paediatric watch

Lessons from the frontline

Edition 4/19

Urgent update: Testicular torsion

Background

Testicular torsion is the occlusion of blood supply to the testes caused by twisting of the spermatic cord¹.

Testicular torsion occurs in approximately 1 in 4000 males under the age of 25². The condition mostly occurs in neonates or post-pubertal males but can occur in males of any age¹.

In NSW, there were 528 patients under 21 years of age admitted with a diagnosis of testicular torsion in 2018³.

Data

Since the release of the Paediatric Watch 2/18 – Testicular Torsion: "Twist & Shout" for advice in February 2018, there has been an increase in the number of missed diagnoses of testicular torsion resulting in orchiectomy. From 2013-2017 there were 6 missed diagnoses of testicular torsion reported in IIMS which resulted in the loss of a testis. This is an average of 1.2 per year. There have been 7 cases of missed testicular torsion in the last 18 months (January 2018 – July 2019), which is an increase in the yearly average to 5.3 incidents per year. An emerging theme from the recorded incidents is the use of ultrasound as a diagnostic tool for testicular torsion and the delay to diagnosis waiting for imaging. Ultrasound is not a useful test in confirming or excluding testicular torsion.

Using ultrasound for diagnosing testicular torsion could result in a critical delay in diagnosing testicular torsion.

Patients should be taken to theatre as soon as possible for exploration where there is a high suspicion of testicular torsion⁴.

Points to remember

- Males presenting to the ED with nausea/vomiting and abdominal pain should have an assessment of the groin and testes
- Be specific in asking the patient whether he has pain in his testes
- Ultrasound is not a useful test in confirming or excluding testicular torsion
- Escalate patients with possible torsion to a senior doctor urgently
- Testicular torsion is a surgical emergency and urgent surgical exploration should occur within 2 hours of presentation to maximize the chances of testicular salvage⁵.

Clinical Resources

Emergency Care Institute (ECI)

ECI Clinical Tools: Testicular Torsion⁴ https://www.aci.health.nsw.gov.au/networks/eci/clinical/clinical-resources/clinical-tools/urology/acute-scrotum/testicular-torsion

The Royal Australasian College of Surgeons (RACS)

RACS guideline: Acute scrotal pain and suspected testicular torsion⁵

https://umbraco.surgeons.org/media/1627/2018-02-06_gdl_fes-pst-

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Local Guidelines

LHDs should have local guidelines for the management of testicular torsion.





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References

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- Royal Australasian College of Surgeons 2018, Acute scrotal pain and suspected testicular torsion, RACS, viewed 19 July 2019,

https://umbraco.surgeons.org/media/1627/2018-02-06 gdl fes-pst-

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For more paediatric resources visit:

http://www.cec.health.nsw.gov.au/patient-safety-programs/paediatric-patient-safety/paediatric-guality-program

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