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Retorting successfully in a 35 years old man with 24 hours latency and normal ultrasonography: A case report

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Abstract

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.

Our case was a 35 years old man with several periods of scrotal pain and in this period near 24 hours after sense pain came to emergency and referred to surgery part as a testicular torsion and retorted successfully.

Testicular torsion should always be considered as one of the main causes of acute scrotal pain. Delayed diagnosis should be avoided and the patient should always be referred for a further level of treatment since its delay is directly related to the percentage of testicular salvage or loss.

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Background

The acute scrotum is an emergency condition. It is defined as scrotal pain, edema and reddening. Testicular torsion represents approximately 25% of cases. The annual incidence of testicular torsion is approximately 1/4000 persons under25 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 longintrascrotal section, high or proximal insertion of the tunicavaginalis to the spermatic cord, trauma and recent exercise. Environmental factors, such as low temperatures [4,5], have also been associated with testicular torsion [6]. The Golden time to retort testes is 6 hours and every scrotal pain must be attended to torsion.

***Figure 1:** Testis after retorsion.*

Figure 2: Thrombotic vein in spermatic cord.

Case presentation

Our case was a 35 years old man with several periods of scrotal pain and in this period near 24 hours after sense pain came to emergency and referred to surgery part as a testicular torsion. On examination he was ill and had a sharp pain in scrotum that radiate to groin. Doppler Ultrasonography shows normal arterial and venous flow but testis shape was normal. He underwent surgery from inguinal canal, and because of long term Devascularization, Venus was thrombotic and after Detortion ,no pulse can be touched:

Golden time to detorsion is 6 hours after start signs, Our case delayed 24 hours after start signs ,but he was so lucky because control Ultrasonography shows normal vessels flow in scrotal, and we can discharge our patient healthy.

Conclusion

Testicular torsion should always be considered as one of the main causes of acute scrotal pain. Delayed diagnosis should be avoided and the patient should always be referred for a further level of treatment since its delay is directly related to the percentage of testicular salvage or loss. [6] It is vital that emergency physicians are vigilant in pursuing the diagnosis of testicular torsion with a thorough physical exam and diagnostic testing. It is also important to implement methods that can expedite definitive care [7].

Testicular torsion is not common in the neonatal period, pediatricians should be familiar with the clinical presentation of this condition for immediate management [8]. esticular torsion should always be considered as one of the main causes of acute scrotal pain. Delayed diagnosis should be avoided and the patient should always be referred for a further level of treatment since its delay is directly related to the percentage of testicular salvage or loss [9]. When dealing with acute scrotal etiologies one must consider a broad differential diagnosis including testicular torsion, incarcerated or strangulated inguinal hernia, trauma and epididymitis. [10].

Declarations

Ethical Approval and Consent to participate: The content of this manuscript are in accordance with the declaration of Helsinki for Ethics. No committee approval was required. Oral and written consent to participate was granted by the parents.

Consent for publication: "Written informed consent was obtained from the patient's legal guardian for publication of this case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal."

Availability of supporting data: It is available.

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