IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

A CASE REPORT ON TESTICULAR TORSION

1Parvathy J S, 2Amrutha P B, 3Dr. Anusreeraj
1Pharm D Intern, 2Pharm D Intern, 3Assistant Professor, Department of Pharmacy Practice
1Ezhuthachan College Of Pharmaceutical sciences, Trivandrum, Kerala,
2Ezhuthachan College Of Pharmaceutical sciences, Trivandrum, Kerala,
3Ezhuthachan College Of Pharmaceutical sciences, Trivandrum, Kerala

INTRODUCTION

Testicular torsion is a very serious and painful condition in which the male reproductive gland, a testicle rotates and twisting the spermatic cord that brings blood to the scrotum. This can happen after strong exertion, a slight testicular injury, or while sleeping. By the age of 25, boys had a one in 4000 chance of getting testicular torsion, with fewer than one million instances each year in India [2]. Although testis torsion most commonly happens in people under the age of 25, itcan happen at any age, including before birth. There are two forms of testicular torsion. Extravaginal torsion and intravaginal torsion are two different types of torsion.

CASE REPORT

A 13-year-old male patient was admitted in the Emergency department in a tertiary care hospital presenting with complaints of penetrative pain and swellingin the scrotum for 7 days. He has no previous medical or family history. There has been no previous trauma, fever, or irritable voiding symptoms. On physical examination, the patient's left hemiscrotum was edematous and tender. The scrotum's doppler scan revealed findings that were suggestive of a left torsion testis with internal hypoechoic regions (figure 1). The doppler examination also revealed a mildly bulky left testis with heterogeneously hypoechoic areas within,as well as a bulky left spermatic cord with swirling vessels. Despite the fact that the scrotal wall was edematous, there was no evidence of vascularity. Despite having a complete blood count (CBC) and a renal function test, only the ESR wasraised, with the rest being normal. Hence the case was diagnosed as testis torsion.

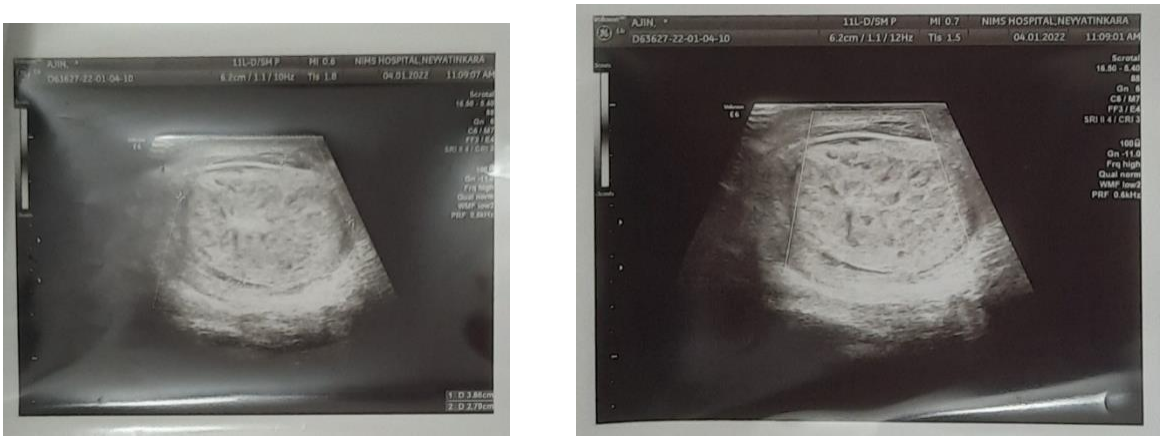

Figure 1: doppler study of scrotum featuring left torsion testis with internal hypoechoic areas.

On the same day of admission, emergency surgery was conducted. For this an investigation of the testicle area, referred to as scrotal exploration, was performed, as well as left orchidectomy and right orchidopexy. During the procedure, the physician finding was that the patients' left testis had torsion and gangrenous.

