

Case Report: Rare Case of Traumatic Testicular Dislocation.

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Abstract: We report a case of motor cyclist who presented with left empty hemiscrotum, straddle injury after motor cycle collision. Tender soft mass was palpable in the left groin on physical examination. Ultrasound of scrotum revealed dislocated left testis within in the inguinal canal. It is of normal size and echotexture. Doppler showed good vascularity of testis. He had pelvic surgery. He was managed for pain conservatively with NSAIDS and ice packs. Two weeks later Doppler of dislocated testis showed good vascularity. Surgical exploration and orchidopexy was performed. There were no post op complications. Two weeks later on follow up examination, left testis is in scrotum.

Date of Submission: 29-07-2019

Date of Acceptance: 14-08-2019

I. Introduction

Traumatic testicular dislocation is rare sequale of pelvic trauma. It can be recognised soon after the event or after few days. Clinical examination usually reveals empty scrotal sac after history of trauma. In some cases due to pelvic injury, examination is not possible along with scrotal hematoma which causes delay in diagnosis.

Ultrasound of scrotum with colour Doppler plays an important role in the diagnosis. CT offers additional information about other injuries and confirms diagnosis. Early diagnosis and treatment are crucial in retaining the testicular function and prevents risk of malignant transformation.

II. Present case

A 18 year old male patient under influence of alcohol had road traffic accident. He collided with fuel tank of motor cycle. He was drowsy with facial lacerations. His GCS was 10/15. Abdominal examination revealed tenderness in the hypogastric and inguinal region. Pelvic compression test was positive indicative of instability.

On palpation left scrotal sac was empty with tenderness along the scrotum and penis. There was mass seen at the left inguinal region. As patient was drowsy history of undescended testis could not be ruled out.

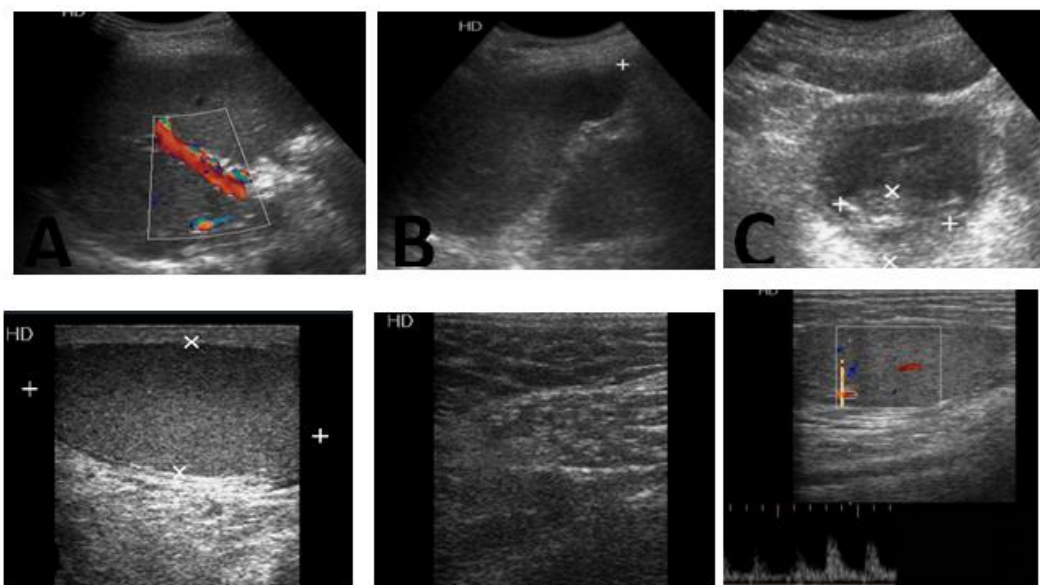


Figure 1. Ultrasound of abdomen and scrotum showing normal A. liver, B. spleen, C. bladder, D. right testis, E. absent left testis in scrotum and F. dislocated testis with vascularity in left superficial inguinal pouch

FAST of abdomen and Ultrasound scrotum was done. FAST scan of abdomen showed mild hemoperitoneum. No significant organ injuries. Ultrasound scrotum showed absence of testis in the left scrotum, right cavernosal haematoma seen.

Mass seen at superficial inguinal pouch has testicular architecture. No evidence of intra testicular injuries. On Doppler examination, dislocated testis shows good vascularity.

