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Delayed Presentation of Testicular Torsion: A Case Report

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ABSTRACT

Testicular torsion is a medical emergency due to twisting of spermatic cord on its axis which hinders blood supply to the testes, causing acute symptoms. It is considered one of the emergency presentations seen in young adolescents. This emergency is mostly observed in patients under 18 years of age, and occurs is 3.8 per 100000 population. We describe a 25-year-old patient presenting to the emergency department with acute symptoms typical of testicular torsion.

Keywords: Testicular torsion, twisting of spermatic cord

CASE PRESENTATION

A 25 year old male presents to the emergency department presenting with right sided scrotal pain since 24 hours which increased in severity past 2 hours. The patient also complained of nausea and previous 2 episodes of vomiting. There was no history of trauma or recent infections of urinary tract. The person's history is of no medical significance.

On examination, the patient was visibly in distress with pain on palpation of right scrotal sac. There was right sided swelling with increased tenderness to touch. The left scrotal examination appeared normal with no swelling and normal skin. Prehn's sign was negative and the testes was not warm on touch, making the diagnosis of epididymo-orchitis unlikely. Cremasteric reflex was noted absent, pointing towards a typical presentation of testicular torsion.

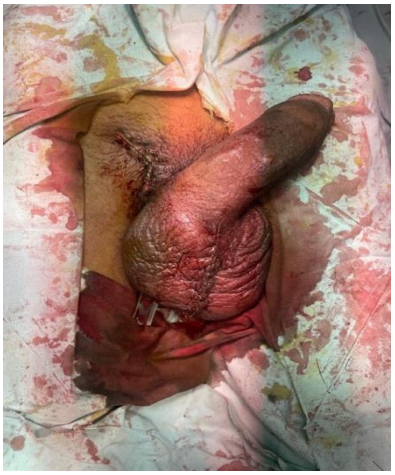
To confirm the diagnosis, an emergency USG of scrotum was advised, the head of epididymis appeared normal in size and echotexture, with minimal collection in tunica vaginalis. There was absent blood flow to right testes on color Doppler, confirming right sided testicular torsion.

As a result, the patient was informed and taken consent for surgical exploration under spinal anesthesia with possible requirement of right orchidectomy, considering the duration of onset of his symptoms. During exploration the right testis was found non-viable (figure 1).

Figure 1- Non viable necrosed testes.

Figure 2: Left orchidopexy

Figure 3: Midline and groin incision



A midline incision and groin incision were taken to clamp the cord (Figure3) Left orchidopexy was performed at 3-6-9o'clock position (Figure2) Histopathological examination revealed necrotic testicular tissue. The surgery went uneventful and the patient underwent excellent recovery.

DISCUSSION

Testicular torsion is a urological emergency where timely intervention plays a crucial role for the salvage of the affected testes. With the duration of ischemia with onset of symptoms extending more than 24 hours, the testes are more likely to be found non-viable. Published literatures (1-3) have reported that testicular loss caused by testicular torsion ranged from 45-82%. Another study (4) focused on the importance of timely intervention, where they found out that 71% patients who experienced symptoms for more than 24 hours required an orchidectomy. Contrast to that, 20% of the patients who sought medical intervention before 24 hours required orchidectomy. Doppler ultrasonography is a vital diagnostic method to timely identify the blood flow abnormalities which can help in immediate intervention for salvage (5,7) Although, many studies have suggested that patients who arrive with symptoms which highly suggest testicular torsion, is subjected to undergo surgical exploration regardless of ultrasonography findings (9,10,11,12,13). Patient should be informed of the procedure and possible requirement of removal of the testes if found non- viable (5). If found viable (no signs of necrosis and presence of blood supply as per USG), it recommended to perform manual detorsion of affected side and if operated, perform bilateral fixation of

testes (6). A successful detorsion can give relief right away as the testis comes back to its vertical position with lengthening of cord. Even if detorsion is carried out successfully, there may be need for surgery (8). Despite our best efforts to find a way to salvage the testes, the testes appeared to have widespread necrotic changes with no possibility of salvage.

CONCLUSION

This case report primarily highlights the importance of timely intervention in cases of testicular torsion. It also explains how to assess the physical symptoms and how to use the appropriate diagnostic modalities for timely diagnosis and further management. It is also vital to rule out differential diagnosis, such as epididymo-orchitis by assessment of objective examination and clinical signs and symptoms. The patient should also be informed of possible recurrences and need to follow up as advised by doctors.

Declaration by Authors

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