Lesson of the Week

Testicular torsion in older men

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It is well recognised that acute testicular torsion in children must be diagnosed and corrected urgently. This emergency, however, can occur at any age, and unless the diagnosis is considered in every man with scrotal pain some testes will be lost through infarction. We report on two patients in their 50s who developed torsion; one had a successful outcome but the other required orchidectomy.

Case reports

Case 1—A 53 year old man presented to the accident department with a two hour history of severe left testicular pain. This had come on suddenly after physical exertion and was associated with vomiting and lower abdominal pain. On examination the left hemiscrotum was red and swollen. The left testis was lying transversely at the neck of the scrotum and was exquisitely painful to touch. Torsion was diagnosed clinically, the patient immediately taken to theatre, and scrotal exploration performed within three hours after the onset of pain. At operation the left testis was dusky and congested owing to a double twist of the cord. Correction of this restored normal circulation to the gonad, and bilateral testicular fixation was carried out. The wound was closed, and the patient made an uneventful recovery.

Case 2—A 51 year old man attended five days after the sudden onset of severe left testicular pain. He had consulted his general practitioner on the first day of pain and had been prescribed doxycycline for presumed epididymitis. He reported episodic testicular pain in previous years, which had been sudden in onset and attributed to infection. He gave no history of trauma or urinary symptoms. On examination he had a mild fever (37.3°C) and his left hemiscrotum was red. The left testis was hot and swollen with a tender spermatic cord. The right testis was normal. Urine culture was sterile and results of microscopic examination unremarkable. Scrotal ultrasound examination showed loculated fluid and a left scrotal mass. Surgical exploration through a scrotal incision found a torsion of the left spermatic cord and an infarcted left testis, which was removed. A two point fixation of the right testis was performed. The diagnosis of infarction was confirmed histologically.

Discussion

Although over 65% of all cases of testicular torsion occur between the ages of 12 and 18, the condition may occur at any age.^{1,2} In neonates the scrotal contents are mobile and the whole cord may rotate; after infancy torsion may occur in association with a congenitally high tunica vaginalis.³ The clinical presentation of torsion takes one of two forms, occurring either as a sudden onset of

Age does not preclude the diagnosis of testicular torsion

pain and swelling (case 1) or after several episodes of "prophetic pain," representing self resolving "warning" torsions⁴ (case 2). Diagnostic features are pain, swelling, vomiting (in 35-50%), and a horizontal lie of the contralateral testicle (34%).² Various investigations have been devised to aid diagnosis, including dynamic scrotal scintiscanning, Doppler ultrasonography, aspiration of a secondary hydrocele, and computer prediction based on features of the history.² The consequences of delay are grave: ischaemic necrosis occurs four to 10 hours after torsion and if correction is delayed longer than 10 hours atrophy of over 50% is likely.⁵ Doctors have become more aware of the genuine emergency of torsion, and over the past two decades testicular salvage rates have reflected this.⁶

The most successful series are from centres where scrotal exploration is undertaken in all patients with testicular pain in the absence of clearcut evidence of infection.⁶ Surgical textbooks often neglect to describe torsion presenting after adolescence, and, as these two cases show, torsions may be missed in the "non-classical" age group. Testicular torsion should be considered in the differential diagnosis of any male patient with testicular pain, irrespective of age.

References

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Has percutaneous transluminal laser angioplasty been tried on the carotid arteries?

Percutaneous transluminal laser angioplasty has largely been confined to the peripheral arteries because of the dangers of vessel perforation and distal embolisation. Studies reporting its use in the carotid arteries have principally been experimental, but there is a report of it having been used in one patient without complications.¹—C V RUCKLEY, consultant vascular surgeon, Edinburgh.

- 1 Choy DSJ, Ascher P, Lammer J, et al. Percutaneous laser catheter recanalisation of carotid arteries in seven cadavers and one patient. *AJNR* 1986;7:1050-2.