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Title of Case Report: "COVID-19, a painful Penis!"

ABSTRACT *(350 words including headings)*

History of Presenting Complaint:
A 102-year-old gentleman was admitted with shortness of breath, malaise and fevers. Due to the ongoing pandemic, he was PCR swabbed for COVID-19, which came back positive. Due to how new the virus was at that time, there was not much in terms of management plans for these patients, apart from high-flow oxygen therapy. Due to the patient's age, frailty and co-morbidities, the patient and his family were all in-agreement that in the event of a cardiorespiratory arrest, the patient should not undergo cardio-pulmonary-resuscitation. Ceiling of care discussions were also had and the patient was only for ward-based escalation. The patient deteriorated and developed respiratory failure over the course of his admission and was nearing the end-of-life. Thus, the objectives of management changed from curative to best-supportive-care. It was noted however that the patient became very tachycardic and hypertensive, as if he were in a lot of pain.

Examination:
No abnormality was initially detected. Upon thorough exposure, it was noted that the patient had an erection. Though an erection is not often a source of excruciating pain, when prolonged, it can be. A few hours passed after the erection was first noted and there were no signs of detumescence. Thus, a clinical diagnosis of priapism was made.

Investigations:
An USS Doppler was performed to confirm diagnosis. This showed a reduced blood-flow in the cavernous arteries and increased echogenicity of the corpora cavernosa, secondary to tissue oedema.

Diagnosis:
Priapism

Confirming Diagnosis & Management:
Since the patient was deemed end-of-life due to the respiratory system damage from COVID-19, any interventions that were to occur would be for symptomatic control only. We decided to try the least invasive options available. The area was iced and an 18G needle attached to a syringe was inserted into the corpus cavernosum, using the USS as visual aide. Aspiration of acidic, hypoxic, hypercapnic blood from the penis further confirmed the diagnosis of low-flow ischaemic priapism. Fortunately, aspiration and ice-packs alone led to detumescence.

Result:
Unfortunately, despite the priapism having settled, the patient passed away from significant cardiopulmonary failure secondary to COVID-19 soon after.