

Sunday, 19 July 2009

Clinical features of Testicular Torsion

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STEM 6/7/06

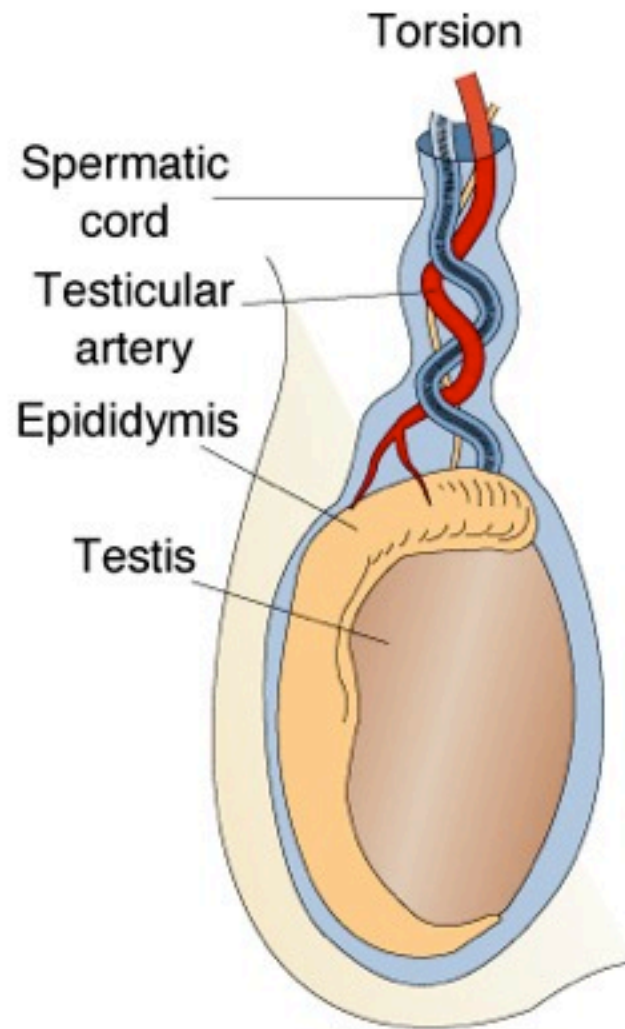


Figure 45-6 Testicular torsion with twisting of the spermatic cord that suspends the testis and the spermatic vessels that supply the testis with blood.

