

**APPENDIX**

<b>Supplementary Table 1. Comparative table of AI model performance on priapism questions</b>					
<b>Question no</b>	<b>Source</b>	<b>Academic question</b>	<b>ChatGPT responses</b>	<b>Gemini responses</b>	<b>Copilot responses</b>
1	Guideline-based	What are the main types of priapism?	<p><b>Ischemic (low-flow) priapism:</b> This is the most common form and is typically painful. It occurs due to blood becoming trapped in the penis, unable to drain.</p> <p><b>Non-ischemic (high-flow) priapism:</b> This less common form is often painless and results from unregulated blood flow into the penis, often due to trauma.</p> <p><b>Stuttering (recurrent) priapism:</b> This is a recurrent form of ischemic priapism, characterized by repeated episodes of prolonged erections.</p>	<p><b>Ischemic (low-flow) priapism:</b> This is the most common type, characterized by decreased blood outflow from the penis.</p> <p><b>Non-ischemic (high-flow) priapism:</b> This type results from increased blood inflow to the penis.</p>	There are two main types of priapism: ischemic (low-flow) and non-ischemic (high-flow).

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

2	Guideline-based	What are the underlying causes of ischemic (low-flow) priapism?	<p>The main causes of ischemic priapism include:</p> <ul style="list-style-type: none"> <li>• Hematologic disorders, such as sickle cell disease and leukemia.</li> <li>• Medications, especially those affecting the vascular or nervous system (e.g., phosphodiesterase inhibitors, antidepressants, antipsychotics).</li> <li>• Alcohol or illicit drug use (e.g., cocaine).</li> <li>• Penile trauma or spinal cord injury.</li> <li>• Idiopathic causes (unknown reasons).</li> </ul>	<p><b>Traumatic injury:</b> Penile trauma, such as straddle injuries.</p> <p><b>Sickle cell disease:</b> A genetic blood disorder.</p> <p><b>Medications:</b></p> <ul style="list-style-type: none"> <li>▪ Phosphodiesterase type 5 (PDE5) inhibitors (e.g., sildenafil, tadalafil, vardenafil)</li> <li>▪ Antidepressants (e.g., trazodone)</li> <li>▪ Antipsychotics</li> <li>▪ Recreational drugs (e.g., cocaine, marijuana)</li> </ul> <p><b>Blood disorders:</b> Leukemia, lymphoma, myeloproliferative disorders.</p> <p><b>Neurological disorders:</b> Spinal cord injury, stroke.</p> <p><b>Priapism of unknown cause (idiopathic).</b></p>	These include blood disorders like sickle cell disease, medications (e.g., certain antidepressants, blood thinners), alcohol and drug use, and trauma.
3	Guideline-based	How does non-ischemic (high-flow) priapism differ from ischemic priapism?	<p>Non-ischemic priapism is usually painless, involves arterial blood flow, and does not cause hypoxia or acidosis. In contrast, ischemic priapism is painful, involves venous blood trapping, and can lead to tissue damage due to hypoxia</p>	<p><b>Blood flow:</b> Non-ischemic priapism involves increased blood flow into the penis due to arterial injury or arteriovenous shunts. Ischemic priapism results from impaired blood outflow.</p>	Non-ischemic priapism is usually painless and occurs due to unregulated blood flow in the penis, often after trauma. Ischemic priapism is painful and results from trapped blood in the penis.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

			and acidosis.	<p><b>Penile erection:</b> In non-ischemic priapism, the erection is often less rigid and less painful compared to ischemic priapism.</p> <p><b>Treatment:</b> Treatment approaches differ significantly. Non-ischemic priapism may resolve spontaneously or require less aggressive interventions.</p>	
4	Guideline-based	What role does sickle cell disease play in the development of priapism?	Sickle cell disease can lead to priapism due to the obstruction of venous blood flow by sickled red blood cells, resulting in ischemic priapism. This condition is a common complication in males with sickle cell disease.	<p>Sickle cell disease is a major risk factor for priapism.</p> <p>Sickle-shaped red blood cells can block blood flow within the penis, leading to ischemic priapism.</p>	This genetic disorder causes abnormally shaped red blood cells, which can block blood vessels and lead to ischemic priapism.
5	Social media-based	What is priapism and what causes it?	Priapism is a prolonged and often painful penile erection unrelated to sexual stimulation. It occurs due to disrupted blood flow in the penis, which can result from vascular, neurological, or hematologic	<p>Priapism is a prolonged, painful erection that lasts more than four hours and is not associated with sexual desire.</p> <p>It occurs due to an abnormal increase or decrease in blood</p>	It's a prolonged and often painful erection not related to sexual arousal. It occurs due to blood being trapped in the penis (ischemic) or unregulated blood flow (non-ischemic).

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

			abnormalities.	flow within the penis.	
6	Social media-based	In which age groups is priapism more commonly observed?	Priapism can occur at any age but is most commonly seen in boys aged 5-10 years (due to sickle cell disease) and in men aged 20-50 years (due to medications or other medical conditions).	Priapism can occur at any age but is more common in: <ul style="list-style-type: none"> <li>▪ <b>Children and adolescents:</b> Often associated with sickle cell disease.</li> <li>▪ <b>Young adults:</b> Frequently linked to the use of erectile dysfunction medications.</li> </ul>	Priapism can occur at any age but is more common in boys aged 5 to 10 and men aged 20 to 50.
7	Social media-based	What are the most common etiological factors for priapism?	The main causes include: <ul style="list-style-type: none"> <li>• Hematologic disorders (e.g., sickle cell disease, leukemia).</li> <li>• Medications (e.g., erectile dysfunction treatments, antipsychotics).</li> <li>• Trauma (e.g., to the genital area or spinal cord).</li> <li>• Neurological disorders.</li> <li>• Alcohol or drug use.</li> <li>• Idiopathic factors.</li> </ul>	<ul style="list-style-type: none"> <li>○ Sickle cell disease</li> <li>○ Medications (PDE5 inhibitors, antidepressants)</li> <li>○ Trauma</li> <li>○ Spinal cord injury</li> <li>○ Blood disorders</li> <li>○ Medications</li> <li>○ Recreational drug use</li> <li>○ Idiopathic causes</li> </ul>	Blood disorders, medications, alcohol and drug use, trauma, and sometimes no identifiable cause (idiopathic).

