

# Male Urologic Emergencies

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Scrotal Edema: Idiopathic (Boys, unilateral) & Contiguous (Older men, CHF, ↓albumin)

Scrotal Abscess: Simple (I&D) & Complex (Urologic consult/referral)

Fournier Gangrene: Polymicrobial, necrotizing infection of subcutaneous fascia/genitals

1. Most at risk = Diabetics
2. **Mortality as high as 20%**
3. Early aggressive fluids, IV antibiotics for gram (+) & (-), debridement

Balanoposthitis: Inflammation of the glans & foreskin

1. May be sole presenting sign of **Diabetes**
2. MCC is Candida, followed by Gardnerella & Anaerobes

Phimosis: Inability to retract the foreskin proximally & posterior to the glans; treat with circumcision or topical steroid cream

Paraphimosis: Inability to reduce the proximal edematous foreskin distally over the glans into its naturally occurring position

1. True Urologic Emergency (may lead to arterial compromise)
2. Initial treatment with manual compression & then reduction
3. Puncture & Dorsal incision for refractory cases

Hair Tourniquet: Wrapped behind coronal ridge, generally *NOT* a form of child abuse

Fractured Penis: Swollen, flaccid, tender, discolored, usually during rough sex

Priapism: Persistent painful erection, as corpora cavernosa are engorged with stagnant blood

1. Caused by Prostaglandin E<sub>1</sub>, Hydralazine, Prazosin, Trazadone
2. Treatment with Terbutaline, Pseudoephedrine, Aspiration

Testicular Torsion: Sudden, severe testicular pain, often after strenuous activity

1. Firm, tender testis with a horizontal lie
2. Detorsion from Medial to Lateral direction (540 deg)
3. Endpoint for detorsion is significant relief of pain

Epididymitis: Gradual onset, relief with scrotal elevation (positive **Prehn** sign)

1. < 35 years: Gonorrhea & Chlamydia; Ceftriaxone + Doxycycline; Ofloxacin
2. > 35 years: E. Coli & Klebsiella; Fluoroquinolone; Bactrim