

MRI use with artificial erection in cases of painful erections

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We read with great interest the recent case report by Barber and Domes in CUAJ describing a case of painful erections caused by epithelioid haemangioma, a rare but benign lesion.¹ They highlight the use of penile magnetic resonance imaging (MRI) with artificially induced erection in aiding diagnosis of a penile lesion that was unapparent on clinical examination.

Just prior to their article publication, we described a similar case of epithelioid hemangioma with painful erections and sleep deprivation.² Initially thought to be painful Peyronie's disease, our case also required the use of penile MRI following intracavernosal alprostadil injection for more definitive diagnosis. Barber and Domes emphasize that such a lesion may not have been seen on conventional MRI and in our report this was indeed shown to be the case. While this technique has previously been described in staging penile cancer and investigation of erectile dysfunction and Peyronie's disease,³⁻⁵ both these case reports draw attention to the use of MRI with artificial erection induction in cases of painful erections.

Evidently this raises the question of how many painful erections are misdiagnosed as Peyronie's disease on the basis of clinical history even with the use of conventional MRI.

We hope both these cases illustrate that the consideration of MRI with artificial erection induction can be worthwhile.

Competing interests: Authors declare no competing financial or personal interests.

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Author response: MRI use with artificial erection in cases of painful erections

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Thank you for your letter¹ regarding our recent case report.² We were very interested to read your article,³ which was published following our submission. As you point out, our cases are remarkably similar in terms of patient presentation, pathology and clinical approach, including the use of penile magnetic resonance imaging (MRI) with pharmacologically induced erection. We performed penile MRI in the symptomatic erect state only, and therefore were unable to comment on whether flaccid imaging would have been sufficient for this particular lesion. In your case, MRI in the flaccid state did not show the