

Traumatic Epididymal Hematoma Producing Testicular Torsion

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Citation

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Abstract

Testicular trauma is a common problem faced by surgeons all over. It is often managed conservatively based on clinical and scrotal Doppler findings. We report a case of scrotal trauma producing an epididymal hematoma which during conservative management presented with testicular torsion. The scrotum was explored and the testis could be saved. Thus, it is important to keep this complication in mind and maintain a close follow up.

INTRODUCTION

Testicular trauma is invariably an emergency requiring prompt evaluation and decision regarding line of management. Delay can have serious consequences and may often lead to loss of the organ.

CASE REPORT

A 14 year old boy sustained injury to the left testis while playing with a tennis ball. He had severe sickening abdominal pain associated with retching and vomiting. A 3 cm by 4 cm tender swelling appeared in the left hemiscrotum within half an hour. He underwent emergency scrotal Doppler examination which revealed an echogenic mass near the upper pole of the left testis suggestive of an epididymal hematoma. The blood flow to both the testes was well maintained. The patient was advised conservative treatment.

After two weeks, the patient experienced severe pain in the left hemiscrotum. Examination revealed an exquisitely tender left testis with inflamed scrotal skin. Scrotal Doppler was done that exhibited a heterogeneous echotexture lesion suggestive of an organized epididymal hematoma compressing and displacing the left testis inferolaterally with decreased blood flow.

He underwent an emergency scrotal exploration. There was an intravaginal torsion of the left testis with bluish discoloration. The testis was detorted and wrapped in warm moist packs during which the testis regained its color. The

epididymal hematoma was drained. Vascularity was ensured by intra operative Doppler. Both the testes were fixed.

The post operative period was uneventful and the patient is on regular follow up. Scrotal Doppler study done three months after the procedure revealed bilateral normal testis with good vascularity.

DISCUSSION

Testicular trauma is a commonly encountered emergency. The line of management is governed mainly by the clinical findings as well as the scrotal ultrasound findings. Conservatively managed cases should be kept in close follow up. An epididymal hematoma as a result of trauma may lead to testicular torsion. This may be because of the focal adhesions that promote intravaginal torsion as reported in this case. We report this case to create an awareness of this possibility so that early appropriate management can avoid testicular loss.

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