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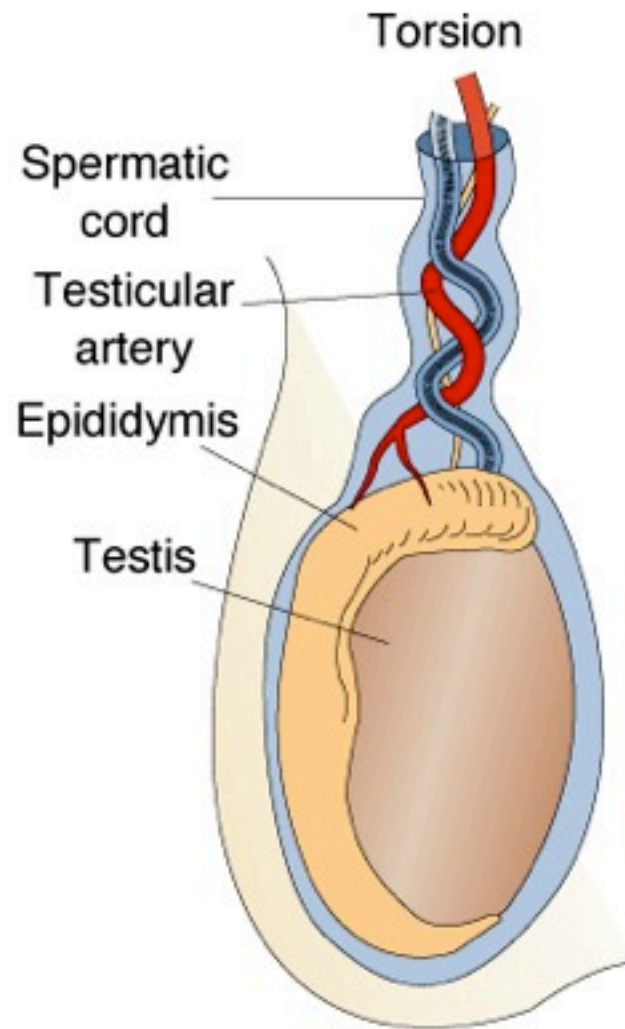
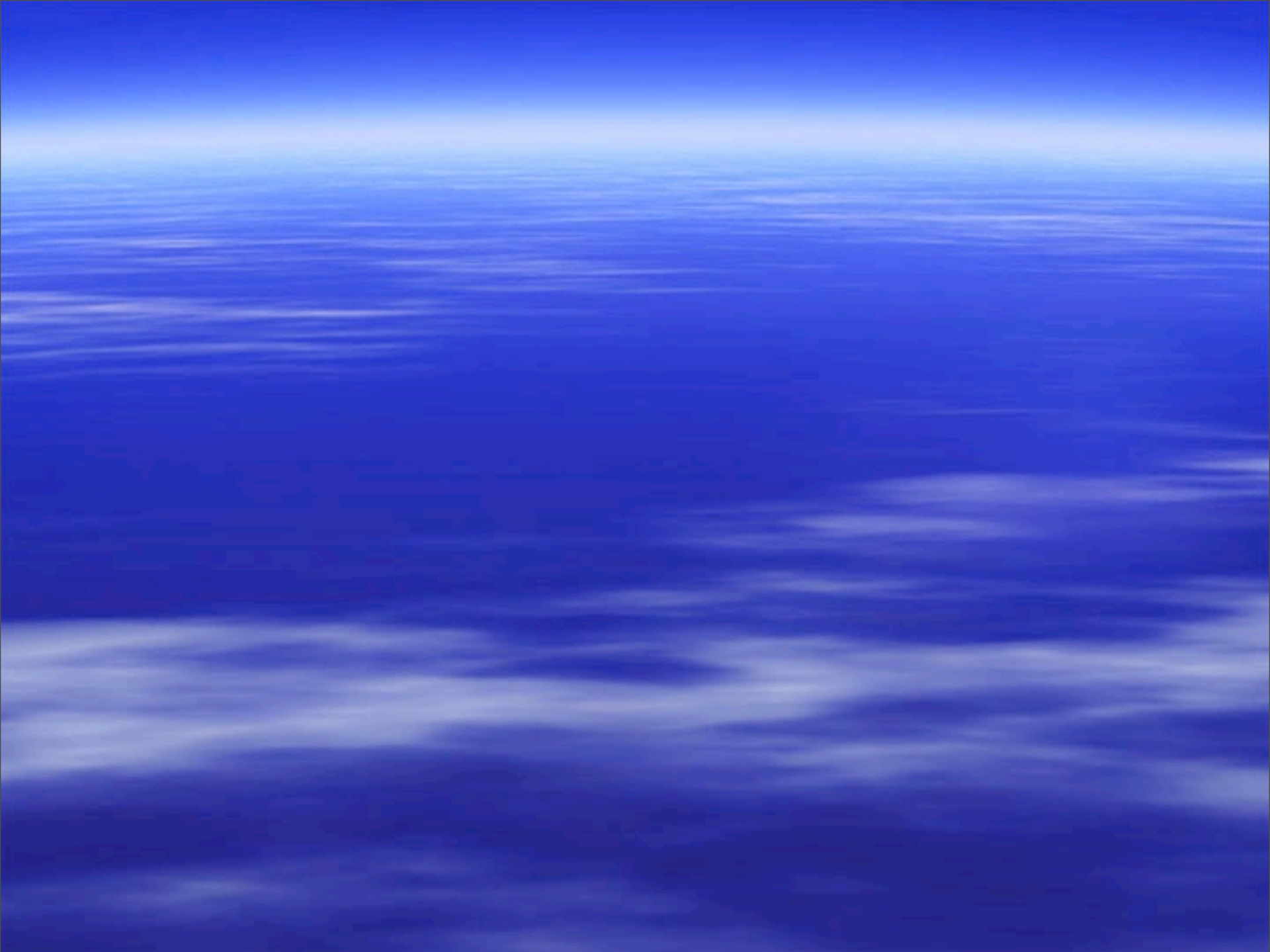


