

THE UROLOGY GROUP

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TESTICULAR TORSION

What is testicular torsion?

Testicular torsion is a twisting of the testicles and the spermatic cord (the structure that extends from the groin to the testes and contains nerves, ducts and blood vessels). The torsion causes decreased blood flow to the testes, essentially depriving them of oxygen and nutrients. This painful problem usually occurs in boys 10 years and older, but may also occur at all times in life, from fetal development to geriatrics.

What causes testicular torsion?

In pre-adolescent and adolescent boys, torsion occurs primarily when the testes aren't completely attached within the scrotum and can move more freely, allowing them to twist. Testicular torsion in fetuses occurs when the protective sac that surrounds the testicles within the scrotum does not attach internally to the scrotum.

The cause of testicular torsion is unknown. However, some cases have been seen in fathers, sons and brothers, suggesting a possibility of a genetic component.

What are the symptoms of testicular torsion?

While each child may experience testicular torsion symptoms differently, common symptoms (which may affect one or both testes) include:

- Scrotal
 - pain
 - swelling
 - bruising (in newborns)
 - firmness (in newborns)
 - redness
- high-lying testicles
- nausea and vomiting
- loss of cremasteric reflex (the reflex that helps control testicular movement into the pelvic cavity, normally elicited by cold, touch, emotional excitement or exercise)

The symptoms of a testicular torsion may resemble other conditions or medical problems. Always consult your child's physician for a diagnosis.

How is testicular torsion diagnosed?

Testicular torsion should be diagnosed promptly, because if it is prolonged, it can cause irreversible damage to the testes. Testicular torsion is usually diagnosed with a physical exam and complete medical history. Other diagnostic tests may include color-flow Doppler ultrasound, used to view internal organs as they function, and to assess blood flow through various vessels.

Treatment for testicular torsion:

The key factor is the length of time that the blood supply is occluded. Torsion relieved within six hours or less usually results in no lasting effects, but after six hours there is an increasing risk of damage (decreased sperm production and fertility) or death of the testicle. The only treatment of torsion is immediate detorsion and fixation of the testicle to the scrotal wall. Surgery will help prevent torsion from occurring in the future.

(The Children's Hospital of Philadelphia, 2006) <http://www.childrenshospital.org>)