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A Case Study of Left Testicular Torsion treated by Orchidectomy

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ABSTRACT

Testicular torsion is a surgical emergency which requires early surgical intervention. A delay in surgery may end up in gangrene of the testes. Orchidopexy is the surgery of choice if a surgeon is unable to do manual detorsion of the testis. Torsion is usually anticlockwise in case of left testis and clockwise in case of right testis. The case report shown here is a case of left testicular torsion where the patient reported to opd after 1 day of the torsion. Exploratory surgery of scrotum was performed under general anesthesia. As early necrosis of the left testis had happened already, orchidectomy was performed for left testis and right testis was anchored to the scrotal wall. Photographs of the testis were captured with the written consent of patient.

Key words: Left Testicular Torsion, Orchidectomy.

INTRODUCTION

Torsion of testis is uncommon because the normal testis is anchored and cannot rotate. Inversion of the testis is the most common predisposing cause.^[1] The testis is rotated so that it lies transversely or upside down. Testicular torsion is most common between 10 and 25 years of age. Torsion of a fully descended testis is usually easily recognized. The testis seemshigh and the tender twisted cord can be palpated above it. Very occasionally, torsion can be convincingly mimicked by a small tense strangulated inguinal hernia compressing the cord and causing compression of the pampiniform plexus.^[2]

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CASE PRESENTATION

A 14 year old boy, student presented with pain over the scrotum as well as over the left side of the lower abdomen since 1 day. The pain was very severe previous night. He consulted at a nearby nursing clinic where he was advised to undergo ultrasound scanning of abdomen and pelvis which showed normal study. The physician gave oral analgesics with which the severity of pain reduced. As the pain persisted, he reported to the hospital next day along with his guardian.

Clinical Findings

Scrotum was oedematous over the left side. On lifting the scrotum, the pain increased (Prehn's Sign).^[3] Left testis was lying horizontal. Twisted cord over the left side could be palpated.

Diagnostic Assesement

Investigations

Patient had undergone USG of abdomen and pelvis which was not relevant for the present case.

Diagnosis: Torsion of left testis

Based on the manifested symptoms and clinical findings the case was diagnosed as torsion of the left testis.

Intervention

The patient was taken up for emergency exploration of scrotum. Pre-operative preparations were done. Patient in supine position, general anesthesia was given.

Vertical incision was given over the left scrotum lateral to the median raphe. Incision was deepened and the tunica vaginalis was exposed. Tunica vaginalis of the left testis was carefully incised to visualize the testis. Early gangrenous changes had already set in which is shown in Fig.1. A sterile wet warm cloth was used to cover the testis so as to revive it. But no sign of viability of testis was noted. With the traction of testis to expose the cord, each segment of the cord was cut and ligated. The left testis with a portion of the cord was removed. The right testis was anchored to the scrotal wall. Wound was irrigated and dorsals was closed in running layer followed by closure of the skin with ethylon. Left testis was sent for HPE. Scrotal support was provided. Oral antibiotics and analgesics were prescribed by the consultant urologist.

RESULT

Post-operative period was uneventful. Patient was discharged on post-operative day 2. Suture was removed on 7th day after procedure. Pain and swelling had completely subsided. Patient was asked to continue scrotal support for 7 more days.

Fig. 1: Photograph of the left testis.



DISCUSSION

Torsion of testicles or spermatic cord is an uncommon condition which is limited to prepubertal males. It is more commonly seen between 10 to 25 years of age. It causes strangulation of the blood supply to the testis and unless it is treated within 3 to 4 hours, testicular atrophy is inevitable.^[4] Torsion usually occurs from within outwards. The left testis rotates anti-clockwise and right testis rotates clockwise. Torsion also occurs during sleep. Immediately after torsion, patient suddenly complains of severe pain over the testicular region or groin. Pain is often referred to the lower abdomen and in right side. This referred pain is often wrongly diagnosed as appendicitis. When the torsion of testis is not handled in time it leads to gangrene of testis and epididymis.

CONCLUSION

The left testis was not viable and blackish in color showing early gangrenous changes. As the patient came 12 hours after torsion, testis could not be recovered. The unaffected testis should always be anchored to the scrotum to avoid its torsion in the future. Early treatment of torsion is very necessary for conserving the testis, otherwise testicular atrophy is inevitable.

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