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

8	Social media-based	Can hematological disorders lead to priapism?	Yes, blood disorders such as sickle cell disease, leukemia, and thalassemia can lead to priapism by causing blood stasis or hyperviscosity, leading to venous outflow obstruction.	<ul style="list-style-type: none"> <li>○ Yes, certain blood disorders, such as leukemia, lymphoma, and myeloproliferative disorders, can increase the risk of priapism.</li> </ul>	Yes, conditions like sickle cell disease, leukemia, and thalassemia can lead to priapism.
9	Social media-based	Are there genetic factors associated with priapism?	Genetic causes include conditions such as sickle cell disease and glucose-6-phosphate dehydrogenase (G6PD) deficiency, which are inherited and increase the risk of priapism.	<ul style="list-style-type: none"> <li>○ While not always directly inherited, genetic conditions like sickle cell disease significantly increase the risk of priapism.</li> </ul>	Yes, genetic disorders such as sickle cell disease can cause priapism.
10	Social media-based	Which medications may trigger priapism?	Medications that can cause priapism include: <ul style="list-style-type: none"> <li>• Phosphodiesterase type 5 inhibitors (e.g., sildenafil, tadalafil).</li> <li>• Antidepressants (e.g.,</li> </ul>	<ul style="list-style-type: none"> <li>○ PDE5 inhibitors (sildenafil, tadalafil, vardenafil)</li> <li>○ Antidepressants (trazodone)</li> <li>○ Antipsychotics</li> </ul>	Antidepressants, antipsychotics, blood thinners, and medications for erectile dysfunction can cause priapism.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

			<ul style="list-style-type: none"> <li>• trazodone, fluoxetine).</li> <li>• Antipsychotics (e.g., risperidone, olanzapine).</li> <li>• Anticoagulants.</li> </ul> <p>Hormone therapies (e.g., testosterone).</p>	<ul style="list-style-type: none"> <li>○ Alpha-blockers</li> <li>○ Antihypertensives</li> </ul>	
11	Social media-based	What is the role of alcohol and recreational drugs in priapism?	Yes, excessive alcohol consumption and the use of recreational drugs such as cocaine, marijuana, and ecstasy have been associated with priapism.	<ul style="list-style-type: none"> <li>○ Yes, recreational drugs like cocaine and marijuana can increase the risk of priapism. Excessive alcohol consumption can also contribute.</li> </ul>	Excessive alcohol consumption and use of drugs like cocaine and marijuana can lead to priapism.
12	Social media-based	Can genital trauma lead to priapism?	Yes, trauma to the genital area or pelvis can cause non-ischemic priapism by damaging arteries and creating an unregulated blood flow into the penis.	<ul style="list-style-type: none"> <li>○ Yes, penile trauma, such as straddle injuries, can cause priapism, particularly the ischemic type.</li> </ul>	Injury to the genital area or pelvis can cause non-ischemic priapism.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

13	Guideline-based	Are there idiopathic forms of priapism?	Yes, idiopathic priapism occurs in a significant number of cases where no clear underlying cause can be identified.	<ul style="list-style-type: none"> <li>○ Yes, in some cases, the cause of priapism remains unknown despite thorough investigation.</li> </ul>	Yes, sometimes the cause of priapism is unknown.
14	Guideline-based	What is the relationship between phosphodiesterase type 5 inhibitors and priapism?	Phosphodiesterase type 5 inhibitors rarely cause priapism, but the risk increases in patients with predisposing conditions such as sickle cell disease or when combined with other medications.	<ul style="list-style-type: none"> <li>○ Priapism is a rare side effect of PDE5 inhibitors, occurring in less than 1% of users.</li> </ul>	These medications can occasionally cause priapism, though it's rare.
15	Social media-based	What are the typical symptoms of priapism?	<p>The symptoms depend on the type:</p> <ul style="list-style-type: none"> <li>• Ischemic priapism: Persistent, painful erection; rigid penile shaft.</li> <li>• Non-ischemic priapism: Persistent erection; minimal or no pain; less rigid shaft.</li> </ul>	<ul style="list-style-type: none"> <li>○ Prolonged, painful erection lasting more than four hours.</li> <li>○ Difficulty urinating.</li> <li>○ Pain in the penis.</li> <li>○ Penile swelling.</li> <li>○ Changes in penile color (depending on</li> </ul>	Prolonged erection, pain (in ischemic priapism), and rigidity of the penile shaft with a soft glans.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

				the type of priapism).	
16	Social media-based	Why does the penis remain erect in priapism?	In ischemic priapism, venous blood becomes trapped, causing hypoxia and failure to drain. In non-ischemic priapism, unregulated arterial inflow maintains the erection.	<ul style="list-style-type: none"> <li>○ In ischemic priapism, blood outflow from the penis is blocked. In non-ischemic priapism, excessive blood inflow occurs.</li> </ul>	In ischemic priapism, blood gets trapped in the penis, and in non-ischemic, there's unregulated blood flow.
17	Social media-based	Can priapism cause permanent damage?	Untreated ischemic priapism can cause permanent erectile dysfunction due to tissue ischemia and fibrosis. Non-ischemic priapism rarely leads to permanent damage.	<ul style="list-style-type: none"> <li>○ Untreated ischemic priapism can lead to permanent erectile dysfunction, penile fibrosis, and even penile tissue death.</li> </ul>	Yes, untreated ischemic priapism can cause permanent damage and erectile dysfunction.
18	Social media-based	How long must priapism persist before it poses a significant	Ischemic priapism lasting longer than 4-6 hours can result in permanent tissue damage and requires urgent medical	<ul style="list-style-type: none"> <li>○ Prolonged erections lasting more than four hours are</li> </ul>	Priapism lasting more than 4 hours needs immediate medical attention.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

		risk to penile tissue and function?	attention.	considered priapism and require immediate medical attention.	
19	Social media-based	Does priapism affect urination?	Yes, priapism may cause difficulty urinating due to compression of the urethra by the engorged corpora cavernosa.	Yes, difficulty urinating is a common symptom of priapism	Yes, priapism can cause difficulty urinating due to pressure on the urethra.
20	Social media-based	Are there any changes in penile color during priapism episodes?	In ischemic priapism, the penis may appear dark red or bluish due to hypoxia. Non-ischemic priapism usually maintains a normal or slightly red color.	Yes. <b>Ischemic priapism:</b> The penis may appear dusky or bluish. <b>Non-ischemic priapism:</b> The penis may appear normal in color.	The penis may become dark in color, especially in ischemic priapism due to lack of oxygen.
21	Social media-based	What are the distinguishing clinical features between painful and painless priapism?	Painful priapism: Typical of ischemic priapism due to tissue hypoxia.  Painless priapism: Common in non-ischemic priapism, where arterial inflow is preserved.	<ul style="list-style-type: none"> <li>○ <b>Painful priapism:</b> Typically associated with ischemic priapism and is often severe.</li> <li>○ <b>Painless</b></li> </ul>	Ischemic priapism is painful, while non-ischemic is typically painless.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

