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Torsion of Undescended Testis In 13 Year Old Child : A Rare Case Report

Medical Science

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ABSTRACT

Most cases of undescended testis are asymptomatic and diagnosed in the first year of life. Torsion of undescended testis is commonly found in patients with spastic neuromuscular disease, while it's a rare entity in normal individual. Herein, we present a case of 13 year old normal boy presented with complaints of right inguinal swelling and pain. Torsion was confirmed on colour doppler. Right sided herniotomy with orchidectomy was performed.

BACKGROUND: Undescended testis presenting as torsion is a rare phenomenon. It should be suspected, diagnosed and treated early to salvage testis. Also, examination of external genitals are of huge importance in such cases.

CASE PRESENTATION: A 13 year old normal boy presented to emergency department with history of pain in right groin since 4 days without any associated symptoms of vomiting or fever. On general physical examination, pulse of 110 bpm was recorded & rest of the general examination was unremarkable. On local examination, lump of 2×2cm extraabdominally placed was present in right inguinal region, with underdeveloped right hemiscrotum, with absence of testis on the same side in scrotum. Corresponding left side was normal.

INVESTIGATION

Patient underwent colour Doppler which showed right testis in inguinal region with absence of vascularity. Corresponding left side was normal.

TREATMENT

Patient underwent emergency surgical exploration, which showed twist in spermatic cord with gangrenous right testicle (figure 1). Associated hernia sac was found. Right sided herniotomy with orchidectomy was performed. Left sided orchidopexy was performed simultaneously.

Figure 1: Perioperative photograph showing infarcted testis.

OUTCOME AND FOLLOW UP

Patient made an uneventful recovery postoperatively.

DISCUSSION

Torsion of undescended testis should be strongly suspected in a child presenting with groin pain and empty hemiscrotum ipsilaterally. First year of life and puberty are peak years in which torsion occurs[1.] It has been postulated that abnormal contraction of cremasteric muscle lead to torsion in patients with neuromuscular disease2. Gangrene of testis is certainly associated with duration of more than 24 hours and a rotation of 360 degree, but it has also been reported in as little as 4 hours of torsion3. It has been suggested that spermatogenic and sertoli cells are destroyed after 4 hours of ischemia4. The maldescended testis is found along the usual path of descent and is classified as abdominal, inguinal or sub-inguinal. Despite presence of 75% of undescended testis in inguinal region, torsion is a rare entity here5. Possible explanation is significant hernia and relatively short cord seen in inguinal testis compared to ectopic testis, making torsion difficult6. Bell clapper deformity which is abnormal insertion of tunica vaginalis, predisposes to intravaginal torsion in 90% of cases. It is a controversial issue whether to fix contralateral testis or not as bell clapper deformity is usually bilateral. Although risk of losing other testis is small7. In conclusion, although a rare entity, torsion of undescended testis should be suspected, diagnosed and treated without delay. Also it is important to examine external genital organs, in patient presenting with abdominal and groin pain.

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