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A MISSED CASE OF TESTICULAR TORSION : CASE REPORT

Surgery

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ABSTRACT

Testicular torsion is a surgical emergency which if left untreated results in compromise of blood flow to the testicle and the testis dies. The diagnosis is mainly clinical. Doppler Ultrasound scanning can assist in doubtful cases. Early exploration (< 6 hours) has a 100% salvage rate as compared to 20% if intervention is delayed for 24 hours. We report a case of missed diagnosis of testicular torsion in a 16 year old boy, managed conservatively, resulting in testicular atrophy. We would also like to highlight the importance of clinical diagnosis and prompt intervention in such cases.

KEYWORDS

Testicular torsion, testicular atrophy, ultrasound testis, acute scrotum.

INTRODUCTION

Torsion of the testis is a surgical emergency as it results in compromise of blood supply with subsequent testicular atrophy if left untreated. It forms one of the important diagnosis for acute scrotum (1). The diagnosis is mainly clinical (2). The treatment is urgent scrotal exploration. We report a case of missed diagnosis of testicular torsion in a 16 year old boy, managed conservatively, resulting in testicular atrophy. We would also like to highlight the importance of clinical diagnosis and prompt intervention in such cases.

Case report

16 years old male patient presented with complaints of absent right testis which he noticed 01 year back. Patient had a history of sudden onset right testicular pain and swelling 04 years back for which he was managed conservatively in a private hospital with analgesics and antibiotics. He was asymptomatic in the intervening period. On examination, he was found to have empty right scrotal sac and palpable left testis. Ultrasound showed atrophied right testis and normal left testis. Ultrasound of abdomen also showed a normal scan. His urine was sterile and his semen analysis had normal values. The patient was counselled and explained about the condition including the possibility of torsion of other side and also offered for removal of atrophied testis and fixation of other side to which he was unwilling. The patient has been kept under regular follow up.

DISCUSSION

Testicular torsion is twisting of the spermatic cord resulting in sudden agonising pain in groin and the lower abdomen. The patient feels nauseated and may have vomiting (3). It occurs most commonly between 10 to 25 years of age and is most important diagnosis of acute scrotum (1).

For torsion of testis the following abnormalities should be present:

A) Inversion of testis
B) Bell clapper deformity (incidence 12 %): Inappropriately high attachment of the tunica vaginalis the causes the testis to hang within the tunica.(1)
C) Separation of epididymis from the body of testis

Acute scrotal pain is most commonly caused by testicular torsion, torsion of the appendix testis, epididymitis and/or orchitis. Of these, only testicular torsion is an absolute surgical emergency as testicular salvage is inversely related to the duration of ischaemia (4). Early exploration (< 6 hours) has a 100% salvage rate as compared to 20% if intervention is delayed for 24 hours (5). Prehn's sign differentiates it from epididymitis. Doppler ultrasound is also helpful in confirming the diagnosis although false positives are also known. (4) It appears in the reported case the patient has been managed as a case of epididymo orchitis though in retrospect it appears to be a missed case of testicular torsion.

In a case of torsion urgent scrotal exploration is indicated with consent for orchidectomy in case of non viable testis. Intraoperatively if the testis is viable when the cord is untwisted it should be fixed to prevent it from twisting again. The other testis should also be fixed as the anatomical predisposition is bilateral. If the testis is infracted it should be removed and in cases where there is a history of pain for several days the affected testis will be dead. It is necessary to fix the contralateral testis.(5)

Prepubertal unilateral testicular torsion induces decreased spermatogenesis postpubertally (6) which might happen in the reported case.

In case of untreated testicular torsion removal of involved testis, fixation of the other testis is required and there is also a possibility of delayed loss of testicular function of the normal side (in case the atrophic testis is not removed) due to the formation of antisperm antibodies, although the evidence for this is not strong (7).

CONCLUSION

Acute Scrotum is a common surgical emergency (8) and testicular torsion is an important cause for same. This requires a high index of clinical suspicion and prompt surgical intervention. Any male in the peripubertal age group or older with scrotal pain should be presumed to have torsion until proven otherwise (9).

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