

Testicular Torsion

▲ Investigations:

- ▯ Color Doppler US
- ▯ Radionuclide Scan
- ▯ High clinical suspicion of torsion need no investigation, but need immediate intervention.

➤ Management:

- Ⓢ Timing is critical 4 - 6 hrs -risk of ischemia-
- Ⓢ Exploration if any doubt
- Ⓢ Untwist (open book) and assess viability
- Ⓢ Fix the other side

If more than 12 hrs, it is likely to be non-viable (gangrenous) and may need orchiectomy

Torsion of Appendage(s)

📖 introduction:

- Embryological remnants of the mesonephric and mullerian duct system occur as tiny (2-10mm long) appendages of testis
- Appendix testes (hydatid of Morgagni), appendix epididymis ...etc
- Peak age: 10-12 yrs

🌊 Presentation:

- Pain at the upper part of testis- more gradual onset-the rest of the testis is not tender.
- Blue dot sign (the most specific sign) & usually in the top of the testis.
- Swollen & red hemiscrotum appears in the 2nd day of onset of pain. So early presentation. But in acute scrotum these are late presentation.

➤ Management:

- Ⓢ Conservative or operative if torsion cannot be excluded.