



A Spermatic chord torsion in an undescended testis: A case report

Saint Charles Nabab Kouka^{1*}, Mohammed Jalloh², Ngor M Thiam¹, Daniel Yonga³, Mohammed Diop¹, Moahnet Cisse¹, Tessa Vesr¹, Yoro Diallo¹, Sylla Chiekhna¹

¹Department of Urology, University Iba Der Thiam, Thies, Senegal

²Department of Urology, University Cheikh Anta Diop, Dakar, Senegal

³Department of pediatric surgery, University Iba Der Thiam, Thies, Senegal

ABSTRACT

Spermatic chord torsion on dystopia is a rare disease; its management remains problematic and its diagnosis displays a significant margin of error. We report a case of spermatic chord torsion in an undescended testis in a 2 year-old referred 48 hours after the onset of symptoms. The patient underwent orchiectomy and contralateral orchidopexy.

Key Words: Torsion, Testicle, Chryptorchidism, Orchiectomy.

✉ **Saint Charles Nabab Kouka**
Department of Urology,
University Iba Der Thiam of Thies,
Thies,
Senegal
E-mail: saintkouka@yahoo.fr

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Introduction

Torsion of the spermatic cord is a serious, life-threatening condition of the testicle. Its treatment must be urgent and adequate [1]. Its diagnosis is relatively easy in the majority of cases [2-4]. However, it can be tricky in situations associated with testicular dystopia [5,6]. We report a case of torsion on an undescended testicle in a 2-year-old child seen 48 hours after the onset of symptoms.

Case presentation

It involved a 2-year-old child, admitted at the surgical emergency room, for painful left inguinal swelling lasting 2 days, of sudden onset, without any notion of

trauma, vomiting and transit disorders. On examination, the patient was afebrile with a temperature of 37.8°C and presented painful inguinal swelling tender at palpation associated with ipsilateral scrotal emptiness. The abdomen was supple, the right testicle was in place in the scrotum and appeared normal. Rectal examination was unremarkable. The emergency haemostasis assessment was normal. Surgical exploration revealed a left testicle in an inguinal position with a blackish appearance with 2 turns of the spermatic cord in Figure 1. Given the testicular necrosis, an orchiectomy was performed in Figure 2. An orchidopexy on the right testicle was performed during the same surgical procedure.



Fig. 1. Torsion of the spermatic cord (testicle in inguinal position).



Fig. 2. Orchidectomy piece.

Results and discussion

Delasiauve described for the first time in 1840, a torsion of the spermatic cord in an ectopic position in a 15-year-old boy [7]. Since then, few cases have been reported in the literature. Its mechanism remains poorly understood; different theories have been put forward, some involving the cremaster and the absence of gubernaculum testis in the torsion mechanism [7], and others the arrangement and size of the testicle in the cryptorchid position [8]. Turek [9], noticed that the torsion was twice as significant when it comes to the left testicle because the cord is longer.

Inguinal or abdominal pain with a painful inguinal mass and an empty ipsilateral hemiscrotum is typical scenario [7].

The benefit of additional examinations is very limited; at most a Doppler ultrasound is necessary in the case of a swollen testicle with absence of vascularization or in cases of diagnostic doubt [3,10]. In any case imaging should not delay surgical exploration.

The rate of preservation of the twisted testicle in the scrotal position varies between 20% and 92% depending on the series [10]. It would seem that the chances of recovery are lower given that the diagnosis is made late, sometimes with a large margin of error. In fact, these pathologies are initially diagnosed as a digestive emergency, notably a strangulated inguinal hernia or acute appendicitis. Paradoxically, the signs noted in the foreground are confusing and atypical; scrotal emptiness constitutes a major element in establishing the diagnosis; for this, a careful physical examination is key for the diagnosis [4]. The exploration first consists of verifying testicular vitality before carrying out a radical

or conservative procedure. Furthermore, systematic contralateral orchidopexy is recommended during the same surgical procedure or later [1,3,4,10].

Conclusion

Spermatic chord torsion in an undescended testicle is a rare incident. Its diagnosis must be kept in mind in case of painful inguinal mass. It constitutes a surgical emergency requiring the diagnosis to be made earlier to save the testicle. Surgery remains the only effective treatment. Early diagnosis of testicular dystopia by systematic examination in the neonatal period remains one of the best means of prevention.

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