				<p><b>priapism:</b> More common in non-ischemic priapism, but pain can still be present.</p>	
22	Guideline-based	How can the type of priapism be determined based on the patient's clinical history?	<ul style="list-style-type: none"> <li>• Duration of the erection.</li> <li>• Presence and severity of pain.</li> <li>• Recent trauma or medication use.</li> <li>• Underlying medical conditions (e.g., sickle cell disease).</li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Onset:</b> Sudden onset is more suggestive of traumatic or drug-induced priapism.</li> <li>○ <b>Pain:</b> Severe pain is more common in ischemic priapism.</li> <li>○ <b>Erection quality:</b> Less rigid erections may suggest non-ischemic priapism.</li> <li>○ <b>Medication history:</b> Use of PDE5 inhibitors or other medications can be a significant clue.</li> </ul>	Asking about the duration, triggers, and presence of pain helps determine the type.
23	Guideline-based	Which physical findings help in distinguishing priapism types?	Findings include a rigid and tender penile shaft with a soft glans. The color may be dark or bluish due to poor oxygenation.	<ul style="list-style-type: none"> <li>○ A rigid, painful erection.</li> <li>○ Dusky or bluish discoloration of the penis.</li> <li>○ Absence of normal penile blood flow on physical examination.</li> </ul>	Rigidity and painful erection are indicative of ischemic priapism.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

24	Social media-based	How is priapism diagnosed clinically?	Diagnosis is based on history, physical examination, and tests such as penile blood gas analysis, Doppler ultrasound, and laboratory tests.	<ul style="list-style-type: none"> <li>○ <b>Medical history:</b> Detailed assessment of symptoms, medications, and medical conditions.</li> <li>○ <b>Physical examination:</b> Evaluation of penile erection, color, and tenderness.</li> <li>○ <b>Laboratory tests:</b> Complete blood count, blood chemistry, urinalysis.</li> <li>○ <b>Imaging studies:</b> Doppler ultrasound, magnetic resonance imaging (MRI).</li> <li>○ <b>Penile blood gas analysis.</b></li> </ul>	Clinical history, physical examination, and tests like blood gas analysis and Doppler ultrasound.
25	Social media-based	Which diagnostic tests are used to differentiate priapism types?	Tests include: <ul style="list-style-type: none"> <li>• Penile blood gas analysis.</li> <li>• Doppler ultrasound.</li> <li>• Complete blood count.</li> <li>• Toxicology screening (if drug use is suspected).</li> </ul>	<ul style="list-style-type: none"> <li>○ Doppler ultrasound, penile blood gas analysis, MRI, complete blood count.</li> </ul>	Blood gas analysis, Doppler ultrasound, complete blood count, MRI.
26	Guideline-based	How does Doppler ultrasound help in diagnosis?	Doppler ultrasound evaluates blood flow patterns to distinguish between ischemic and non-ischemic priapism.	<ul style="list-style-type: none"> <li>○ Doppler ultrasound assesses blood flow within the penis. It can differentiate between ischemic and non-ischemic</li> </ul>	Helps differentiate between ischemic and non-ischemic priapism by assessing blood flow.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

				priapism by evaluating blood flow velocity and direction.	
27	Guideline-based	What is the significance of penile blood gas analysis?	Blood gas analysis measures oxygen, carbon dioxide, and pH levels in the trapped blood to differentiate ischemic (acidotic) from non-ischemic (normal) priapism.	<ul style="list-style-type: none"> <li>○ Penile blood gas analysis measures the oxygen and carbon dioxide levels in the penile blood.</li> <li>○ In ischemic priapism, oxygen levels decrease and carbon dioxide levels increase, indicating tissue hypoxia.</li> </ul>	Determines oxygen levels in the trapped blood, indicating ischemic or non-ischemic priapism.
28	Guideline-based	What is the role of magnetic resonance imaging (MRI) in the diagnostic assessment and management of priapism?	MRI helps assess tissue damage or fibrosis in prolonged priapism cases and may identify underlying structural abnormalities.	<ul style="list-style-type: none"> <li>○ MRI can help visualize the penile anatomy and identify any abnormalities, such as blood clots or arteriovenous shunts.</li> </ul>	Used in complex cases to identify any underlying conditions.
29	Guideline-based	Which laboratory tests are used in priapism diagnosis?	A complete blood count can identify hematologic disorders such as sickle cell disease or leukemia, which are common causes of priapism.	<ul style="list-style-type: none"> <li>○ Complete blood count can help identify underlying conditions like sickle cell disease or other blood disorders.</li> </ul>	Blood tests can help identify underlying disorders like sickle cell disease or leukemia.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

30	Guideline-based	How is delayed-onset non-ischemic priapism diagnosed?	Delayed-onset non-ischemic priapism is identified by a history of prior trauma and persistent, painless erections without hypoxia.	<ul style="list-style-type: none"> <li>Delayed-onset non-ischemic priapism may present with a less rigid erection and a slower onset compared to other types.</li> </ul>	Identified through patient history and imaging studies.
31	Guideline-based	Why is history of medication use important in diagnosing priapism?	A detailed history of medications and hematologic conditions is crucial, as these are common causes of priapism.	<ul style="list-style-type: none"> <li>A history of medication use (PDE5 inhibitors, antidepressants) or hematologic conditions (sickle cell disease) is crucial for diagnosis and guiding treatment.</li> </ul>	Critical in diagnosing medication-induced priapism.
32	Guideline-based	Can symptoms alone be sufficient for diagnosis?	While symptoms provide clues, definitive diagnosis often requires tests such as Doppler ultrasound and blood gas analysis.	<ul style="list-style-type: none"> <li>No, while symptoms are important, a definitive diagnosis requires further evaluation, including physical examination and diagnostic tests.</li> </ul>	A clinical diagnosis often requires corroborative tests.
33	Guideline-based	Is hematologic screening necessary in recurrent priapism cases?	Hematologic screening is essential to identify underlying disorders, especially in recurrent cases.	Hematologic screening, such as complete blood count and sickle cell testing, is essential in recurrent priapism cases to identify underlying conditions.	Necessary in recurrent cases to identify blood disorders.
34	Guideline-based	How relevant is the history of trauma in priapism	A history of trauma suggests non-ischemic priapism and prompts imaging to assess arterial injury.	<ul style="list-style-type: none"> <li>A history of penile trauma, such as straddle injuries, strongly suggests the possibility of</li> </ul>	Important in evaluating and identifying non-ischemic priapism.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

