

What's Up in Urology Journal, Summer 2010?

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Urology for People is a section in the *Urology Journal* for providing people with a summary of what is published in this journal and describing urological entities in a simple language.

Important Note. The findings in medical papers are usually not directly applicable in clinical practice and patients should consult their physicians before any utilization of the results of medical studies.

PERSISTENT ERECTION CAN BE DANGEROUS

Priapism is a painful and persistent erection that is not associated with sexual activity or desire, and does not subside after sexual intercourse or masturbation. This disorder usually mandates prompt medical attention. If priapism lasts more than 4 hours, it can result in erectile dysfunction or impotence. It is quite prevalent in certain conditions. For example, in ethnic groups (South of Iran) with sickle cell disease, it has been reported to affect approximately 40% of men. Idiopathic (the cause is unknown) priapism accounts for as many as half of all documented cases. Priapism can occur with some medications. With the introduction of intracavernously (intrapenile) administered drugs for impotence, priapism resulting from the use of these agents is being increasingly diagnosed. *The rate of priapism with the above mentioned agents in young men without significant erectile dysfunction is higher.* Despite the risk of aphrodisiacs (erectile function enhancer), their prescription and use are increasing markedly. Self administration of any medication that may affect erectile function should be avoided.

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RENAL COLIC OR FLANK PAIN

Kidney stone affects 13% of men and 7% of women during their lifetime. Renal colic is an acute and severe pain related to the migration of calculus along the urinary tract. Pain associated with renal colic is often reported as the more intense that patients can experience. It should be mentioned that more than one third of patients presenting to the emergency department with flank pain have significant findings other than renal stone. Twenty-four percent of these patients have findings that require immediate attention, such as appendicitis and cholecystitis. Therefore, in patients with a history of kidney

stone, recurrent flank pain should not be attributed absolutely to kidney stone. It is worthwhile to know that patients with acute renal colic could be especially vulnerable to receiving different care depending on the *timing* of their presentation. *Generally, weekend presentation is associated with lower rates of intervention and with treatment delays.* Because the decision for acute intervention is made by clinical judgment, the decisions to intervene could vary by whether the patient presents in the weekend and could be vulnerable to a range of external pressures.

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INBORN KIDNEY ABNORMALITIES

Kidney abnormalities (anomalies) are frequently detected on the routine second trimester ultrasonography offered to pregnant women. Congenital genitourinary tract anomalies occur commonly in the general population. *Unilateral renal absence is a relatively common kidney anomaly that is noted in 1:1,000. The absence of a kidney is usually without symptoms.* Knowledge of these conditions is essential for adequate management of the pregnancy and effective parental counseling. Pregnancies complicated by fetal renal anomalies are at risk for newborn baby respiratory and renal insufficiency. *Detailed obstetric ultrasound scans in the second trimester of pregnancy can detect genitourinary abnormalities.* Some of the kidney anomalies are incompatible with life, and some may require intrauterine or early neonatal intervention. *Therefore, in some instances prior to childbirth, diagnosis of renal anomalies can save the life of newborn baby.* If an anomaly is detected prior to childbirth, necessary interventions can significantly lessen maternal and child complications. *All pregnant women should undergo ultrasonography in the second trimester.*

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