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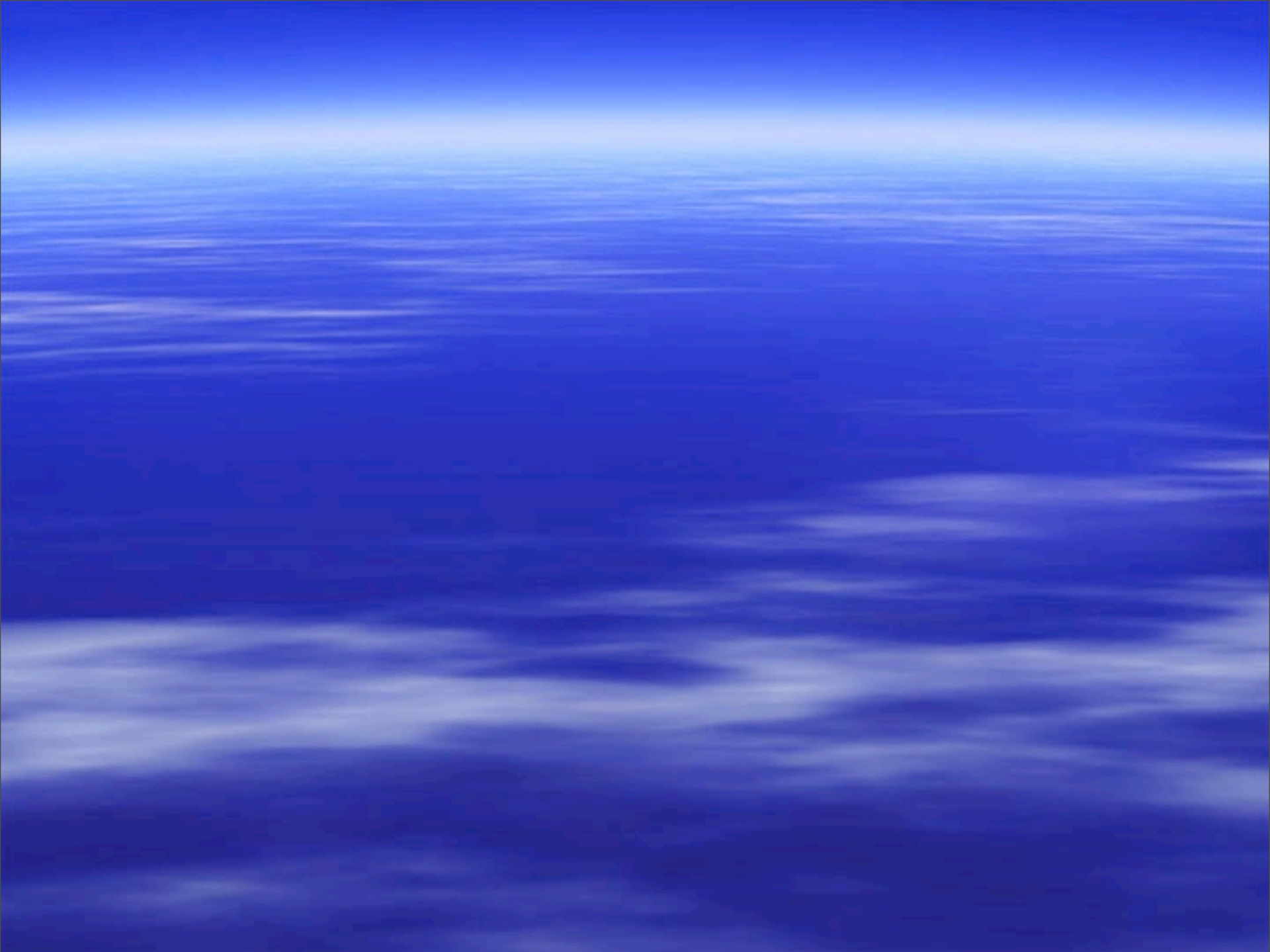
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Predisposing factors

