



ORIGINAL RESEARCH PAPER

General Surgery

TRAUMATIC TESTICULAR DISLOCATION – A CASE REPORT AND REVIEW OF LITERATURE

KEY WORDS: Traumatic Testicular Dislocation, Malignancy, Vascularity.

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ABSTRACT

INTRODUCTION: Displacement of one or both normally located testes out of the scrotum. Usually after a trauma such as motorcycle collisions with straddle injury and blunt injury to the scrotum . Presenting this case which emphasizes the importance of routine examination of genitalia after trauma. And importance of immediate intervention of traumatic testicular dislocation.

CASE REPORT : A 17 yr Male with complaints of empty previously normal right scrotum and also with a swelling in the right inguinal region after a road traffic accident one month before present admission. 4cm*4cm in the right inguinal region with empty right scrotum. Ultrasound showed right testicular dislocation with testes in right inguinal region with normal vascularity. Exploration done, right testicle found in the superficial inguinal pouch. Right orchidopexy done.

CONCLUSION: Unilateral traumatic testicular dislocation Immediately surgery done. Testis is viable and surgery had no complications. Not a life threatening but in order to prevent future complications immediate intervention needed. Also emphasises importance of detailed examination after trauma.

INTRODUCTION:

It is a quite uncommon event . Defined as the displacement of one or both normally located testes out of the scrotum. Usually after a trauma , blunt injury to the scrotum . First described by Claubry in 1809 . Less than 200 cases had been notified in indexed literature around the world. This can be the cause of various testicular injuries like minor contusions, hematoma, ruptured tunica and completely shattered testis. Delay in management will lead to impaired spermatogenesis and malignant transformation in later life.

CASE REPORT:

A 17 year Male after a road traffic accident one month back came with complaints of empty right sided scrotum and swelling in the right inguinal region. Previously both testes were present. On examination swelling in the right inguinal region, which is of size 4cm*4cm skin over swelling appeared stretched ,no cough impulse and not reducible.mobility restricted. Scrotum appeared well developed. Right testes absent. Left testes present .



Ultrasonogram done . Right testes with normal vascularity found in the right inguinal region. Surgical exploration done. Right testes found to be in the right superficial inguinal pouch . Testes found to be viable so right orchidopexy done. Post op period uneventful.

DISCUSSION :

Not a life threatening but quite uncommon event . Defined as displacement of one or both normally located testes out of the scrotum. Usually after a trauma . Factors causing this may be

spasm of the cremaster muscle , wide external inguinal ring , an indirect inguinal hernia , atrophied testes. No specific method is there to differentiate between truly undescended, retractile testes and from traumatic dislocation. Detailed clinical history and physical examination have a crucial part in the diagnosis. On physical examination scrotal pouch will be normotrophic. More commonly unilateral but one third of case present bilaterally. Possible locations being superficial inguinal pouch, pouch (50%), pubic(18%), penile(8%), canalicular(8%), truly abdominal (6%), perineal (4%), crural region(2%). Ultrasound is the imaging test to be performed and colour Doppler to exclude testicular rupture, torsion, epididymal avulsion and to ensure vitality. Computed tomography may be necessary in some case with unclear diagnosis. Delay in diagnosis can lead to spermatogenic function loss and increased risk of orchidectomy. Differential diagnosis being undescended testes, retractile testes, traumatic testicular torsion with high lying testes. Closed or manual reduction can be tried but only 15% have successful results. Factors interfering closed reduction – Edelman, testicular torsion and rupture. Impaired spermatogenesis may be detected after 4 months. Main risk in delayed reduction is torsion of dislocated testes can be missed and originally viable testes could become gangrenous. Delay in treatment leads to torsion, testicular ischemia, diffuse atrophy of seminiferous tubules , severe impairment of spermatogenesis and acute or chronic discomfort. And infertility due to high temperature exposure.

CONCLUSION:

Early diagnosis and management is important to preserve testicular function and to avoid the risk of malignant transformation. So surgical exploration and orchidopexy should be performed at the earliest.

REFERENCES :

- Goulding FJ. Traumatic dislocation of testis: addition of two cases with a changing etiology. J Trauma. 1976;16:1000-2
- Bromberg W, Wong C, Kurek S, et al. Traumatic bilateral testicular dislocation. J Trauma. 2003;54:1009-11.
- Neistadt A. Bilateral traumatic dislocation of the testis. J Urol. 1967;97:1057-8.
- Hayami S, Ishigooka M, Suzuki Y, et al. Pathological changes of traumatic dislocated testis. Urol Int. 1996;56:129-132.
- Madden JF. Closed reduction of a traumatically dislocated testicle. Acad

- Emerg Med. 1994;1:272-5.
6. Feder M. Testicular dislocation following minor scrotal trauma. *Am J Emerg Med.* 1991;9:40-2.
 7. Pollen JJ. Traumatic dislocation of testis. *J Trauma.* 1982;22:247-9.
 8. S. Phuwapraisirisan, M. Lim, and W. Suwanthanma, "Surgical reduction in a delayed case of traumatic testicular dislocation," *Journal of the Medical Association of Thailand*, vol. 93, no. 11, pp. 1317-1320, 2010
 9. H. Sakamoto, S. Iwasaki, M. Kushima, T. Shichijo, and Y. Ogawa, "Traumatic bilateral testicular dislocation: a recovery of spermatogenesis by orchiopexy 15 years after the onset," *Fertility and Sterility*, vol. 90, no. 5, pp. 2009-e11, 2008
 10. J. Tsurukiri, N. Kaneko, and S. Mishima, "Bilateral traumatic testicular dislocation," *Urology*, vol. 78, no. 6, p. 1306, 2011.