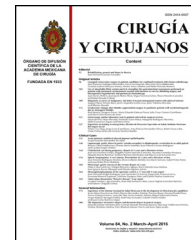




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CLINICAL CASE

Testicular torsion: A case report[☆]



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KEYWORDS

Acute scrotum;
Testicular torsion;
Testicular ultrasound

Abstract

Background: The acute scrotum is an emergency. Testicular torsion represents approximately 25% of the causes. The annual incidence of testicular torsion is approximately 1/4000 persons under 25 years, with highest prevalence between 12 and 18 years old. It usually occurs without apparent cause, but it has been associated with anatomical, traumatic, and environmental factors, among others.

Clinical case: A male 15 year-old male, with no history of importance, was seen in the Emergency Department, presenting with a sudden and continuous pain in the left testicle. It was accompanied by a pain that radiated to the abdomen and left inguinal area, with nausea and vomiting of more than 12 h onset. Doppler ultrasound showed changes suggestive of testicular torsion. Surgery was performed that showed findings of a necrotic left testicle with rotation of the spermatic cord of 360°. A left orchietomy was performed.

Conclusions: Testicular torsion should always be considered one of the leading causes of acute scrotal pain. Delays in diagnosis should be avoided as this is directly related to the percentage of testicular salvage or loss.

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PALABRAS CLAVE

Escroto agudo;
Torsión testicular;
Ultrasonido testicular

Torsión testicular: reporte de un caso

Resumen

Antecedentes: El escroto agudo es una urgencia y la torsión testicular representa aproximadamente el 25% de las causas. La incidencia anual de torsión testicular es aproximadamente 1/4,000 menores de 25 años, con mayor prevalencia entre los 12 y 18 años de edad. Generalmente ocurre sin causa aparente; sin embargo, se han asociado factores anatómicos, traumáticos, ambientales, entre otros.

Caso clínico: Acude al servicio de urgencias un varón de 15 años de edad, sin antecedentes de importancia. Inició su padecimiento al presentar dolor súbito y continuo en testículo izquierdo, progresivo, con irradiación a la región abdominal e inguinal izquierda, acompañado de náuseas y vómitos, con más de 12 h de evolución a su llegada. El ultrasonido doppler reportó cambios sugestivos de torsión testicular, por lo cual, se realizó tratamiento quirúrgico. Los hallazgos fueron un testículo izquierdo necrótico, con rotación del cordón espermático de 360°, por lo cual se realizó orquiectomía izquierda.

Conclusión: La torsión testicular siempre debe ser considerada como una de las causas principales de dolor escrotal agudo. Se deben evitar retrasos en el diagnóstico, ya que el retraso en su atención está directamente relacionado con el porcentaje de salvamento testicular y con su pérdida.

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Background

The acute scrotum is an emergency condition. It is defined as scrotal pain, oedema and reddening. Testicular torsion represents approximately 25% of cases. The annual incidence of testicular torsion is approximately 1/4000 persons under 25 years, with highest prevalence between 12 and 18 years old.^{1,2} In general there is no apparent causes, but several factors relating to the deformity have been described in "bell clapper testis", where there is an abnormal adherence of the tunica vaginalis to the testicle, and this results in an increase in the mobility of the testicle inside the tunica vaginalis.³

Other associated factors are: the increase in testicular volume, testicular tumours, testicle with a horizontal position, a history of cryptorchidism, spermatic cord with a long intrascrotal section, high or proximal insertion of the tunica vaginalis to the spermatic cord, trauma and recent exercise. Environmental factors, such as low temperatures,^{4,5} have also been associated with testicular torsion.

Objective

To highlight the importance of making the correct diagnosis and administering immediate treatment for this painful condition, since delay in diagnosis is directly related to testicular salvage or loss.

Clinical case

A 15 year-old male, with no history of importance, was admitted to the Emergency Department of the High Speciality Regional Hospital Dr. Gustavo A. Roviroso Pérez, presenting with a sudden and continuous pain in the left tes-

ticle. The pain was progressive, accompanied by a pain that radiated to the abdomen and left inguinal area, with nausea and vomiting of more than 12 h onset. On physical examination the left testicle was found to be larger in volume to the right one, was painful, local temperature had risen and there was a positive Prehn sign which helped to improve pain on raising the affected testicle. There was also an absence of the cremasteric reflex (Fig. 1).

Lab tests were only performed for leukocytosis. Doppler ultrasound showed changes suggestive of testicular torsion (Figs. 1–3). Emergency surgery was performed the same day as admittance. This showed findings of a necrotic left testicle with a 360° rotation of the spermatic cord (Fig. 4), for which a left orchiectomy was performed. The pathology

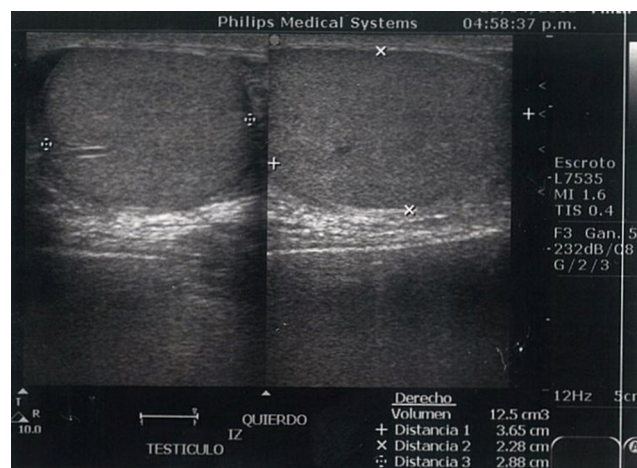


Figure 1 Doppler ultrasound of the left testicle with no evidence of flow and an absence of saturation of the vascular structures.

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