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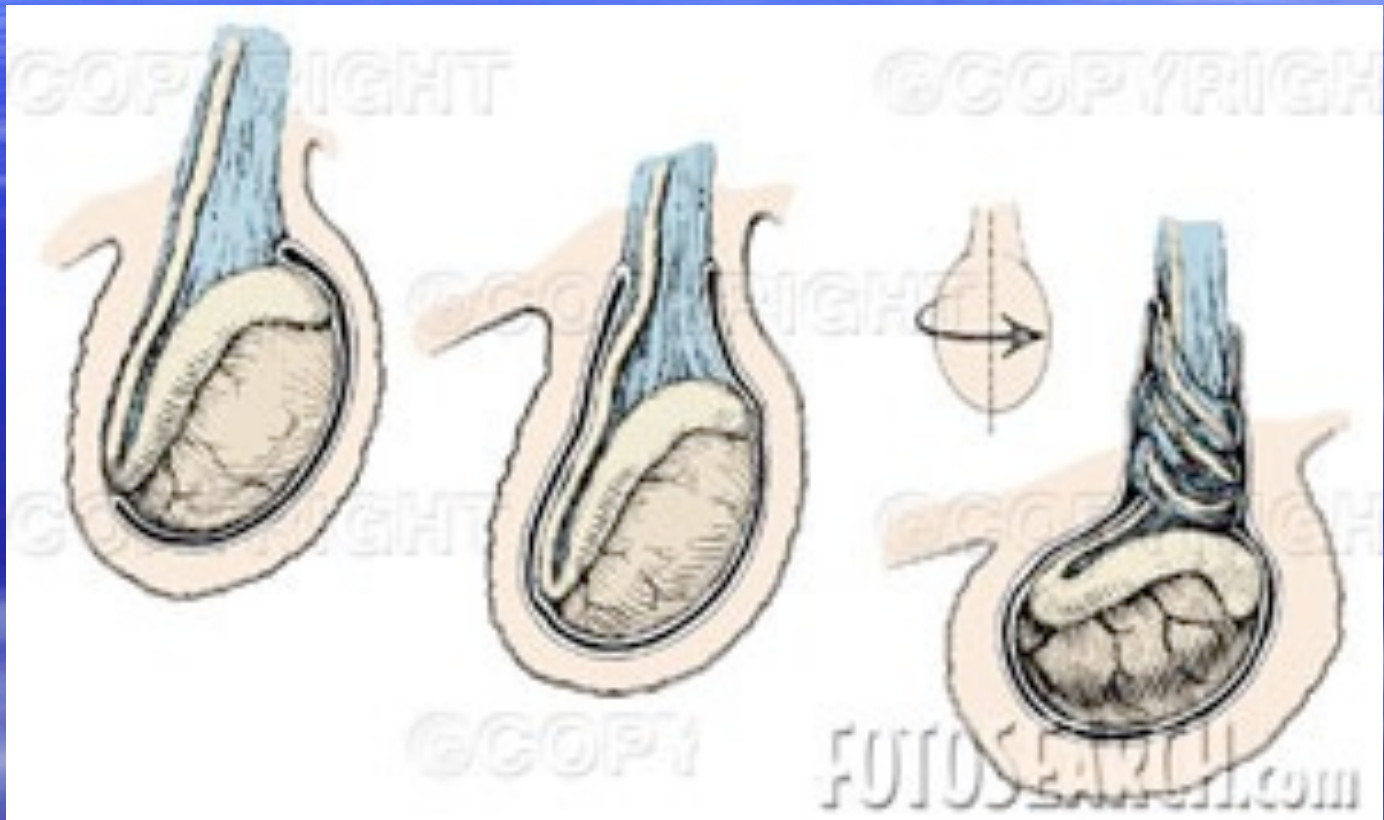
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- Undescended testis – excessive mobility







