

Testicular Torsion

What is testicular torsion?

The testicle has attachments that hold it in place in the scrotum. Occasionally, these attachments do not exist and the testicle can twist. When the testicle twists on itself it causes the blood supply to kink and the testis does not receive the oxygen it needs to live.

Who gets testicular torsion?

Testicular torsion occurs mainly in two different age groups:

- 1. In newborns around the time of birth.
- 2. In adolescents, usually between 12-18 years of age.

What are the symptoms and signs of torsion?

Newborns typically do not have pain. Torsion is identified in newborns because the scrotum is discolored (appears bruised) or firm.

Adolescents usually have severe pain in the testicle that may cause nausea and vomiting. The adolescent will have a swollen scrotum and the testis may be higher up in the scrotum compared with the other testicle.

How is torsion of the testicle diagnosed?

Torsion is diagnosed by a combination of symptoms, physical exam, and ultrasound. Ultrasound of the testicle can be done to check if the testicle is getting blood. If no blood flow is seen in the testicle this is consistent with torsion.

How is torsion of the testicle treated?

Torsion in the newborn typically does not require intervention. This is because the testicle is usually already not alive when it is found on exam.

Torsion in the adolescent requires immediate surgery. The testicle may survive if it is untwisted. The likelihood for survival is better the faster the torsion is fixed. Ideally, the testicle should be untwisted with surgery within 4 hours of the onset of symptoms. The longer the amount of time waited the more likely the testicle will not survive. The unaffected testicle on the other side is also tacked into place in the scrotum at the time of surgery in order to prevent it from twisting in the future.

What happens after treatment?

If the testicle does not survive the child should not have any problems going through puberty or having children later in life because only one testicle is needed for this. If the child desires, there is an option to place a testicular prosthesis in the scrotum around the time of or after puberty.

See the next page for contact information.

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