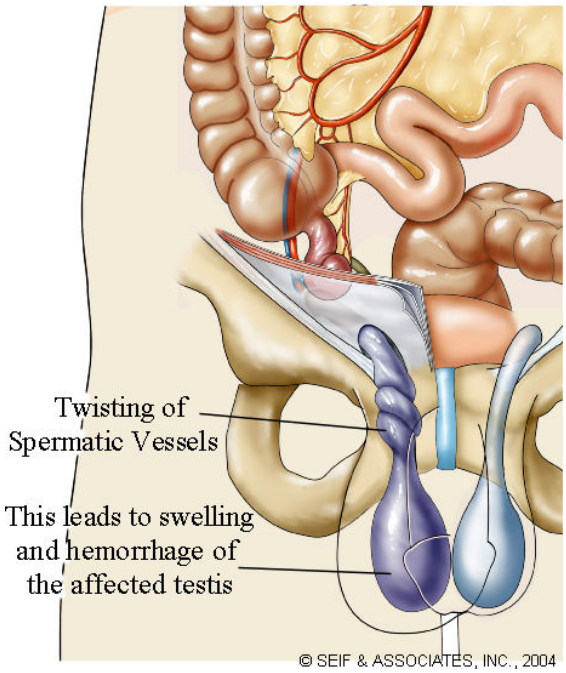
Testicular Torsion

In testicular torsion, the spermatic cord, artery and vein which go to the testicle are twisted. This cuts off the blood supply to everything in the scrotum. The scrotum is the pouch (*sac*) that contains the testes, blood vessels, and part of the spermatic cord. The main symptom of testicular torsion is pain in the testicle. This condition is an emergency. If the torsion lasts too long, it will result in the death of the testicle and surrounding tissues.



The most common type of testicular torsion (accounting for 19 of 20 cases) peaks in the early teen years. The left testis is more frequently affected. Torsion is the most common cause of scrotal or testicular pain in non-sexually active adolescents. The less common type (only 1 in 20 of those affected by testicular torsion) occurs before birth. It is linked to high birth weight.

CAUSES

Some men may be likely to get testicular torsion because they have less connective tissue in the scrotum. The condition can also result from injury to the scrotum, more commonly if swelling is present. It may also occur after strenuous exercise or have no obvious cause.

SYMPTOMS

- Scrotal swelling, one sided.
- Light headedness or fainting.
- Pain with urination.
- Testicular lump or swelling.
- Sudden onset of testicle pain (in one or both testicles) with or without a predisposing event.
- Pain with intercourse or painful ejaculation.
- Blood in the semen.
- Nausea or vomiting.
- Extreme tenderness with pressure or pull on the testis.
- In a newborn or infant male, there is a firm, hard, scrotal mass; but the baby seems fine otherwise. The skin of the scrotum also seems stuck to the testicle.

DIAGNOSIS

- Your caregiver can often diagnose testicular torsion by just examining you.
- An ultrasound scan of the scrotum, if available, may be done to confirm the diagnosis.
- Other testing is sometimes required. This may include a special imaging test using a very low power radioactive material that is safe and rapidly cleared from the body.

TREATMENT

- Surgery is usually necessary and should be performed as soon as possible after symptoms begin. If surgery is performed within 6 hours, most testicles can be saved. If surgery is delayed more than 6 hours, the testicle will often need to be removed. Even with less than 6 hours of torsion, the testicle may lose it's ability to function.
- During surgery, the testicle on the other (non-affected) side is usually also anchored as a preventive measure. This is because the non-affected testicle is at risk of testicular torsion in the future.

EXPECTATIONS (PROGNOSIS)

With proper rapid diagnosis and good treatment, normal function of the testicle is usually preserved. If testicular torsion is not surgically corrected promptly, infertility from loss of function and testicular shrinkage (*atrophy*) may result. If the blood supply to the testicle has been cut off for a prolonged period of time, it may cause the

testicle to shrink (*atrophy*). Atrophy of the testicle may occur days to months after the torsion has been corrected. Severe infection of the testicle and scrotum is another potential complication if the blood flow is restricted for a prolonged period.

PREVENTION

Most cases are not preventable. If the problem has occurred and affected only one testicle, then there is significant risk for the same happening to the other testicle. Operations can be done to protect the other side and help prevent the same thing from happening again.

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