



## A Retrospective Study of Testicular Torsion in a Government Tertiary Hospital

Dr.S.  
Manikannan,M.S

Assistant Professor, Department of General Surgery, Government.  
Vellore Medical College, Vellore, Tamilnadu

### ABSTRACT

*Testicular torsion is one of the emergencies encountered in the surgical department. Inordinate delay in diagnosis and treatment may result in unnecessary orchidectomy.*

**KEYWORDS :** testicular torsion, scrotal exploration, orchidopexy, orchidectomy

### INTRODUCTION

Testicular torsion is one of the surgical emergencies in young adult males. It presents with sudden onset of acute scrotal pain. Sometimes systemic symptoms like nausea and vomiting may be present. Clinical examination of the involved testis reveals a severely tender, high riding testis. Cremasteric reflex is usually absent. Though testicular torsion is usually a clinical diagnosis, equivocal cases will be definitely benefitted by doppler ultrasound.

The generally accepted treatment is for testicular torsion is prompt surgical exploration and depending on the intraoperative findings, the testis may be salvaged along with orchidopexy or if the testis is found to be nonviable, orchidectomy of the affected side along with contralateral orchidopexy. The salvage rate of testis is directly related to the duration torsion and degree of torsion. In this study all the cases presented with more than 24 hours duration and all had to undergo orchidectomy as the testis was found to be nonviable

This further reiterates the need for further health education of the referring physician and the awareness of parents and patients about acute scrotal pain and its implications.

### AIM OF THE STUDY :

To study the incidence and the clinical features in patients presenting with clinical diagnosis of testicular torsion.

### CASE STUDY :

In the present retrospective case study, fifteen patients presenting with clinical diagnosis of testicular torsion were taken up from the period November 2013 to November 2016 in Government Vellore Medical College Hospital which is a tertiary level teaching hospital. All the fifteen patients underwent scrotal exploration. Patients with doubtful clinical diagnosis underwent scrotal doppler study wherever time and facilities were available. Age of the patient, duration of the presentation and month (season) of presentation were also recorded.

### FINDINGS :

All of the fifteen patients underwent scrotal exploration. All of them had testicular torsion and could not be salvaged. If the testes could have been explored within six hours it could have been saved. After 24 hours the chances of saving decreases to less than 10%. The mean age of presentation was sixteen years. (Range 15 to 30 years) Torsion was found to be unilateral in all the fifteen cases. (Right side 5 cases, left side 10 cases) The duration of symptom was more than twenty four hours in all the cases. The season also showed a striking similarity usually during the winter (cremaster muscle spasm due to cold or trauma has been implicated as a factor for testicular torsion. All went orchidectomy of the affected side. Ten of them underwent contralateral orchidopexy. Postoperative period was uneventful.

### CONCLUSION :

Testicular torsion is seen commonly in young adults. Incidence is also related to the low external temperature and in the coldest climate. The high rate of orchidectomy in this series further emphasizes the direct relation between the duration of symptom and prognosis. Awareness of this will definitely help to bring down the rate of orchidectomy and prevent unnecessary testicular loss.

### ACKNOWLEDGEMENTS :

The author expresses his immense gratitude to B.Saranya, Intern, for the time, patience and sincerity she set aside to collect the records, data and drafting the manuscript. The author has read and approved the final version of the manuscript.

### REFERENCES :

- 1 Kapoor, S. (2008), Testicular torsion: a race against time. International Journal of Clinical Practice, 62: 821-827. doi:10.1111/j.1742-1241.2008.01727.x
- 2 Williamson RC. Torsion of the testis and allied conditions. Br J Surg. 1976 Jun;63(6):465-76. PMID:3219543
- 3 Anderson JB, Williamson RC. Testicular torsion in Bristol: a 25-year review. Br J Surg. 1988 Oct;75(10):988-92. PMID: 3219547
- 4 Dakum NK, Ramyl VM, Sani AA, Kidmas AT. The acute scrotum: aetiology, management and early outcome-preliminary report. Niger J Med. 2005 Jul-Sep;14(3):267-71. PMID: 16350694
- 5 Osege DN, Ogunkua O, Magoha GA. Testicular torsion rate in Nigerians. Trop Geogr Med. 1987 Oct;39(4):372-5. PMID: 3451416
- 6 Bickerstaff KI, Sethia K, Murie JA. Doppler ultrasonography in the diagnosis of acute scrotal pain. Br J Surg. 1988 Mar;75(3):238-9 PMID:3280094
- 7 Chen, Jeng-Sheng et al. Diurnal Temperature Change is Associated with Testicular Torsion: A Nationwide, Population Based Study in Taiwan DOI: <http://dx.doi.org/10.1016/j.juro.2013.02.013>
- 8 Kapoor S Testicular torsion: a race against time. Int J Clin Pract. 2008 May;62(5):821-7. doi: 10.1111/j.1742-1241.2008.01727.x.
- 9 Barada JH1, Weingarten JL, Cromie WJ. Testicular salvage and age-related delay in the presentation of testicular torsion. J Urol. 1989 Sep;142(3):746-8.
- 10 Williams CR1, Heaven KJ, Joseph DB. Testicular torsion: is there a seasonal predilection for occurrence? Urology. 2003 Mar;61(3):638-41; discussion 641
- 11 Bennett S, Nicholson MS, Little TM Torsion of the testis: why is the prognosis so poor? Br Med J (Clin Res Ed). 1987 Mar 28;294(6575):824. PMID: 3105758
- 12 Hulbert WC Jr, Rabinowitz R. Diagnosing testicular torsion with Doppler US. Br Med J (Clin Res Ed). 1987 Mar 28;294(6575):824. PMID: 3105758