DOI: 10.14260/jemds/2014/2881

CASE REPORT

RARE PRESENTATION OF A CASE OF TESTICULAR TORSION

S. K. Mohapatra[1], L. V. Gouri[2], D. N. Soren[3], R. N. Guru[4], R. R. Mohanty[5]

HOW TO CITE THIS ARTICLE:
S. K. Mohapatra, L. V. Gouri, D. N. Soren, R. N. Guru, R. R. Mohanty. "Rare Presentation of a Case of Testicular Torsion". Journal of Evolution of Medical and Dental Sciences 2014; Vol. 3, Issue 26, June 30; Page: 7207-7209, DOI: 10.14260/jemds/2014/2881

ABSTRACT: A 12yrs male child presented in the emergency department of VSS Medical College Burla with complains of acute pain over left testis for 3days, associated with vomiting, there was no h/o fever, trauma or lower urinary tract symptoms. Ultrasonography of scrotum revealed features of testicular torsion with absent vascularity. He was managed with urgent scrotal exploration and found to have torsion of cord and gangrene of testis. Orchidectomy was done for testis with orchiopexy of the contralateral testis.

KEYWORDS: Testicular Torsion, Orchidectomy.

INTRODUCTION: Torsion of the testis or more correctly torsion of spermatic cord is a surgical emergency because it causes strangulation of gonadal blood supply with subsequent testicular necrosis. Acute scrotal swelling in children often indicates torsion of testis until proved otherwise.

In approximately two third of patients history and physical examinations are sufficient to make an accurate diagnosis. Delay in diagnosis and treatment is catastrophic to testis survival. In this report we present a case of a young male child who had testicular torsion and presented to a peripheral hospital and was managed as a case of epididymoorchitis.

He was referred to medical college after 3days where testicular torsion was diagnosed and urgent exploration revealed cord torsion with testicular gangrene.

CASE REPORT: A 12yrs old male child presented with complains of pain over left testis for 3days, associated with nausea and vomiting, there was no h/o trauma/fever/lower urinary tract symptoms. He was treated at his local place in the line of acute epididymoorchitis. On Examination patient was conscious, oriented, afebrile, Pulse 110/min regular, BP 110/70mmHg, Local Examination:-Left scrotum was enlarged with features of inflammation (Figure 1), Prehns sign was +ve, Angel sign was +ve. His routine blood parameters were found to be within normal limits, Ultrasound revealed torsion of left testis with absent vascularity. (Figure 2).

Parents were counseled about the need of orchidectomy of the affected testis with orchiopexy of the other side testis. Left testis was explored by transverse scrotal incision, left testis was found to be gangrenous with twisted cord (Figure 3). Orchidectomy was done with orchiopexy for the other side. Post-operative period was uneventful. Stitches removed on 7th post op day.

DISCUSSION: Testicular torsion is described as the twisting of the spermatic cord resulting in acute pain and ischemia. The most common sign and symptoms are red swollen scrotum with acutely painful testicles often in the absence of trauma. Nausea and vomiting are common. In patients who have an inappropriately high attachment of tunica vaginalis, the trsticle can rotate freely on the spermatic cord (CLAPPER BELL DEFORMOITY).(1) Experimental evidence indicates that 720 degree torsion is required to compromise flow through the testicular artery resulting in ischemia(3).

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Testicular torsion is a surgical emergency as testicular salvage is inversely proportional to the duration of ischemia.[4] Physical examination like Prehns sign is helpful in differentiating the case from epididymoorchitis[2] but imaging with Doppler Ultrasound is most helpful in confirming the diagnosis. If the diagnosis is equivocal radionuclide scanning is helpful in detecting the blood flow.

The clinicians may attempt to manually rotate or detort the torsion but may need to be immediately referred to an urologist for a surgical exploration. The primary objective is to avoid testicular loss. For a male to recognize testicular torsion to save the affected testis he must recognize the symptoms of torsion, access health care and have a timely surgical procedure. The message to patient should be that scrotal pain especially severe pain requires immediate evaluation.

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Figure 1

Figure 2

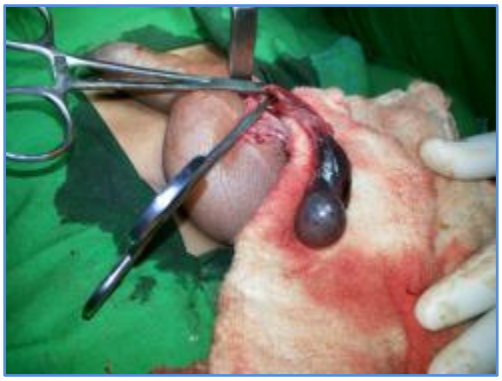

Figure 3

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AUTHORS:

1. S. K. Mohapatra
2. L. V. Gouri
3. D. N. Soren
4. R. N. Guru
5. R. R. Mohanty

PARTICULARS OF CONTRIBUTORS:

1. Professor and HOD, Department of Surgery, VSS Medical College, Burla, Odisha.
2. Assistant Professor, Department of Surgery, VSS Medical College, Burla, Odisha.
3. Assistant Professor, Department of Surgery, VSS Medical College, Burla, Odisha.
4. Post Graduate Student, Department of Surgery, VSS Medical College, Burla, Odisha.
5. Post Graduate Student, Department of Surgery, VSS Medical College, Burla, Odisha.

NAME ADDRESS EMAIL ID OF THE CORRESPONDING AUTHOR:

Dr. R. N. Guru,
Post Graduate Student,
Department of Surgery,
VSS Medical College,
Burla-768017.
Email: rnguru1976@gmail.com

Date of Submission: 09/06/2014.
Date of Peer Review: 10/06/2014.
Date of Acceptance: 24/06/2014.
Date of Publishing: 27/06/2014.