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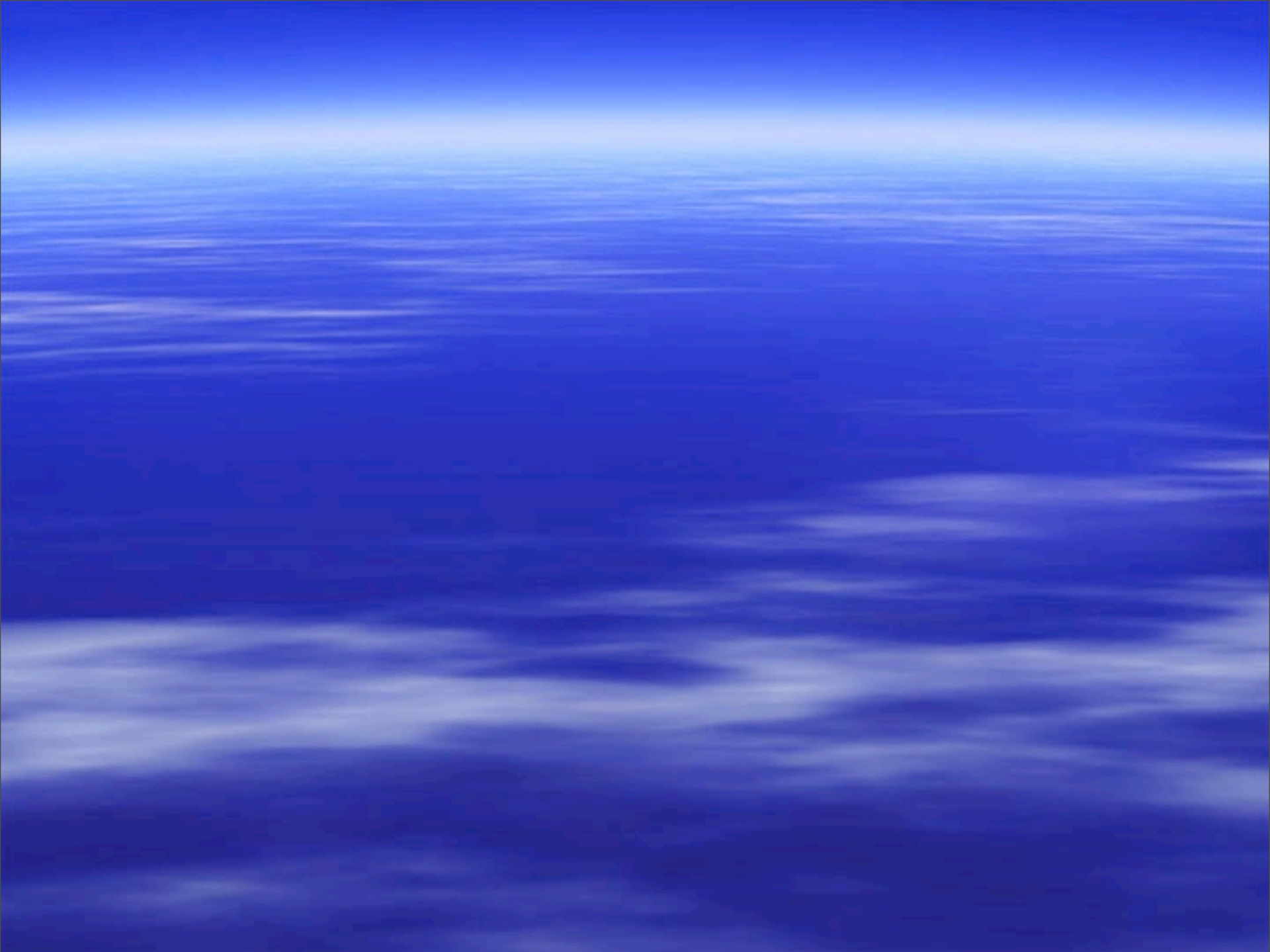
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- Fever and urinary symptoms are absent



