

Post-Traumatic Testicular Torsion - A Delayed Presentation

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INTRODUCTION

Testicular torsion is a common entity in adolescent males with trauma-induced testicular torsion reported incidence to be around 4-8 %. A 24-year-old boy presented to us with a history of trauma 10 days earlier with right-sided testicular pain. USG shows no flow in right testis though clinically does not look like.¹ Orchidectomy was done. The message is clear that testicular torsion can be due to trauma and the patient should approach the clinician as early as possible

PRESENTATION OF CASE

A 24-year-old boy presented to the trauma emergency with complaints of pain in the right-sided scrotum after a fall on a slippery surface 10 days earlier. On local examination, the right side of the scrotum was tensed and tender. A provisional diagnosis of traumatic scrotal hematoma or testicular fracture was made. USG Doppler along with USG scrotum was done. It showed right-sided enlarged testis in size with no colour flow in the Doppler study. Septated hydrocele was seen in the right scrotal sac likely to be hematocele.^{1,2} Surgical exploration was planned after taking due consent of orchidectomy. On exploration, a nonviable testis was found with around 20 ml of blood beneath tunica albuginea with no breach or break in the tunica. Orchidectomy was done with the evacuation of hematoma with a drain in situ. The drain was removed after 48 hours and the patient was discharged on post-op day 2.

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DISCUSSION

Testicular torsion is one of the common aetiologies in patients' especially adolescent males for acute scrotum. The most important risk factor for testicular torsion is anatomical predisposition³ whereas trauma as an entity is reported to be around 4-8 %^{4,5,6} in various reported series with the highest reported incidence being 12 %.^{4,5,6,7}

However, the salvageability of the testis is being very less with reported to be around 40 %.^{4,5,6,8-11}

The testicular survival rate depends on the duration of the presentation and the degree of torsion. It has been observed that the survival rate is higher when presented earlier < 12 hours.⁴

However, in our case, the patient presented after 10 days and that is the reason clinically it does not look like torsion for which ultrasonography was done to assist in clinical diagnosis. On USG there was no blood flow in the testis but the twisting of the spermatic cord was not there.

At the time of surgical exploration there was no discontinuity found in tunica albuginea, so the source of haematocele was still unanswerable. The haematocele was also not enlarged enough to cause pressure necrosis of the testis.

Thus, a clear message is that trauma is definitely an aetiology of testicular torsion though incidence is less, and diagnosis should be made as early as possible as salvageability depends on this.

Patients are to be counselled to approach the surgeon as soon as possible so that the chances of salvageability be increased. Lastly, trauma-induced testicular torsion should be considered in the differential diagnosis by the clinician whenever he evaluates an acute scrotum especially after trauma.

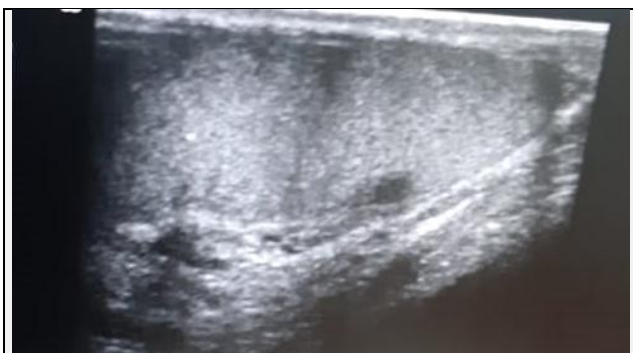


Figure 1. No Blood Flow in Testis



**Figure 2.
No Twisting of
Cord**



**Figure 3.
Non-Salvageability of
Testis**

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