		evaluation?		<b>traumatically induced priapism</b> , which often presents differently from other types.	
35	Social media-based	What are the treatment options for priapism?	<p>Treatment depends on the type:</p> <ul style="list-style-type: none"> <li>• Ischemic priapism: Aspiration, intracavernosal injection of medications, or surgical intervention.</li> <li>• Non-ischemic priapism: Observation, ice packs, or arterial embolization.</li> </ul> <p>Stuttering priapism: Preventive medications such as hormonal therapy or PDE5 inhibitors.</p>	<ul style="list-style-type: none"> <li>○ <b>Medications:</b> Alpha-adrenergic agonists, phosphodiesterase type 5 inhibitors.</li> <li>○ <b>Aspiration and irrigation:</b> Removing blood from the penis and flushing it with saline solution.</li> <li>○ <b>Surgical intervention:</b> Shunt procedures, penile prosthesis implantation.</li> <li>○ <b>Embolization:</b> For non-ischemic priapism.</li> </ul>	Medications, saline aspiration, surgery, and lifestyle changes.
36	Social media-based	Are medications effective in managing priapism?	Yes, medications such as alpha-adrenergic agonists (e.g., phenylephrine) are effective in resolving ischemic priapism when injected intracavernosally.	○ Medications, particularly alpha-adrenergic agonists, can be effective in treating some cases of priapism, especially when administered early.	Yes, particularly in the early stages of ischemic priapism.
37	Guideline-based	Why is ischemic	It is a medical emergency because prolonged hypoxia can	○ Ischemic priapism can lead to severe complications,	Ischemic priapism can cause permanent damage and

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

		priapism considered a medical emergency?	lead to irreversible tissue damage and erectile dysfunction.	including: <ul style="list-style-type: none"> <li>▪ <b>Penile tissue damage:</b> Prolonged ischemia can cause irreversible damage to the erectile tissue.</li> <li>▪ <b>Erectile dysfunction:</b> Permanent loss of erectile function is a significant risk.</li> <li>▪ <b>Penile fibrosis:</b> Scarring within the penis can occur, affecting erectile function.</li> </ul>	requires immediate treatment.
38	Guideline-based	What are the first-line treatments for ischemic priapism?	First-line treatments include penile aspiration to remove trapped blood and intracavernosal injection of alpha-adrenergic agonists to reduce blood flow.	<ul style="list-style-type: none"> <li>○ <b>Aspiration and irrigation:</b> This is often the initial treatment of choice.</li> <li>○ <b>Pharmacotherapy:</b> Injection of alpha-adrenergic agonists (e.g., phenylephrine) directly into the penis.</li> </ul>	Intracavernosal injection of phenylephrine and saline aspiration.
39	Guideline-based	How effective is saline aspiration and irrigation?	Saline aspiration and irrigation are effective initial treatments, especially when combined with intracavernosal medication.	<ul style="list-style-type: none"> <li>○ Aspiration and irrigation can be effective in resolving priapism in many cases, especially when</li> </ul>	Effective in resolving trapped blood in ischemic priapism.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

				performed promptly.	
40	Guideline-based	Which pharmacological agents are commonly used?	Alpha-adrenergic agonists such as phenylephrine are commonly used to constrict blood vessels and relieve priapism.	<ul style="list-style-type: none"> <li>○ <b>Alpha-adrenergic agonists:</b> These medications constrict blood vessels in the penis, reducing blood flow and helping to detumescence.</li> </ul>	Phenylephrine is commonly used.
41	Social media-based	When is surgical intervention necessary?	Surgery is necessary when less invasive methods fail to resolve ischemic priapism or when tissue damage is imminent.	<ul style="list-style-type: none"> <li>○ Surgical intervention may be necessary when: <ul style="list-style-type: none"> <li>▪ Aspiration and irrigation fail to resolve priapism.</li> <li>▪ Severe tissue damage is suspected.</li> <li>▪ Recurrent episodes of priapism occur.</li> </ul> </li> </ul>	Necessary if other treatments fail.
42	Guideline-based	What are the surgical options for priapism?	Surgical methods include shunt procedures (e.g., T-shunt, Winter's shunt) to restore blood flow and reduce pressure.	<ul style="list-style-type: none"> <li>○ <b>Shunt procedures:</b> Creating a new pathway for blood to drain from the penis.</li> <li>○ <b>Penile prosthesis implantation:</b> In cases of severe erectile dysfunction following priapism.</li> </ul>	Shunt surgery and penile prosthesis implantation.
43	Guideline-based	What are the possible side effects of	Side effects of alpha-adrenergic agonists include hypertension, arrhythmias, and localized pain	<ul style="list-style-type: none"> <li>○ Yes, medications used to treat priapism can have side effects, including:</li> </ul>	Includes pain, dizziness, and potential priapism recurrence.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

		priapism medications?	at the injection site.	<ul style="list-style-type: none"> <li>▪ <b>Pain:</b> Injection of medications can be painful.</li> <li>▪ <b>Priapism recurrence:</b> Some medications can paradoxically worsen priapism.</li> <li>▪ <b>Erectile dysfunction:</b> Long-term use of certain medications may affect erectile function.</li> </ul>	
44	Guideline-based	When is penile prosthesis implantation considered?	Penile prosthesis implantation is considered in cases of irreversible erectile dysfunction due to prolonged ischemic priapism or fibrosis. This intervention helps restore erectile function and quality of life.	<ul style="list-style-type: none"> <li>○ Penile prosthesis implantation is considered in cases of severe erectile dysfunction that do not respond to other treatments following priapism.</li> </ul>	Considered in cases of chronic or recurrent priapism.
45	Guideline-based	How is the pharmacological treatment of recurrent priapism conducted?	<p>Recurrent priapism, or stuttering priapism, is managed using medications such as:</p> <ul style="list-style-type: none"> <li>• Hormonal agents (e.g., gonadotropin-releasing hormone agonists or anti-androgens).</li> <li>• PDE5 inhibitors (e.g., sildenafil) to regulate</li> </ul>	<ul style="list-style-type: none"> <li>○ The approach to pharmacological treatment varies depending on the underlying cause.</li> <li>○ Medications may be used to prevent or treat priapism episodes.</li> </ul>	Includes medications like beta-blockers or hormonal therapy.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