CECT abdomen was done to evaluate for pelvic injury. It further location of left testis in superficial inguinal pouch. He had pelvic injuries.

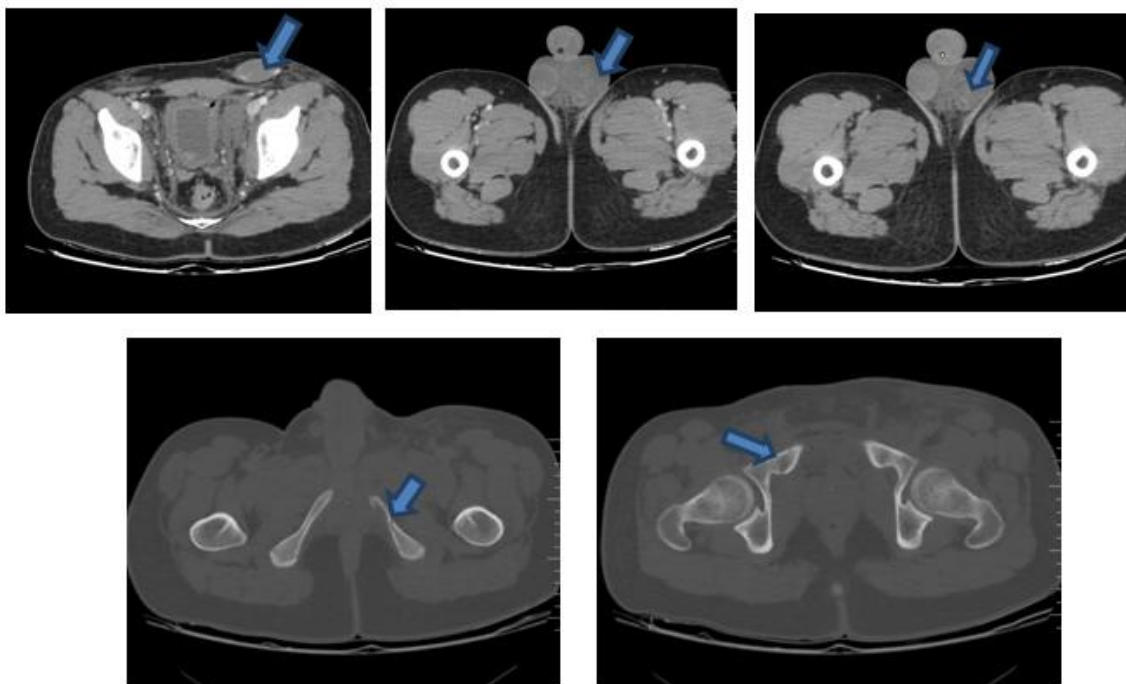


Figure 2.CECT axial section showing left testis in superficial inguinal pouch,empty left hemiscrotum, left spermatic cord hematoma.CECT axial bone window sections showing pubic rami fractures.

He was operated for pelvic injuries. Pain reduction of dislocated testis was done with ice packs and NSAIDS. After 2 weeks patient was evaluated again with colour Doppler, dislocated testis showed good vascularity. Surgical exploration and orchidopexy were performed.



Figure 3.Intraoperative photographs showing location of testis in superficial inguinal pouch, Orchidopexy being performed with repositioning of testis in scrotum.

Testis is placed in left scrotal sac. There were no post-operative complications. He was discharged after 5 days. On post-operative follow up left testis is in anatomical position.

III. Discussion

Main mechanism of TTD is direct force propelling the testis out of scrotum which is mostly caused by straddle injuries. The force propels testis after rupture of fasciae (external spermatic, cremasteric and internal spermatic).

Most common sites of testicular dislocation are superficial inguinal pouch, pubic, penile, canalicular, abdominal, perineal, acetabular and crural. Risk factors include cremasteric muscle spasm, presence of indirect inguinal hernia and atrophic testis.

IV. Conclusion

Testicular dislocation is an uncommon injury commonly seen after motorcycle accident. A meticulous scrotal examination is essential in blunt pelvic injury cases. U/S and colour Doppler U/S are valuable tools in evaluation of testicular dislocation, whereas a CT scan helps in further confirming diagnosis along with evaluation of other complex injuries. Monitoring of case and planning for repositioning of testis is essential for restoration of testicular function.

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Noorunisa Begum. "Case Report: Rare Case of Traumatic Testicular Dislocation." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, vol. 18, no. 8, 2019, pp 73-75.