Torsion In An Ectopic Testis: A Diagnostic Dielemma

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Abstract

Torsion occurring in ectopic testis is extremely rare & difficult to diagnose. Successful management of one such case along with review of literature forms the basis of present communication.

INTRODUCTION

Torsion in an ectopic testis is a rare entity and often difficult to diagnose. So far only 7 cases have been reported in the medical literature. We report one such case along with the review of literature

CASE REPORT

A 13-year old Turkish boy presented in the accident and emergency department with complaints of sudden onset of right groin pain for the previous four hours following a blunt trauma. The pain was qualified as severe, continuous and non radiating and was not associated with any bowel symptoms. On examination the patient was a febrile with normal vital signs. The right inguinal region revealed a tender oval shaped 4-cm diameter swelling which was firm in consistency, non-mobile with well-defined margins. The swelling was more prominent on straight leg rising. There was no associated cough impulse. The right side of the scrotum was empty but the left testis was normal in shape and position. The rest of examination was essentially normal. Hematological and biochemical investigations were normal.

Ultrasound scan examination of the right groin revealed an oval shaped hypo echoic swelling in the right inguinal lesion which confirmed to the shape of the testis along with the cord-like structure attached to it. Doppler examination showed reduced vascularity. The left testis was found to be normal in shape and position.

The patient underwent exploration of the right inguinal region, which revealed an ectopic testis in the superficial sub

inguinal pouch between Scarpa's fascia and external oblique aponeurosis. There were two turns twisting of the spermatic cord. The testis was found not to be viable and orchidectomy was performed. The postoperative recovery was uneventful.

DISCUSSION

Torsion occuring in an ectopic testis is extremely rare and can present in many disguises & often in deceptive forms leading to delay in diagnosis and ischemic necrosis of the testis. Torsion in ectopic testis has been reported by Diamopoulos et al 1(2 cases), Abu-Det 2 (1 case), Phillips et al 3 (1 case), Etcheverry et al 4 (1 case), Sauvat et al 5 (2cases)

Predisposing factors for torsion in an ectopic testis can be trauma or associated spastic neuromuscular disease 2.

This condition should be always be kept in mind while dealing with a case of abdominal or groin pain in a young male child or an adult male, and the scrotum should always be examined to rule out ectopic or undescended testis. The diagnosis should be confirmed by ultrasound and Doppler examination.

References

1. Diamopoulos C, Giannopoulos A, Dorkas J, Ntoutsias A. Unusual presentation of testicular torsion: A review of 40 cases Eur Urol. 1972; 2:100-5

2. Abu-Dalu L, Urca I. Torsion of ectopic tstis. Helv chir Acta. 1973 ; 40:413-6

3. Phillips NB, Holmes TW Jr. Torsion infarction in ectopic cryptorchidism: a rare entity occuring most commonly with spastic neuromuscular disease. Surgery. 1972; 71:335-8 4. Etcheverry M, Sarramon J, Dulimbert G. Acute torsion of an intra-abdominal ectopic testis. J Urol Nephrol 1967; 73(1): 140-1

5. Sauvat F, Hennequin S, Ait Ali Slimane M, Gauthier F. Age for Testicular torsion? Arch Pediatr. 2002:9:1226-9.

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