Torsion in an Ectopic Testis: A Case Report

Bhavesh Doshi · Ashish Dhande · Anuradha Panchal ·
Bibekanand Mahapatra · Nisha Mandhane ·
Sandesh Deolekar · Shubha Sinha

Received: 10 August 2011 / Accepted: 21 June 2012 / Published online: 12 July 2012
© Association of Surgeons of India 2012

Abstract Torsion in the ectopic testis is a rare condition and very difficult to diagnose clinically. We present one such case with review of literature.

Keywords Ectopic testis · Torsion

Introduction

Testicular pain is one of the common causes of acute surgical referral [1]. Testicular pain in teens and children often raises the suspicion of a testicular torsion [2]. Many patients with testicular pain often get explored to exclude torsion. Torsion of the ectopic testis is an exceedingly rare condition with only eight cases reported so far. We report one such case with review of literature.

Case Report

A 21-year-old man presented to the surgical OPD with a painless swelling in the right inguinal region. The patient gave no history of trauma or pain and denied

any loss of appetite or loss of weight. On examination a 3 cm×2 cm hard, nontender swelling was noted in the right inguinal region. The testis could not be palpated in the right hemiscrotum. The left testicle was normal in size and position. His abdomen proper was unremarkable. His routine investigations were within normal limits. The ultrasound was suggestive of the right undescended testis present in the inguinal region with focal hypoechoic areas and absent color flows within, suggestive of testicular torsion with areas of small infarcts.

The patient was taken up for exploration and a small nonviable testis was seen lying in the superficial inguinal pouch between Scarpa's fascia and external oblique aponeurosis (Fig. 1). The cord showed two and half twists of rotation (Fig. 2). The torsion was released and the warm mop was placed over the testis to look for color change; however, no improvement in the texture was noted at the end of 10 min. The decision was taken to perform right orchiectomy. The opposite testis was normal. Postoperative period was uneventful.

The specimen was sent for histopathology and the report confirmed nonviable testicular tissue.

Discussion

Torsion of the ectopic testis is an extremely rare condition. Its rare occurrence and confusing clinical presentation often leads to delay in diagnosis and ischemic necrosis of the affected testicle.

Torsion in the ectopic testis has been reported by Diamopoulos et al. (two cases), Abu-Dalu and Urca

B. Doshi · A. Dhande · A. Panchal · B. Mahapatra ·
N. Mandhane · S. Deolekar · S. Sinha
Dr D. Y. Patil Hospital,
Nerul,
Navi Mumbai, Maharashtra 400076, India

B. Doshi (✉) · A. Dhande · A. Panchal · B. Mahapatra ·
N. Mandhane · S. Deolekar · S. Sinha
Krishna Kunj, Makwana Colony, L.T. Road, Dahisar(East),
Mumbai 400068, India
e-mail: dr.bhaveshdoshi@gmail.com

Fig. 1 Testis in superficial inguinal pouch

(one case), Phillips and Holmes (one case), Etcheverry et al. (one case), Sauvat et al. (two cases), Jain and Garg (one case) [3–8].

Trauma or associated spastic neuromuscular disorder can be the predisposing factors for torsion in ectopic testes [5].

Possibility of testicular torsion should be kept in mind while dealing with a patient with ectopic testis who presents with groin pain. Clinical suspicion and early diagnosis may salvage the ectopic testis in such patients.

While dealing with torsion in the undescended testis, we do orchiopexy for the contralateral normal testis, but here one question still remains unanswered in torsion of ectopic testis: Should an orchidopexy be performed on the opposite normal testis?

Competing Interests The authors declare that they have no competing interests.

Fig. 2 Cord showing two and half twists

References

1. Kastrup H (1952) Etiology, diagnosis and therapy of the torsion of the testis. *Med Tech (Stuttg)* 11:351–353
2. Bentley DF, Ricchiuti DJ, Nasrallah PF, McMahon DR (2004) Spermatic cord torsion with preserved testis perfusion: initial anatomical observations. *J Urol* 172:2373–2376
3. Diamopoulos C, Giannopoulos A, Dorkas J, Ntoutsias A (1972) Unusual presentation of testicular torsion: a review of 40 cases. *Eur Urol* 2:100–105
4. Abu-Dalu L, Urca I (1973) Torsion of ectopic testis. *Helv chir Acta* 40:413–416
5. Phillips NB, Holmes TW Jr (1972) Torsion infarction in ectopic cryptorchidism: a rare entity occurring most commonly with spastic neuromuscular disease. *Surgery* 71:335–338
6. Etcheverry M, Sarraon J, Dulimbert G (1967) Acute torsion of an intra-abdominal ectopic testis. *J Urol Nephrol* 73(1):140–141
7. Sauvat F, Hennequin S, Ait Ali Slimane M, Gauthier F (2002) Age for testicular torsion? *Arch Pediatr* 9:1226–1229
8. Jain S, Garg A (2006) Torsion in an ectopic testis: a diagnostic dilemma. *I J Surg* 8:2