

Case	(205) Testicular rupture
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CASE PRESENTATION

A 31 year old man with no clinical history came to the emergency room due to progressive testicular pain after trauma. The right testicle was correctly positioned inside scrotal sac without horizontal lie.

It has doubled its size and consistency, was slightly tender at palpation and did present neither palpable masses nor fluctuation areas. The scrotal skin showed a superficial contained hematoma. Prehn sign was negative and the transillumination examination showed no alterations. The left testicle, penis and perineum were normal.

A Doppler ultrasound was performed and revealed slightly testicular asymmetry, being the right one larger with increased vascular flow. The lower pole morphology was abnormal due to a discontinuity of the tunica albuginea with herniation of the intratesticular content.

There were also intratesticular hypoechoic regions as well as heterogeneous septate content within the testicular sac, suggestive of hematomas and haematocele and thickening of covers. All these ultrasound findings supported clinical suspicion of testicular rupture.

The patient required surgical intervention resulting in orchiectomy due to testicular lower pole complete laceration and necrosis

DISCUSSION

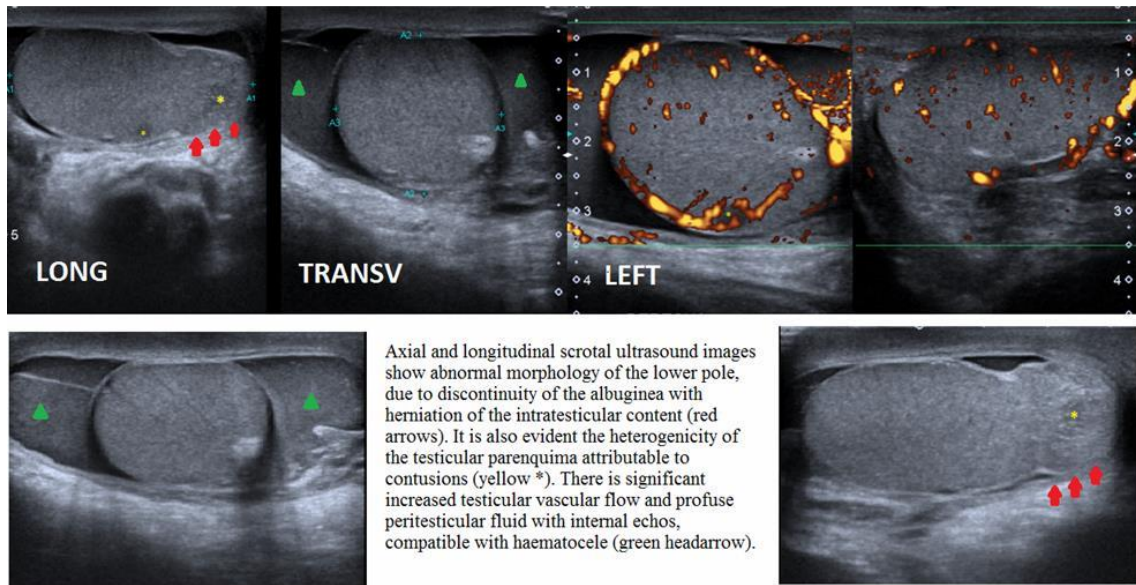
Scrotal trauma is uncommon in the emergency room. Common symptoms are pain, tenderness, skin ecchymosis and/or scrotal hematoma. Ultrasound is the modality of choice for initial evaluation, mode B is an important tool for assessing morphology, size and intra or extratesticular lesions. Color Doppler ultrasound is also useful because detects perfusion alterations and evaluation of viability prognosis. Axial and longitudinal scrotal ultrasound images show abnormal morphology of the lower pole, due to discontinuity of the albuginea with herniation of the intratesticular content (red arrows). It is also evident the heterogeneity of the testicular parenchyma attributable to contusions (yellow*). There is significant increased testicular vascular flow and profuse peritesticular fluid with internal echos, compatible with haematocele (green headarrow). Findings suggestive of testicular rupture are:

- Alterations of position and/or testicular morphology
- Increase in testicular volume
- Tunica albuginea discontinuity
- Herniation of testicular contents

- Hematocele
- Testicular cover thickening secondary to ecchymosis.
- Hypoechoic intratesticular lesions due to bruises or posttraumatic ischemia
- Color Doppler findings depend of chronology and evolution: from reactive hyperemia due to absence of flow due to testicular ischemia.

CONCLUSION

Ultrasound is the modality of choice in testicular trauma in the emergency room because it establishes the management and prognosis of testicular viability.



BIBLIOGRAPHY

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