box 3067, PC 112 Muscat, Oman
Publisher
HBKU Press

Year of Publication
2003

629.

PT-141: A melanocortin agonist for the treatment of sexual dysfunction.
Molinoff P.B., Shadiack A.M., Earle D., Diamond L.E., Quon C.Y.
Embase
Annals of the New York Academy of Sciences. 994 (pp 96-102), 2003. Date of Publication: 2003.
[Conference Paper]
AN: 36793855
PT-141, a synthetic peptide analogue of alpha-MSH, is an agonist at melanocortin receptors including the MC3R and MC4R, which are expressed primarily in the central nervous system. Administration of PT-141 to rats and nonhuman primates results in penile erections. Systemic administration of PT-141 to rats activates neurons in the hypothalamus as shown by an increase in c-Fos immunoreactivity. Neurons in the same region of the central nervous system take up pseudorabies virus injected into the corpus cavernosum of the rat penis. Administration of PT-141 to normal men and to patients with erectile dysfunction resulted in a rapid dose-dependent increase in erectile activity. The results suggest that PT-141 holds promise as a new treatment for sexual dysfunction.
PMID
12851303 [https://www.ncbi.nlm.nih.gov/pubmed/?term=12851303]
Status
Embase
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(Molinoff, Shadiack, Earle, Diamond, Quon) Palatin Technologies, Inc., Cranbury, NJ 08512, United States (Shadiack) Palatin Technologies, Inc., Cedar Brook Corporate Center, 4-C Cedar Brook Drive, Cranbury, NJ 08512, United States
Publisher
New York Academy of Sciences
Year of Publication
2003

630.

Color Doppler imaging of posttraumatic priapism before and after selective embolization.
Bertolotto M., Quaia E., Mucelli F.P., Ciampalini S., Forgacs B., Gattuccio I.
Embase
Radiographics : a review publication of the Radiological Society of North America, Inc. 23(2) (pp 495-503), 2003. Date of Publication: 2003 Mar-Apr.
[Article]
AN: 36696404
High-flow priapism usually follows perineal or penile trauma with disruption of an intracavernosal artery. Angiographic embolization of the lacerated artery is currently considered the treatment of choice. The contribution of gray-scale and color Doppler ultrasonography (US) in diagnosis and treatment of 10 patients with high-flow priapism was investigated. In patients with recent arterial laceration, the cavernous tissue surrounding the arterial-sinusoidal fistula appears as a hypoechoic region with undefined margins. In long-standing priapism, this area is usually more

regular and circumscribed, mimicking a pseudoaneurysm. Color Doppler US is highly sensitive for detection of the arterial-sinusoidal fistula that causes extravasation of blood from the lacerated cavernosal artery. After angiography, color Doppler US allows confirmation of both successful embolization by demonstrating disappearance or size reduction of the fistula and unsuccessful treatment by demonstrating patency of collateral feeding vessels or early recanalization of the embolized artery. Limitations of color Doppler US include underestimation of the number of accessory feeding vessels, which may become patent only after embolization of the main vascular supply, and difficulty in recognizing vessels that feed the fistula from the opposite side.
PMID
12640162 [https://www.ncbi.nlm.nih.gov/pubmed/?term=12640162]
Institution
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Year of Publication
2003

631.

