

Testicular torsion—a common surgical emergency

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Testicular torsion

A 59-year-old man presented to the emergency department with a 2-day history of testicular pain and swelling. Testicular pain increased with manipulation and did not respond to pain medications. On physical examination, the right hemiscrotum was inflamed and erythematous with a swollen and tender right testicle and epididymis.

Diagnosis

Testicular ultrasound revealed hypoechoic areas within the right testicle, suggesting necrosis (Fig. 1). There was no vascular flow signal within the testis on Doppler. The patient subsequently underwent inguinal orchiectomy. Pathology showed testicular parenchymal edema with ischemia and hemorrhage consistent with a clinical picture of torsion.

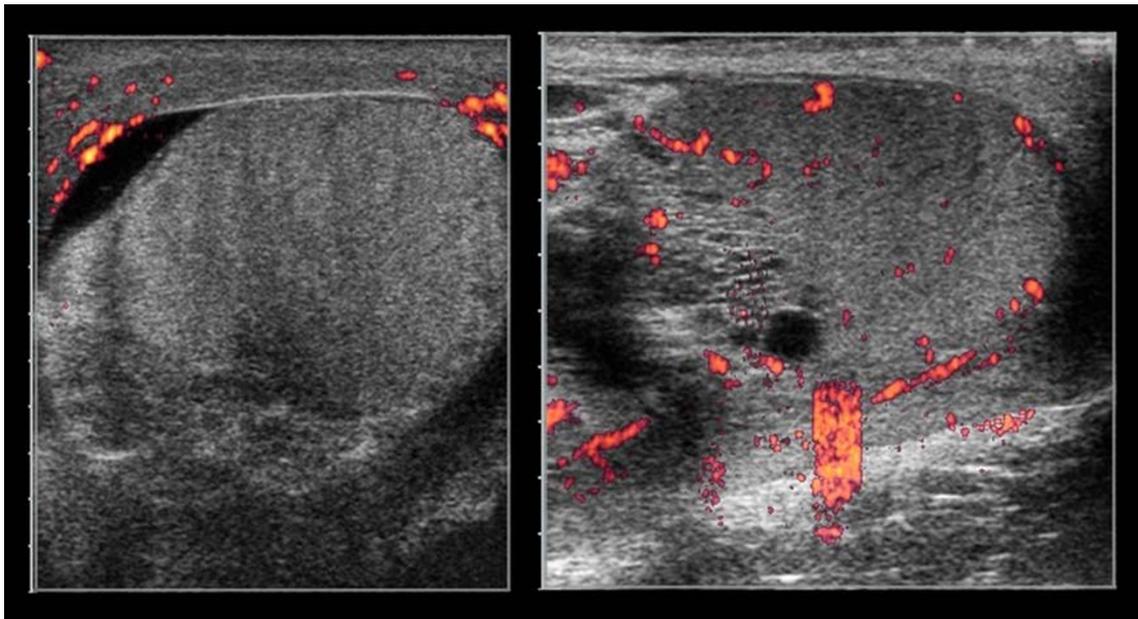


Fig. 1 Doppler ultrasound of bilateral testes shows swollen right testis with hypoechoic areas within and reduced arterial signal suggesting testicular torsion with necrosis (*left panel*). This is compared to the left testis which has normal flow (*right panel*)

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Testicular torsion, or rotation of the testes with twisting of the spermatic cord, is a common surgical emergency. Incidence follows a bimodal peak, highest around puberty, with a smaller peak in infancy. Differential diagnoses include scrotal edema, epididymitis, hernia, tumor, varicocele, hydrocele and trauma. This condition warrants strong clinical suspicion, early diagnosis and expeditious surgical management.