On day 1of admission, the patient was treated with inj. Izone S 1.5g BD which is a combination of cefoperazone and sulbactam antibiotics along with Inj.Pancare 40mg BD to treat gastric irritation. On the same day Inj.Paracetamol, Inj. Tramadol 50mg and Buprigesic patch after the surgery to relieve the pain. On day 2 Inj.Izone s was continued, while step down therapy of Inj.Pancare was made. In addition to the above mentioned drug, T.Dolo 500mg BD and T.Aceclo100mg was given to subside the pain that the patient had. On the 3rd day all the drugs given in the 2nd day was continued and on the 4th day the patient was discharged. The patient was discharged with T.Zeropod 200mg 1-0-1,T.Rabimond-D 1-0-1, T.Isibro-D 1-0-1 and T.Dolo 650mg SOS.

DISCUSSION

Testicular torsion is a condition in which a testicle rotates leading to twisting the spermatic cord losing its blood supply and giving rise to reduced blood flow. The rapid, frequent swelling and excruciating pain brought on by this reduced blood supply. This can occur following an accident, when exercising, or even while you're sleeping. Males of any age can get testicular torsion; however, it most frequently affects those between the ages of 12 and 18. The only way to recover is through an urgent orchiopexy, which involves first making a groin incision to identify the undescended testicle. Then a second incision is made to move the testicle downwards and repositioned the scrotum.

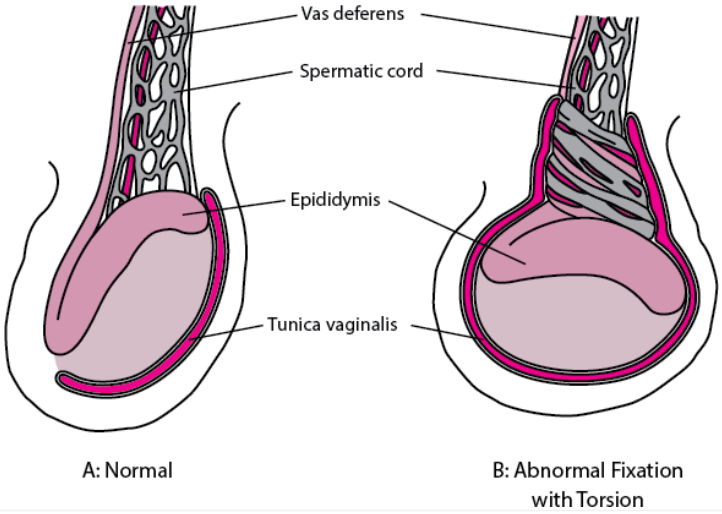

Figure 2: Normal(A), Abnormal Fixation with Torsion(B)

https://images.app.goo.gl/Q1CaNYMmwjR9FDJu6

The most important role in the diagnosis is played by the physical examination process [1]. Some conditions may mimic testicular torsion including torsion of a testicular appendage, epididymitis, trauma, hernia, hydrocele, varicocele, and Schölein-Henoch purpura so It is important that the diagnosis should be done correctly besides any delay in medical attention may lead to a decreased chance of recovery. Furthermore, it also said that clinical examination along with Doppler ultrasound which has a sensitivity of 96.8%, specificity of 97.8%, a positive predictive value of 92.3%, and negative predictive value of 99.1% is also a reliable technique in the identification criteria [1].

CONCLUSION

One of the main contributing factors to acute scrotal pain is always thought to be testicular torsion. To stop the increasing percentage of testicular loss, a quick diagnosis should be performed before moving on to higher levels of treatment, including surgery.

REFERENCES

1. García-Fernández G, Bravo-Hernández A, Bautista-Cruz R. Testicular torsion: A case report. Cirugía y Cirujanos (English Edition). 2017 Sep;85(5):432–5.
2. Kumar M, Gautam V. Testicular Torsion. New England Journal of Medicine. 2021 Oct 21;385(17):1603–3.
3. Testicular Torsion (for Teens) - Nemours KidsHealth [Internet]. kidshealth.org.
4. Schick MA, Sternard BT. Testicular Torsion [Internet]. PubMed. Treasure Island (FL): StatPearls Publishing; 2020.
5. Schick MA, Sternard BT. Testicular Torsion [Internet]. PubMed. Treasure Island (FL): StatPearls Publishing; 2020.
6. Shimizu S, Tsounapi P, Dimitriadis F, Higashi Y, Shimizu T, Saito M. Testicular torsion-detorsion and potential therapeutic treatments: A possible role for ischemic postconditioning. International Journal of Urology. 2016 May 23;23(6):454–63.