Priapism in southwestern Nigeria.
Badmus T.A., Adediran I.A., Adesunkanmi A.R., Katung I.A.
Embase
East African medical journal. 80(10) (pp 518-524), 2003. Date of Publication: Oct 2003.
[Article]
AN: 38983739
OBJECTIVES: To determine the aetiology, pattern of presentation, treatment regimen and outcome of management of priapism in our environment and to compare our findings with previous studies in this country and elsewhere. DESIGN: A 10-year retrospective study from January 1991 to December 2000. SETTING: Obafemi Awolowo University Teaching Hospital Complex, Ile-Ife, Nigeria.
PATIENTS AND METHODS: Hospital records of 16 patients managed for priapism over 10 years (January 1991 to December 2000) were analysed. Information extracted included the age, occupation, duration of symptoms, precipitating factors, past medical history, haemoglobin genotype, drug and social history, physical findings, treatment regimen, outcome of treatment, complications and duration of follow up. Eighteen patients were treated for priapism during the period but only sixteen case files available for analysis were reviewed in this study.
RESULT(S): The mean age of the 16 patients under review was 20.4 years (range: 2.5-38 years). Thirteen patients (81%) were single and 10 (62.5%) were students. All the patients presented late with pain and woody hard penis with mean duration of eight days (range; 7 hrs-30 days). Eleven patients (68.7%) had previous episodes of priapism. Fourteen patients (87.5%) had sickle cell disease (SCD) and two (12.5%) were psychiatric patients on oral chlorpromazine. Associated medical conditions include urinary tract infection, malaria, acute urinary retention, bone pain crises and acute psychosis. All the patients received initial conservative management. Six patients had needle aspiration with irrigation plus injection of 2 ml of adrenaline solution (1 ml 1/1000 adrenaline in 200 ml saline) in both corpora cavernosa. One (16.7%) out of the six patients achieved full detumescence with normal erection. The remaining five patients later had cavernotomy with full detumescence and normal erection in three (60%) and weak erection in two (40%). Eight patients had Cavernosa-glandular shunt, full detumescence and normal erection was achieved in five patients (62.5%) while three (37.5%) became impotent. Two of the three patients with impotence presented with the longest duration of symptoms (14 and 30 days respectively), while the third patient reported earlier after five days, but he had suffered more than six (>6) previous attacks of priapism. Duration of hospital stay was 3-10 days and the average duration of follow up was 80.7 weeks.

CONCLUSION(S): Sickle cell disease account for 87.5% of priapism in our community. Late presentation and previous episodes of priapism, which are common features in most of these patients, are associated with poor prognosis with higher risk of impotence. Conservative management and aspiration with intracavernous adrenaline therapy appears ineffective in late case. However, good results obtained with surgery indicate that late presentation should not be a deterrent to surgical intervention. Surgeries in form of cavernotomy or cavernosa-glandular shunt, when carefully done, are effective and safe.
PMID
15250624 [https://www.ncbi.nlm.nih.gov/pubmed/?term=15250624]
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Year of Publication
2003

632.

Treatment of penile curvature--how to combine the advantages of simple plication and the Nesbit-procedure by superficial excision of the tunica albuginea.
Schneider T., Sperling H., Schenck M., Schneider U., Rubben H.
Embase
World journal of urology. 20(6) (pp 350-355), 2003. Date of Publication: May 2003.
[Article]
AN: 37112448
Different treatment options for penile curvature exist, such as the Nesbit procedure with complete excision of the tunica albuginea or the simple plication. We prefer a modification with only superficial excision, not opening the corpora cavernosa. From January 1997 to June 2000, 68 patients were treated surgically due to penile curvature. Data was obtained from 48 patients by telephone interview. The mean penile deviation was 46 degrees. Excision of the tunica was performed only superficially and non-absorbable inverted sutures were used. The mean follow-up time in this study was 25 months. A total of 36 (75%) patients were satisfied postoperatively, 12 were unsatisfied. Eleven (23%) patients described a complete straightening, 37 (77%) a rest-curvature of 5-50 degrees (mean 14 degrees) and 21 (44%) described a shortening of 0.5-5 cm (mean 1.2 cm). Six patients reported a recurrence. No new erectile dysfunction occurred. Superficial excision of the tunica albuginea offers the advantage of tissue-contraction due to scarring without destroying the integrity of the corpora, leading in combination with non-absorbable inverted sutures to good functional and cosmetic results.
PMID
12811495 [https://www.ncbi.nlm.nih.gov/pubmed/?term=12811495]
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Year of Publication
2003

633.

A multipronged approach needed for successful management of sickle cell anaemia.

