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Time: The key element of the management of testicular torsion

Amin Zarghami^{1*}, Hamid Shafi¹, Mostafa Mostafazadeh-Bora²

¹Department of Urology, Shahid Beheshti Hospital, Babol University of Medical Sciences, Babol, Iran

²School of Nursing, Isfahan University of Medical Sciences, Isfahan, Iran

Dear Editor,

In the last issue of the Journal of Acute Disease, Fehér and Bajory well elucidated the main controversial aspects of acute testicular torsion in a review article[1]. As consistent with previous literatures, it is well known that accurate recognition of torsion and exclusion of differential diagnosis may lead to organ salvage, preventing the functional and psychological damage to the tissue and ultimately testicular loss by minimizing unnecessary exploratory surgeries^[2]. But I would like to underline one of the aspects that less have been evaluated so far. The patient's role in the process of the disease from the symptom occurrence to the presentation in the Emergency Department is crucial. It is documented that the duration of symptoms for more than golden time is a risk factor for testicular loss[3]. Our previous study in this field revealed that more than two thirds of the patients presented miss the golden time and the orchiectomy surgery was significantly more in this group of patients^[4].

Altogether, testicular salvage in testicular torsion depends on timely presentation, diagnosis, and immediate surgical intervention. Recent studies suggested that, there are other factors that could influence the rate of testicular salvage in acute testicular torsion. Socioeconomic factor including insurance type and living may affect the rate of testicular salvage or transfer rates to the tertiary care centers. Health system can offer plans with low charges according to the socioeconomic situation of the local areas in order to eliminate the gaps between urban and rural areas and between different populations due to the maximal use of services^[5,6]. Age is another factor that has been discussed in literature. In general, young male adults tend to present later than older adults. This hesitancy particularly from younger males further worsens the prognosis and testicular salvage rates[7]. As indicated in our study, male subjects may be hesitant to seek medical attention for particular issues involving their genitals even in an emergency condition. One interpretation for this issue that applies in many countries

among religious countries may be because of the shame of presenting the sexual organs and issues that existed in their culture^[4].

Although recognizing the pathophysiology of the disease and introducing the accurate diagnostic and novel surgical approaches are vital in the management of the disease, but considering the human aspect of the disease and the underlying etiology of late presentation to the Emergency Department and underestimation of the symptoms from the patients' prospect should be the matter of the future research in this field.

Conflict of interest statement

The authors report no conflict of interest.

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*Corresponding author: Amin Zarghami, Ganjafrouz Avenue, Babol University of Medical Sciences, Babol, Iran.

Tel: +98 9112120205 Fax: +98 1135289463

E-mail: aminzarghami18@yahoo.com

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