			<p>penile blood flow.</p> <ul style="list-style-type: none"> <li>• Low-dose oral alpha-adrenergic agonists for preventive purposes.</li> </ul>		
46	Guideline-based	What role do alpha-adrenergic agonists play in the treatment of priapism?	Alpha-adrenergic agonists, such as phenylephrine, are critical in the treatment of ischemic priapism. They work by constricting the blood vessels, reducing blood flow to the penis, and alleviating the erection.	<ul style="list-style-type: none"> <li>○ Alpha-adrenergic agonists are the mainstay of pharmacological treatment for ischemic priapism. They constrict blood vessels in the penis, reducing blood flow and helping to detumescence.</li> </ul>	Effective in reducing blood flow and resolving priapism.
47	Guideline-based	What is the role of superselective embolization?	Superselective embolization involves using imaging guidance to block the damaged artery causing unregulated blood flow in non-ischemic priapism. This procedure effectively resolves the condition while preserving erectile function.	<ul style="list-style-type: none"> <li>○ Superselective embolization is a minimally invasive procedure that blocks the blood flow to the abnormal arteries feeding the erection in non-ischemic priapism.</li> </ul>	Used for non-ischemic priapism by blocking abnormal blood flow.
48	Guideline-based	Can hormone therapies be used in priapism? If so, how?	<p>Yes, hormone therapies can be used in cases of stuttering priapism. Examples include:</p> <ul style="list-style-type: none"> <li>• Gonadotropin-releasing hormone agonists to suppress testosterone</li> </ul>	<ul style="list-style-type: none"> <li>○ In some cases, hormone therapies may be considered, such as in priapism associated with certain hormonal imbalances.</li> </ul>	Can be used, particularly in recurrent priapism.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

			<p>production.</p> <ul style="list-style-type: none"> <li>• Anti-androgens to reduce testosterone levels. These therapies help prevent recurrent episodes.</li> </ul>		
49	Social media-based	What is the postoperative recovery process like?	Postoperative recovery depends on the type of intervention performed. Patients may experience mild discomfort or swelling, which subsides over time. Regular follow-up is essential to monitor healing and erectile function.	<ul style="list-style-type: none"> <li>○ Postoperative recovery varies depending on the specific procedure.</li> <li>○ Patients may experience pain, swelling, and bruising.</li> <li>○ Careful wound care and pain management are essential.</li> </ul>	Includes monitoring and managing pain and any complications.
50	Social media-based	What is shunt surgery and when is it applied?	Shunt surgery creates a connection between the corpora cavernosa and another area to drain trapped blood. It is performed when less invasive treatments for ischemic priapism fail.	<ul style="list-style-type: none"> <li>○ Shunt surgery creates a new pathway for blood to drain from the penis.</li> <li>○ It is considered when other treatments have failed to resolve priapism.</li> </ul>	Performed to divert blood flow in ischemic priapism.
51	Social media-based	Is there a risk of priapism recurrence?	Yes, especially in patients with underlying conditions such as sickle cell disease or in those with a history of stuttering priapism. Preventive measures and regular follow-up care are	<ul style="list-style-type: none"> <li>○ Yes, the risk of priapism recurrence varies depending on the underlying cause.</li> <li>○ Individuals with sickle cell disease or certain other</li> </ul>	Higher in individuals with underlying conditions like sickle cell disease.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

			necessary.	conditions are at higher risk.	
52	Guideline-based	Can phosphodiesterase inhibitors prevent recurrent priapism?	No, PDE5 inhibitors are not recommended for preventing recurrent priapism, as they can actually increase the risk.	<ul style="list-style-type: none"> <li>○ No, PDE5 inhibitors are not recommended for preventing recurrent priapism, as they can actually increase the risk.</li> </ul>	Can be used to prevent recurrent episodes.
53	Guideline-based	What are the conservative treatment methods for non-ischemic priapism?	Conservative methods include observation, ice packs to reduce arterial inflow, and avoiding activities that might exacerbate the condition. Non-ischemic priapism often resolves without invasive treatment.	<ul style="list-style-type: none"> <li>○ Observation: In some cases, non-ischemic priapism may resolve spontaneously.</li> </ul>	Cold packs and compression in non-ischemic priapism.
54	Social media-based	Can complete recovery be achieved after treatment?	Complete recovery is possible, especially in cases of non-ischemic priapism or when ischemic priapism is treated promptly. Delayed treatment increases the risk of complications.	<ul style="list-style-type: none"> <li>○ Complete recovery is possible with prompt and appropriate treatment.</li> </ul>	Possible with timely treatment, especially in non-ischemic priapism.
55	Social media-based	Is there a risk of permanent erectile dysfunction?	Permanent erectile dysfunction may occur, particularly after prolonged ischemic priapism, due to tissue damage or fibrosis. Early treatment reduces this risk.	<ul style="list-style-type: none"> <li>○ The risk of permanent erectile dysfunction varies depending on the type of priapism, the duration of the episode, and the effectiveness of treatment.</li> </ul>	Can occur, especially with delayed treatment of ischemic priapism.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

56	Social media-based	What happens if priapism remains untreated?	<p>Untreated priapism can lead to:</p> <ul style="list-style-type: none"> <li>• Erectile dysfunction.</li> <li>• Penile tissue necrosis.</li> <li>• Fibrosis of the corpora cavernosa.</li> </ul>	<ul style="list-style-type: none"> <li>○ Untreated ischemic priapism can lead to: <ul style="list-style-type: none"> <li>▪ Permanent erectile dysfunction.</li> <li>▪ Penile fibrosis.</li> <li>▪ Tissue death within the penis.</li> </ul> </li> </ul>	Leads to permanent erectile dysfunction and tissue damage.
57	Social media-based	How does priapism affect sexual life?	<p>Priapism can significantly impact sexual life, especially if it leads to erectile dysfunction or psychological stress. Proper treatment and counseling are essential.</p>	<ul style="list-style-type: none"> <li>○ Priapism can have a significant impact on sexual function, including: <ul style="list-style-type: none"> <li>▪ <b>Erectile dysfunction:</b> Difficulty achieving and maintaining an erection.</li> <li>▪ <b>Painful intercourse:</b></li> </ul> </li> </ul> <p><b>Psychological distress:</b> Anxiety and depression related to sexual dysfunction.</p>	Can be significantly affected by untreated priapism.
58	Guideline-based	What is the risk of recurrence of priapism in individuals with sickle cell disease?	<p>The risk is high in individuals with sickle cell disease, as the condition predisposes them to recurrent ischemic priapism episodes.</p>	<ul style="list-style-type: none"> <li>○ The risk of recurrent priapism is significantly higher in individuals with sickle cell disease.</li> </ul>	High risk due to the nature of the disease.
59	Guideline-based	How does the duration of priapism	<p>Longer episodes increase the risk of complications such as fibrosis and erectile</p>	<ul style="list-style-type: none"> <li>○ The longer the duration of priapism, the higher the risk of complications, such</li> </ul>	Longer episodes increase the risk of permanent damage.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