Anonymous
Embase
Drugs and Therapy Perspectives. 19(5) (pp 10-13), 2003. Date of Publication: 2003.
[Article]
AN: 36582258
Sickle cell anaemia is a hereditary disorder that results in formation of sickle haemoglobin (Hb). The distortion of the red blood cell, caused by the sickle Hb, results in vascular occlusion, which is the underlying cause of a range of clinical complications. Bone marrow transplantation provides a cure, but is only possible for about 1% of the affected population. Hydroxyurea induces the beneficial formation of fetal Hb and appears to reduce some complications of sickle cell disease. Because of adverse effects, blood count monitoring is essential, throughout therapy. For most patients, the management of sickle cell anaemia involves general supportive care and targeted symptomatic care. Blood transfusion or exchange transfusion dilute the sickle Hb and/or improve the oxygen carrying capacity of the blood, preventing acute complications of sickle cell anaemia. Prophylactic oral penicillin is indicated for all infants and children, as is a comprehensive vaccination programme. Pain is typically nociceptive in nature and is managed using stepwise analgesia.
Status
Embase
Publisher
Adis International Ltd (41 Centorian Drive, Private Bag 65901, Mairangi Bay, Auckland 10 1311, New Zealand)
Year of Publication
2003

634.

20-Year experience with iatrogenic penile injury.
Amukele S.A., Lee G.W., Stock J.A., Hanna M.K.
Embase
Journal of Urology. 170(4 II) (pp 1691-1694), 2003. Date of Publication: 01 Oct 2003.
[Conference Paper]
AN: 37102449
Purpose: We review our experience with the management of iatrogenic penile injuries. Apart from circumcision, serious damage to the penis can occur following hypospadias repair, surgery for priapism or total loss of the penis following surgical repair of bladder exstrophy.
Material(s) and Method(s): A retrospective analysis of patients with iatrogenic penile amputation referred to us between 1980 and 2000 was undertaken. Causes of injury and choice of management were reviewed.
Result(s): Of the 13 cases treated during the 20-year period mechanism of primary injury was circumcision in 4, hypospadias repair in 6, priapism in 1, bladder exstrophy repair in 1 and penile carcinoma in 1. A variety of techniques were used for phallic reconstruction. Penile degloving, division of suspensory ligament and rotational skin flaps achieved penile augmentation and enhancement. Reasonable cosmesis and penile length were achieved in all cases. In indicated cases microsurgical phalloplasty was technically feasible. However long-term followup showed various complications including erosions from the use of a penile stiffener.
Conclusion(s): The ultimate goal of reconstructive surgery is to have a penis with normal function and appearance. The management of penile injury requires a wide variety of surgical techniques that are tailored to the individual patient. Expedient penile reconstruction is successful and therapeutic delay is associated with complications.
PMID
14501693 [https://www.ncbi.nlm.nih.gov/pubmed/?term=14501693]

Status
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Publisher
Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)
Year of Publication
2003

635.

Systematic Reviews of Biofeedback.
Ernst E.
Embase
Physikalische Medizin Rehabilitationsmedizin Kurortmedizin. 13(6) (pp 321-324), 2003. Date of Publication: December 2003.
[Review]
AN: 38036361
The aim of this article is to provide a general overview of the evidence on the therapeutic effectiveness of biofeedback. Literature searches were carried out to locate all systematic reviews on this subject. These were evaluated according to predefined criteria. Twenty reviews met the inclusion criteria. Their results suggest that various forms of biofeedback are effective as adjunctive treatments of anismus, faecal incontinence, paediatric migraine, rheumatoid arthritis, stroke rehabilitation and temporomandibular disorders. The evidence is inconclusive for asthma, chronic pain, erectile dysfunction, gastrointestinal disorders, hypertension, insomnia, obstructive pulmonary disease, stress management, and tinnitus. The evidence is clearly negative for atopic eczema, back pain, tension-type headache and cervicogenic headache. It is concluded that biofeedback is an effective therapy for a range of conditions and that clinicians should consider using it more frequently.
Status
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Publisher
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636.