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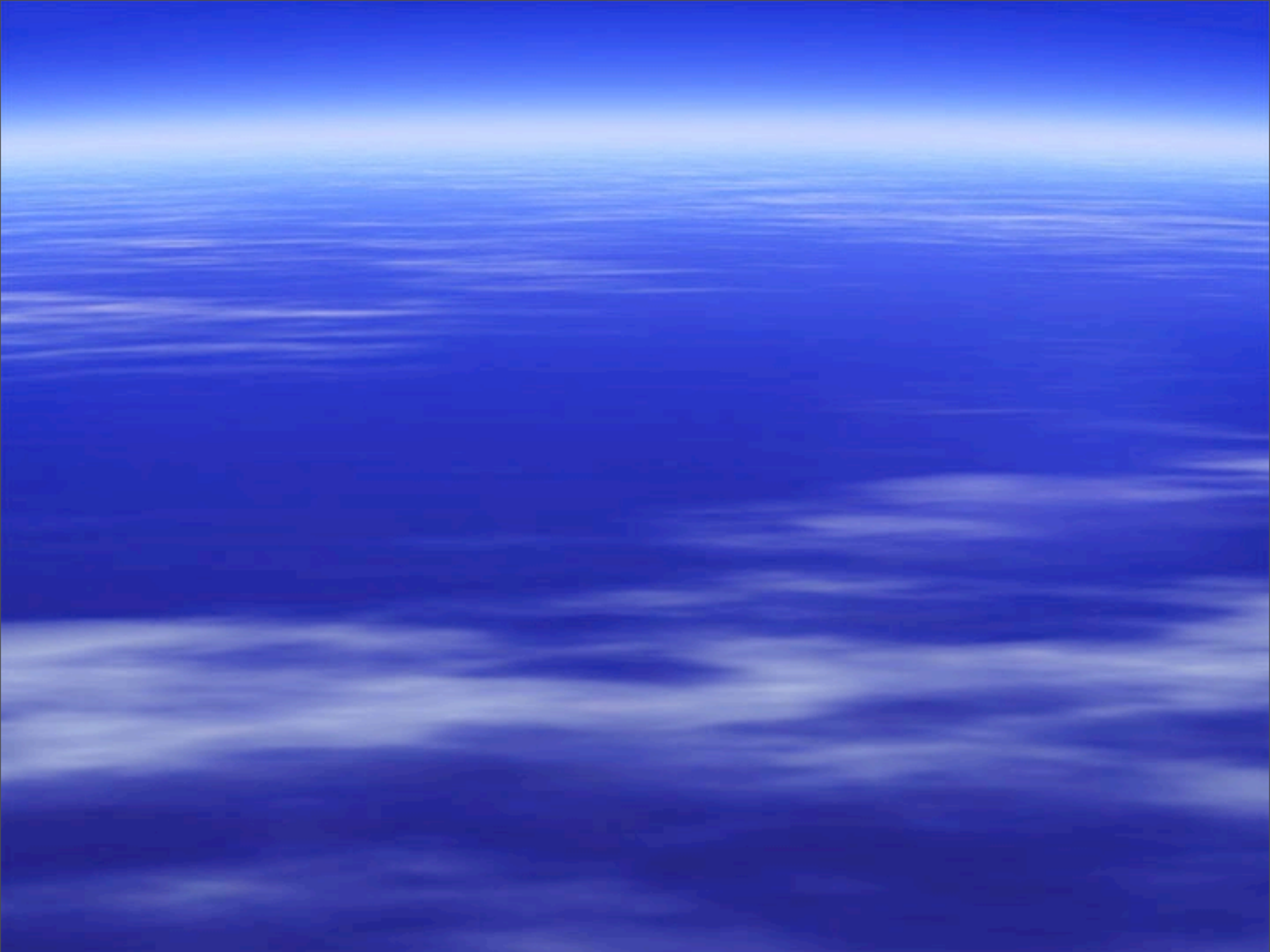
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- Pain lessens as necrosis becomes complete