		episodes affect the prognosis?	dysfunction. Prompt treatment is crucial for a favorable prognosis.	as erectile dysfunction and tissue damage.	
60	Guideline-based	Does surgical intervention restore erectile function completely?	Surgical intervention may restore erectile function in some cases, but the outcomes depend on the duration and severity of priapism. Prosthesis implantation may be needed in severe cases.	<ul style="list-style-type: none"> <li>○ The success of surgical intervention in restoring erectile function varies depending on the specific procedure and the extent of tissue damage.</li> </ul>	Can restore function but outcomes vary.
61	Guideline-based	What are the long-term effects of priapism in children?	In children, priapism can cause long-term complications such as erectile dysfunction or psychological distress if not managed promptly and effectively.	<ul style="list-style-type: none"> <li>○ Long-term effects in children can include erectile dysfunction, penile fibrosis, and psychological distress.</li> </ul>	Can affect future sexual function and development.
62	Guideline-based	How does early treatment influence prognosis?	Early treatment significantly improves outcomes by preventing tissue damage, preserving erectile function, and reducing the risk of complications.	<ul style="list-style-type: none"> <li>○ Early treatment significantly improves the chances of a successful outcome and reduces the risk of complications.</li> </ul>	Improves prognosis and reduces risk of complications.
63	Guideline-based	What are the guidelines for managing recurrent (stuttering)	<p>Guidelines include:</p> <ul style="list-style-type: none"> <li>• Identifying and addressing underlying causes.</li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Identify and address the underlying cause:</b> Thorough investigation is crucial to identify and treat the underlying cause, such</li> </ul>	Involves medications and lifestyle changes.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

		priapism?	<ul style="list-style-type: none"> <li>• Preventive therapies such as PDE5 inhibitors or hormonal treatments.</li> <li>• Regular follow-up with a urologist.</li> </ul>	<p>as sickle cell disease, medication side effects, or other medical conditions.</p> <ul style="list-style-type: none"> <li>○ <b>Medications:</b> Medications may be used to prevent or treat priapism episodes, such as alpha-adrenergic agonists or other medications.</li> <li>○ <b>Regular monitoring:</b> Close medical follow-up is essential to monitor for recurrent episodes and adjust treatment as needed.</li> </ul>	
64	Guideline-based	How is erectile function monitored after priapism treatment?	Erectile function is monitored through patient-reported outcomes, nocturnal penile tumescence testing, and Doppler ultrasound to assess blood flow.	<ul style="list-style-type: none"> <li>○ <b>Patient self-assessment:</b> Regular assessment of erectile function through patient questionnaires and discussions.</li> <li>○ <b>Partner assessment:</b> Involving partners in the assessment of erectile function can provide valuable insights.</li> <li>○ <b>Rigiscan:</b> A device that measures penile rigidity during sleep.</li> <li>○ <b>Penile Doppler ultrasound:</b> To assess</li> </ul>	Regular follow-ups are essential.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

				blood flow within the penis.	
65	Guideline-based	Which imaging techniques are used after surgery?	Doppler ultrasound and MRI are recommended to evaluate penile blood flow and detect complications such as fibrosis.	<ul style="list-style-type: none"> <li>○ <b>Doppler ultrasound:</b> To assess blood flow within the penis and monitor for complications.</li> <li>○ <b>MRI:</b> To evaluate penile anatomy and identify any post-surgical complications.</li> </ul>	Doppler ultrasound and MRI.
66	Guideline-based	How frequently should medical evaluation be conducted for recurrent priapism cases?	Patients with recurrent priapism should undergo regular evaluations every 3-6 months or as directed by their healthcare provider.	<ul style="list-style-type: none"> <li>○ The frequency of medical evaluation varies depending on the severity and frequency of episodes.</li> <li>○ Close monitoring may be necessary in cases of frequent or severe recurrences.</li> </ul>	Regular evaluations for recurrent cases.
67	Guideline-based	How is penile fibrosis managed?	Penile fibrosis is monitored using imaging studies such as ultrasound or MRI. Management includes medications to reduce scarring and surgical interventions if necessary.	<ul style="list-style-type: none"> <li>○ <b>Physical examination:</b> Regular physical examinations to assess penile firmness and detect any signs of fibrosis.</li> <li>○ <b>Penile ultrasound:</b> To evaluate penile tissue and</li> </ul>	Includes monitoring and possible surgical intervention.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

				<p>detect any areas of fibrosis.</p> <ul style="list-style-type: none"> <li>○ <b>Management:</b> Treatment options for penile fibrosis may include medications, physical therapy, or in severe cases, surgical intervention.</li> </ul>	
68	Guideline-based	What multidisciplinary approaches are recommended for the follow-up of priapism in children?	A multidisciplinary approach involves urologists, hematologists, and psychologists to address medical, physical, and emotional aspects of the condition.	<ul style="list-style-type: none"> <li>○ A multidisciplinary team approach, including: <ul style="list-style-type: none"> <li>▪ <b>Pediatricians:</b> For overall medical care.</li> <li>▪ <b>Urologists:</b> For specialized management of priapism and erectile dysfunction.</li> <li>▪ <b>Hematologists:</b> For management of underlying blood disorders (e.g., sickle cell disease).</li> <li>▪ <b>Psychologists/psychiatrists:</b> To address psychological and emotional concerns.</li> </ul> </li> </ul>	Important for comprehensive care in children.
69	Guideline-based	Can lifestyle changes reduce	Yes, lifestyle changes such as avoiding alcohol and drugs,	<ul style="list-style-type: none"> <li>○ In some cases, lifestyle changes may help reduce</li> </ul>	Reducing risk factors like alcohol and drug use.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