Attention-deficit/hyperactivity disorder in children and adolescents: Interventions for a complex costly clinical conundrum.

Greydanus D.E., Pratt H.D., Sloane M.A., Rappley M.D.
Embase
Pediatric Clinics of North America. 50(5) (pp 1049-1092), 2003. Date of Publication: October 2003.
[Review]
AN: 37204484
Management of a child or adolescent with attention-deficit/hyperactivity disorder (ADHD) is reviewed, including psychological and pharmacologic approaches. Psychological treatment includes psychotherapy, cognitive-behavior therapy, support groups, parent training, educator/teacher training, biofeedback, meditation, and social skills training. Medications are reviewed that research has revealed can improve the core symptomatology of a child or adolescent with ADHD. These medications include stimulants, antidepressants, alpha-2 agonists, and a norepinephrine reuptake inhibitor. Management of ADHD should include a multi-modal approach, involving appropriate educational interventions, appropriate psychological management of the patient (child or adolescent), and judicious use of medications. Parents, school officials, and clinicians must work together to help all children and adolescents with ADHD achieve their maximum potential.
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637.

Substitution urethroplasty for anterior urethral strictures: A critical appraisal of various techniques.
Dubey D., Kumar A., Bansal P., Srivastava A., Kapoor R., Mandhani A., Bhandari M.
Embase
BJU International. 91(3) (pp 215-218), 2003. Date of Publication: February 2003.
[Article]
AN: 36232838
OBJECTIVE: To retrospectively compare the outcome of various techniques of substitution urethroplasty.
PATIENTS AND METHODS: Between 1989 and 2000, 109 patients (mean age 39.5 years) underwent substitution urethroplasty for recurrent anterior urethral strictures. Between 1989 and 1995 the procedure was by ventral placement of free grafts (bladder mucosa, buccal mucosa, penile skin) or penile skin flaps. From 1995 onwards the flaps and grafts (buccal mucosa) were

applied either ventrally or dorsally. Stricture recurrence and the complications associated with each technique were compared.
RESULT(S): Ventral onlay repairs were associated with a higher incidence of complications than dorsal repairs, e.g. postvoid dribbling (39% vs 23%, P = 0.01), ejaculatory dysfunction (20% vs 5%, P = 0.03) and flap/graft pseudodiverticulum or out-pouching (26% vs 2.6%, P = 0.01). Superficial penile skin necrosis was significantly more common with the use of penile skin flaps than with free grafts. There was no significant difference in stricture recurrence, erectile dysfunction and residual penile deformity among the various techniques.
CONCLUSION(S): Dorsal free graft/flap onlay urethroplasty gives better results than ventrally placed free grafts/flaps. Dorsal onlay buccal mucosal urethroplasty is a versatile procedure and associated with fewer complications than other substitution methods.
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638.

Guidelines for the management of the acute painful crisis in sickle cell disease.
Rees D.C., Olujohungbe A.D., Parker N.E., Stephens A.D., Telfer P., Wright J.
Embase
British Journal of Haematology. 120(5) (pp 744-752), 2003. Date of Publication: 01 Mar 2003. [Review]
AN: 36315093
PMID
12614204 [https://www.ncbi.nlm.nih.gov/pubmed/?term=12614204]
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Year of Publication
2003

639.

Anaesthetic management of the child with sickle cell disease.
Marchant W.A., Walker I.

Embase
Paediatric Anaesthesia. 13(6) (pp 473-489), 2003. Date of Publication: 2003.
[Review]
AN: 36842960
Sickle cell disease (SCD) is a relatively common inherited disorder of haemoglobin with significant morbidity and mortality. This review describes the epidemiology and pathophysiology of the disease, and discusses the clinical manifestations found in children with SCD. A discussion of the evidence concerning the perioperative management of such children is presented.
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12846703 [https://www.ncbi.nlm.nih.gov/pubmed/?term=12846703]
Status
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