Case Report

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Testicular Torsion in Cerebropalsy Patient with Undescended Testis: Do Not Misdiagnose it!

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ABSTRACT

We report a 13-year-old male patient with cerebropalsy, presented with right inguinal swelling since 12 hours. Physical examination found a firm painful swelling in the right inguinal region and an empty contralateral scrotum. Exploration found a testicular torsion with undescended testis. Detorsion and Orchidopexy were performed. Follow up was uneventful.

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Introduction

Testicular torsion is a major urological emergency. Its management must be fast to avoid the risk of necrosis and orchidectomy. Cryptorchidism is associated with a high risk of torsion [1]. Torsion of an ectopic testis occurs most commonly with spastic neuromuscular disease (NMD) [2]. We report a case of pediatric testicular torsion in cerebropalsy patient (CP) with undescended testis (UDT).

Case History

A 13-year-old male patient with CP, presented with right inguinal swelling since 12 hours as reported by his parents. No vomiting was reported. Physical examination found a firm painful swelling in the right inguinal region with tight skin (figure 1). An empty homolateral scrotum was noted. The hypothesis of a torsion on a UDT was made. An emergency inguinal exploration was performed. It showed a right testis in inguinal position, ischemic, firm, with a twist (figure 2). Detorsion was performed. After imbibition with warm serum and observation for 20min, the testis regained its color (figure 3). Orchidopexy was performed. Contralateral orchidopexy was performed in the same procedure. Patient was discharged after 2 days. After 3 months, follow up was uneventful.

Figure 2: Right: Undescended Testis in Inguinal Region. Left: Ischemic Testis.

Figure 3: Revitalization of the Testis after Detorsion

Discussion

Cryptorchidism is associated with a higher risk of torsion compared to a testicle in place, a risk that would be 10 times higher [1]. Diagnosis is more challenging in cases of UDT. A 53.8% incidence of cryptorchidism has been noted in patients with CP, and some reports refer to torsion of cryptorchid testis in patients with spastic NMD [3]. Children with CP or NMD may be affected with torsion of a UDT with peak at around puberty [2]. Abnormal contractions of the cremasteric muscles, could explain both, torsion and cryptorchidism in patient with NMD [4, 5]. The particularity of this case is its occurrence in a CP patient. Thus, because of the lack of expression of its pain, the management was delayed. We believe that a systematic examination of the scrotum should be made in children with CP and NMD. General practitioners and pediatricians should be aware of this situation. Parents or caregivers should pay attention to this on a daily basis to avoid delays in management.

Conclusion

Examination of testicles must be systematic, and especially in the case of any unusual attitude in cerebropalsy patient. Recognition of this entity allows a diagnosis in time and a salvage of the testicle.

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