		the risk of recurrent priapism?	managing stress, and adhering to treatment for underlying conditions can reduce the risk.	<p>the risk of recurrent priapism, such as:</p> <ul style="list-style-type: none"> <li>▪ <b>Avoiding dehydration:</b> Maintaining adequate hydration can be important, especially in individuals with sickle cell disease.</li> <li>▪ <b>Stress management:</b> Techniques like relaxation and stress-reduction techniques may be beneficial.</li> <li>▪ <b>Avoiding triggers:</b> Identifying and avoiding triggers, such as certain medications or recreational drugs.</li> </ul>	
70	Guideline-based	How do specialists collaborate in the follow-up of hematologic priapism?	<p>Hematologic priapism, often associated with sickle cell disease or other hematologic disorders, requires a multidisciplinary approach for effective follow-up. Hematologists play a key role in managing the underlying blood disorder by optimizing treatments such as</p>	<ul style="list-style-type: none"> <li>○ Close collaboration between hematologists, urologists, and other specialists is crucial in managing priapism associated with hematologic conditions.</li> <li>○ Regular communication and shared decision-</li> </ul>	Involves urologists, hematologists, and other experts.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

			<p>hydroxyurea, blood transfusions, or exchange transfusions to prevent recurrent episodes. Urologists monitor erectile function, fibrosis risk, and penile vascular health, intervening when necessary with pharmacological or surgical approaches. Pain specialists may be involved in managing chronic pain associated with recurrent priapism. Additionally, psychologists or mental health professionals provide support for the emotional burden of chronic priapism. Regular team meetings and coordinated care ensure comprehensive management and reduce long-term complications.</p>	<p>making are essential.</p>	
71	Guideline-based	What type of follow-up care is required after embolization procedures?	<p>After embolization for high-flow (non-ischemic) priapism, follow-up care involves monitoring for potential complications, erectile function assessment, and imaging studies if needed. The urologist evaluates the patient for residual or recurrent arterial</p>	<ul style="list-style-type: none"> <li>○ Close monitoring for complications, such as: <ul style="list-style-type: none"> <li>▪ <b>Penile ischemia:</b> Reduced blood flow to the penis.</li> <li>▪ <b>Erectile dysfunction:</b></li> <li>▪ <b>Pain:</b></li> </ul> </li> <li>○ Regular follow-up appointments with the</li> </ul>	Includes regular imaging and clinical assessments.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

			<p>fistulas, which may require repeat intervention. Doppler ultrasound is often used to assess penile vascular status. Patients should be advised on signs of delayed complications, such as pain, erectile dysfunction, or recurrence of priapism. If embolization leads to erectile dysfunction, further evaluation with penile Doppler studies and potential treatment with phosphodiesterase type 5 (PDE5) inhibitors or intracavernosal injections may be necessary.</p>	<p>interventional radiologist or urologist.</p>	
72	Guideline-based	<p>What psychological support options are available for priapism patients?</p>	<p>Priapism can have a significant psychological impact, leading to anxiety, depression, or sexual dysfunction concerns. Psychological support options include counseling or cognitive-behavioral therapy (CBT) to help patients cope with emotional distress. Support groups, particularly for patients with sickle cell disease or recurrent priapism, provide shared experiences and coping strategies. Sexual health counseling with psychosexual</p>	<ul style="list-style-type: none"> <li>○ <b>Psychotherapy:</b> Individual or couples therapy can help address anxiety, depression, and relationship issues related to priapism.</li> <li>○ <b>Support groups:</b> Connecting with other individuals who have experienced priapism can provide emotional support and coping strategies.</li> </ul>	<p>Critical for addressing emotional impacts.</p>

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

			therapists can assist patients in managing changes in sexual function and confidence. In cases of severe psychological distress, psychiatric evaluation and medication (e.g., anxiolytics or antidepressants) may be considered.		
73	Guideline-based	How can adherence to medical treatment be ensured in priapism follow-up?	Ensuring adherence to medical treatment in priapism follow-up involves patient education, clear communication, and multidisciplinary support. Patients should be informed about the risks of recurrent priapism and the importance of medical management, particularly in hematologic conditions like sickle cell disease. Simplified medication regimens, reminders, and digital health tools (e.g., apps, text alerts) can improve compliance. Regular follow-up visits and open communication with healthcare providers foster adherence. For patients struggling with adherence due to psychological factors, counseling or behavioral interventions may be beneficial.	<ul style="list-style-type: none"> <li>○ <b>Clear communication:</b> <ul style="list-style-type: none"> <li>▪ Open and honest communication between the patient and healthcare provider.</li> <li>▪ Thoroughly explaining treatment plans and expectations.</li> <li>▪ Addressing any concerns or questions the patient may have.</li> </ul> </li> <li>○ <b>Regular follow-up appointments:</b> <ul style="list-style-type: none"> <li>▪ Maintaining regular follow-up appointments helps ensure ongoing monitoring and treatment adherence.</li> </ul> </li> <li>○ <b>Support systems:</b> <ul style="list-style-type: none"> <li>▪ Involving family and friends in the patient's</li> </ul> </li> </ul>	Ensuring patients follow treatment plans.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

				care can provide additional support and encouragement.	
74	Guideline-based	What steps should be taken after a second episode of priapism?	<p>A second episode of priapism indicates an increased risk of future recurrences and potential erectile dysfunction. Immediate steps include:</p> <ul style="list-style-type: none"> <li>• <b>Acute management:</b> Prompt treatment with aspiration, irrigation, or pharmacologic intervention.</li> <li>• <b>Diagnostic workup:</b> Evaluation for underlying causes, including hematologic disorders, medication side effects, or vascular abnormalities.</li> <li>• <b>Long-term prevention:</b> Introduction of prophylactic treatments such as alpha-adrenergic agonists (e.g., etilefrine), hormonal therapies, or PDE5 inhibitors in</li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Urgent medical attention:</b> Seek immediate medical attention to prevent complications.</li> <li>○ <b>Thorough evaluation:</b> Undergo a comprehensive evaluation to identify the underlying cause of recurrent priapism.</li> <li>○ <b>Consideration of more aggressive treatment options:</b> Depending on the cause and severity, more aggressive treatment options may be considered, such as surgical intervention.</li> </ul>	Immediate medical evaluation and possible changes in treatment.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