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- Sympathetic orchidopathy (? immune mediated-autoantibody. See Thomas et al BJS;1984;71:380)



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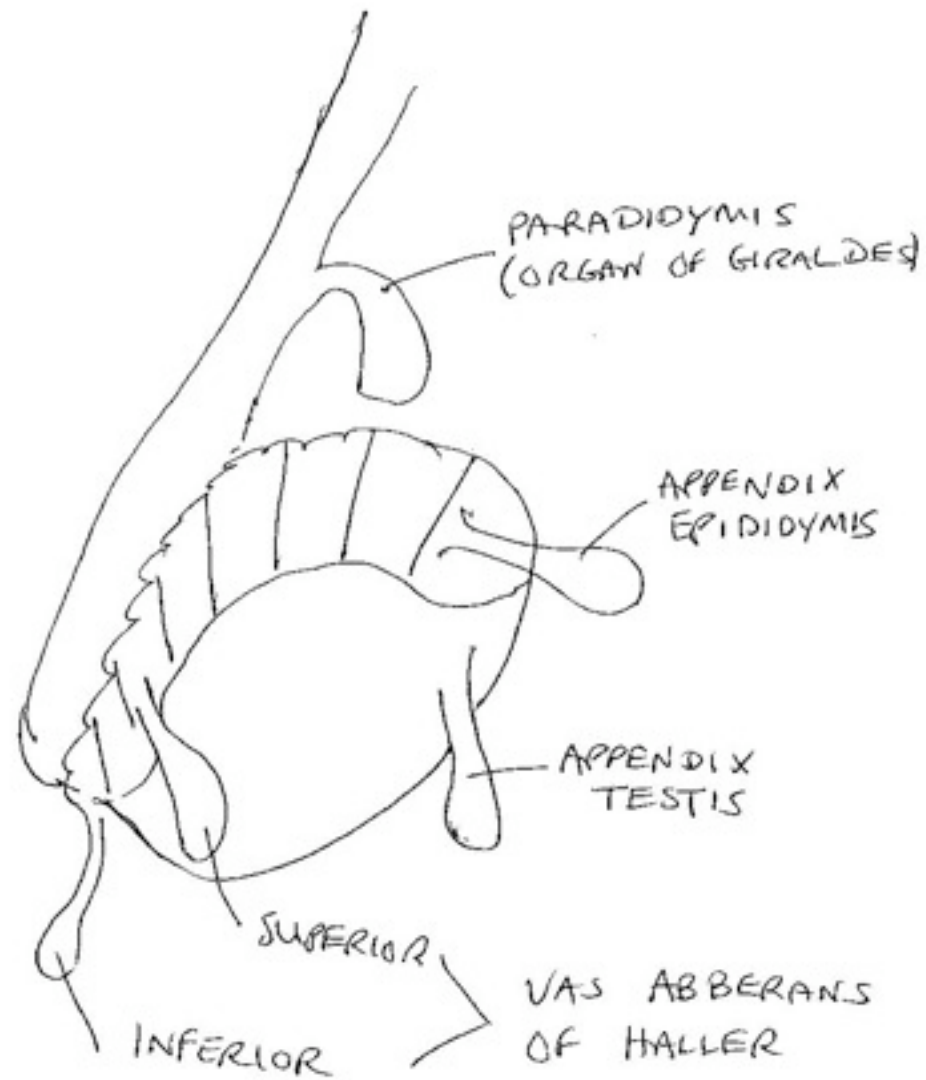
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- Spontaneous resolution is the rule leading to infarction of the appendage



[ROLNICK ET AL. J. Urol, 1968; 100: 755]



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- Can occur antenatally (Re; reports of calcified testes, hypoplastic testes at birth, free-floating intra-abdominal testis found at laparotomy and an ipsilateral empty scrotum)
- Testicular salvage has not been reported and is unlikely