

Management of Testicular torsion

- Testicular torsion is an acute surgical emergency as likelihood of salvage decreases with time since the onset of pain.
- However there are other conditions that can also cause acute testicular pain, including :
 1. Epididymitis
 2. Trauma
 3. Hydrocele
 4. Varicocele
 5. Torsion of a testicular appendage
 6. Henoch-schonlein Purpura
 7. Incarcerated hernia
- A careful history, physical examination and urinalysis will help in differentiating these conditions and devising a management plan.
- Shorter history with sudden onset, younger age group, negative urinalysis point toward high probability of torsion and exploration should be done promptly.
- Longer duration of history and positive urinalysis point to low probability of torsion and colour Doppler ultrasound should be arranged. Surgical exploration should be done where there is decreased blood flow or equivocal results are obtained.

Testicular torsion

- Manual **detorsion** can be attempted by rotating the testis away from midline. Dramatic resolution of pain confirms the diagnosis. *Patient should still be referred for elective orchiopexy.*
- When duration of pain is less than 12 hours, urgent **Surgical exploration** should be performed. Torsion lasting more than 6 hours results in increased likelihood of later infertility. So the minutes count as the patient arrives in ED.
- Management of **Perinatal torsion** is controversial. Perinatal torsion is extra-vaginal in which testis, spermatic cord and tunica vaginalis twist en bloc. Some believe in non-surgical approach due to poor potential for testicular salvage. Others advocate surgical intervention as they believe leaving a nonviable testis would have an adverse effect on the remaining viable testis.

Torsion of Testicular Appendage

- **Appendix testis** is a mullerian duct remnant at the superior pole of testis and is the most common one to undergo torsion.
- **Epididymal appendix** is a wolffian duct remnant and located at the head of epididymis and can also undergo torsion.
- Torsion of either is associated with more gradual onset of pain compared to testicular torsion. Colour doppler shows increased blood flow in contrast to testicular torsion.
- Management includes several days of bed rest, scrotal support.
- NSAIDs generally do not work
- Antibiotics are only indicated if urinalysis is positive.
- Inflammation settles in about a week but testicular examination may not be completely normal for several weeks.

SAM NAQVI

July 6, 2006