			<p>select cases.</p> <ul style="list-style-type: none"> <li>• <b>Lifestyle modifications:</b> Avoidance of known triggers, adequate hydration, and control of underlying diseases.</li> <li>• <b>Specialist referral:</b> Coordination between urology, hematology, and possibly andrology or psychology for comprehensive care.</li> </ul>		
75	Guideline-based	How do follow-up practices differ between ischemic and non-ischemic priapism?	<p>The follow-up approach differs significantly between ischemic and non-ischemic priapism due to their distinct pathophysiologies.</p> <ul style="list-style-type: none"> <li>• <b>Ischemic priapism (low-flow):</b> Requires close monitoring for erectile dysfunction, penile fibrosis, and cavernosal tissue damage. Doppler ultrasound and nocturnal penile tumescence testing may be used. If erectile dysfunction develops,</li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Ischemic priapism:</b> <ul style="list-style-type: none"> <li>▪ Close monitoring for erectile dysfunction and penile fibrosis.</li> <li>▪ Regular assessment of erectile function.</li> </ul> </li> <li>○ <b>Non-ischemic priapism:</b> <ul style="list-style-type: none"> <li>▪ Monitoring for recurrent episodes.</li> <li>▪ Assessment of any underlying vascular abnormalities.</li> </ul> </li> </ul>	Differ based on the type of priapism.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

			<p>early intervention with PDE5 inhibitors, vacuum erection devices, or penile rehabilitation therapy is considered.</p> <p><b>Non-ischemic priapism (high-flow):</b> Less likely to cause erectile dysfunction but requires follow-up imaging (e.g., Doppler ultrasound, MRI angiography) to detect persistent arteriovenous fistulas. If untreated, spontaneous resolution is possible, but recurrent cases may require repeat embolization or surgical ligation.</p>		
76	Guideline-based	What role does patient education play in priapism follow-up?	<p>Patient education is crucial in preventing recurrences, reducing complications, and improving treatment adherence. Key components include:</p> <ul style="list-style-type: none"> <li>• <b>Recognizing symptoms:</b> Educating patients on early signs of priapism and the importance of seeking</li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Understanding the condition:</b> Educating patients about the causes, symptoms, and treatment options for priapism.</li> <li>○ <b>Recognizing early signs:</b> Teaching patients how to recognize the early signs of priapism and seek immediate medical attention.</li> </ul>	Essential for understanding and managing the condition.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

			<p>immediate medical care.</p> <ul style="list-style-type: none"> <li>• <b>Understanding underlying conditions:</b> Patients with sickle cell disease, leukemia, or medication-induced priapism should be aware of risk factors and preventive strategies.</li> <li>• <b>Lifestyle modifications:</b> Avoiding alcohol, recreational drugs, or certain medications that can trigger priapism.</li> </ul> <p><b>Erectile function preservation:</b> Information on penile rehabilitation strategies, including the use of PDE5 inhibitors or vacuum erection devices to prevent fibrosis</p>	<ul style="list-style-type: none"> <li>○ <b>Lifestyle modifications:</b> Providing guidance on lifestyle modifications that may help reduce the risk of recurrence.</li> <li>○ <b>Medication adherence:</b> Ensuring patients understand the importance of adhering to prescribed medications.</li> </ul>	
77	Guideline-based	What specific tests are recommended for children after priapism treatment?	<p>For pediatric patients, particularly those with sickle cell disease or other hematologic disorders, follow-up testing includes:</p> <ul style="list-style-type: none"> <li>• <b>Penile Doppler ultrasound:</b> To assess</li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Regular blood tests:</b> To monitor for any underlying blood disorders.</li> <li>○ <b>Penile Doppler ultrasound:</b> To assess blood flow within the penis.</li> <li>○ <b>Psychological</b></li> </ul>	Regular assessments to monitor growth and development.

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

			<p>blood flow and rule out persistent vascular abnormalities.</p> <ul style="list-style-type: none"><li>• <b>Erectile function assessment:</b> Age-appropriate evaluation of erectile function and potential psychological effects.</li><li>• <b>Hematologic tests:</b> Complete blood count, hemoglobin electrophoresis, and reticulocyte count to monitor underlying conditions like sickle cell disease.</li><li>• <b>Genetic or metabolic testing:</b> If priapism is idiopathic, further evaluation for underlying metabolic or genetic disorders may be warranted.</li><li>• <b>Psychological assessment:</b> If priapism causes distress or anxiety, mental health evaluation should be considered.</li></ul>	<p><b>evaluations:</b> To assess for any emotional or psychological impact.</p>	
--	--	--	--	---	--

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

78	Guideline-based	How are complications from priapism surgery monitored?	<p>Postoperative monitoring for priapism-related surgical procedures (e.g., shunt surgery, penile prosthesis implantation) focuses on:</p> <ul style="list-style-type: none"> <li>• <b>Infection and wound healing:</b> Regular follow-up for signs of infection, wound dehiscence, or abscess formation.</li> <li>• <b>Erectile function:</b> Assessing for erectile dysfunction using validated questionnaires (e.g., IIEF-5) and penile Doppler ultrasound.</li> <li>• <b>Penile fibrosis or curvature:</b> Monitoring for signs of fibrosis, scarring, or Peyronie’s disease-like changes.</li> <li>• <b>Recurrent priapism:</b> Evaluating for signs of persistent or recurrent priapism, especially in patients with sickle cell disease or vascular anomalies.</li> <li>• <b>Psychological impact:</b></li> </ul>	<p><b>Regular follow-up appointments:</b></p> <ul style="list-style-type: none"> <li>▪ To monitor for any signs of infection, bleeding, or other complications.</li> </ul> <p><b>Physical examinations:</b></p> <ul style="list-style-type: none"> <li>▪ To assess wound healing and penile function.</li> </ul> <p><b>Imaging studies:</b></p> <ul style="list-style-type: none"> <li>▪ Such as Doppler ultrasound or MRI, may be used to evaluate the surgical site and assess for any complications.</li> </ul>	Regular follow-ups to identify any issues.
----	-----------------	--	--	--	--

*Ahmet & Ibrahim. Comparative assessment of AI models in addressing questions on priapism: An evaluation of response quality and clinical utility*

			Addressing any post-surgical anxiety, depression, or concerns regarding sexual function with appropriate referrals to specialists if needed.		
--	--	--	--	--	--