



AB162. SOH22ABS173. Case report: unexpected unilateral testicular rupture

Mohamed Zeid, Mamoun Abdelrahman, Subhasis Giri

Urology Department, University Hospital Limerick, Limerick, Ireland

Background: Acute scrotal pain is a urological emergency. While clinical recommendations regarding testicular torsion and acute epididymitis are well known, little is known about the causes of the low incidence of acute scrotal pain. Our aim is to identify and characterize the rare differential diagnosis of acute scrotal pain in order to provide diagnostic and therapeutic recommendations. Testicular trauma can be categorized as blunt, penetrating. While every case of penetrating trauma is subject to surgical treatment, a decision must be made between surgery and conservative treatment for each blunt injury case. Here we present a case report.

Methods: A 10-year-old boy presented to the Accident and Emergency Department with acute scrotal pain. Upon arrival, he was fully conscious, with tachycardia and multiple bouts of vomiting. Examination of his genitals revealed no bruising of the scrotum and perineum. The left scrotum was distended, a highly positioned horizontal line, high up in the scrotum, a negative Prehn's sign, and an absent cremasteric reflex. But the right testicle was normal.

Results: Intraoperative, emergency exploration of the left hemiscrotum revealed evidence of rupture of most of the middle and lower third. Clot evacuation and debridement precede closure of the tension-free tunica albuginea 4/0.

Conclusions: Rare differential diagnoses of acute scrotal

pain are prone to misinterpretation as testicular torsion or epididymo-orchitis. Here we present knowledge of rare differential diagnoses and raise awareness in order to facilitate management and increase the possibility of testicular-preserving treatment.

Keywords: Testicular torsion; acute epididymitis; hemiscrotum; tunica albuginea; testicular trauma

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Footnote

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