

Fracture of Testicle

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Abstract

Testicular fracture is a rare injury. A testicular fracture occurring after being kicked in the scrotum in a young male is presented. Patient presented two days after trauma. Pain and swelling were presenting symptoms. Ultrasonography was used for diagnosis. Exploration of scrotum with repair of fracture was done and patient recovered well.

Case report

A 16 year old boy presented with severe right scrotal pain and swelling of two days duration. He has received a kick on scrotum two days back. There was no history of hematuria or walking difficulty. General physical and systemic examination was normal. Local examination revealed swollen scrotum, with ecchymosis and exquisitely tender on palpation. Ultrasonography showed mixed echogenicity suggestive of an intratesticular hemorrhage and a scrotal hematoma. Patient had scrotal exploration and a disruption of upper pole with three fracture sites seen (Fig.1). Testis was repaired with absorbable sutures. Patient had uneventful recovery and is regularly attending follow up clinics.



Fig 1: Showing multiple laceration of testis

Discussion

Testicular fracture is uncommon. Various causes elicited are sporting injuries and kicks to the groin being most common. Motor vehicle and motorcycle accidents are implicated in 9% to 17% of cases. Other less common causes for fracture testis are falls and straddle injuries¹. Rarely it may be associated with dislocation of testis. Age of patients who suffer testicular fracture range from 8 to 71 years with maximum incidence seen between 16 and 20 years. The fractures may be transverse, longitudinal, multiple or stellate.

Patients usually present with history of trauma, severe pain and associated nausea and vomiting. There are no specific findings; haematoma, swelling, ecchymosis and marked tenderness are found. The amount of scrotal swelling and ecchymosis are highly variable, depending on the location of testicular fracture, associated rupture of intrascrotal vessels or subalbugineal arterioles, and the ability of contiguous structures to tamponade bleeding and parenchymal extrusion². Differential diagnosis for testicular fracture included simple hematocele without testicular rupture, torsion of the testis, torsed appendix testis, testis tumor, epididymitis, reactive hydrocele, hematoma of the epididymis, and hematoma of the spermatic cord.

Ultrasonography is highly sensitive (64%) for diagnosing testicular fractures with specificity of 75%. Management may vary from conservative lines to

surgical intervention. Conservative management is associated with high rate of complications. Early surgical exploration of a fractured testicle is associated with higher rates of testicular salvage. The likelihood of testicular salvage is approximately 90% if surgery is done within 72 hours but drops to 45% if surgery is performed after this time³. Use of absorbable sutures for repair and liberal use of antibiotics is recommended⁴. The case report gives message of salvage of testis always to be done wherever possible in paediatric cases.

References

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