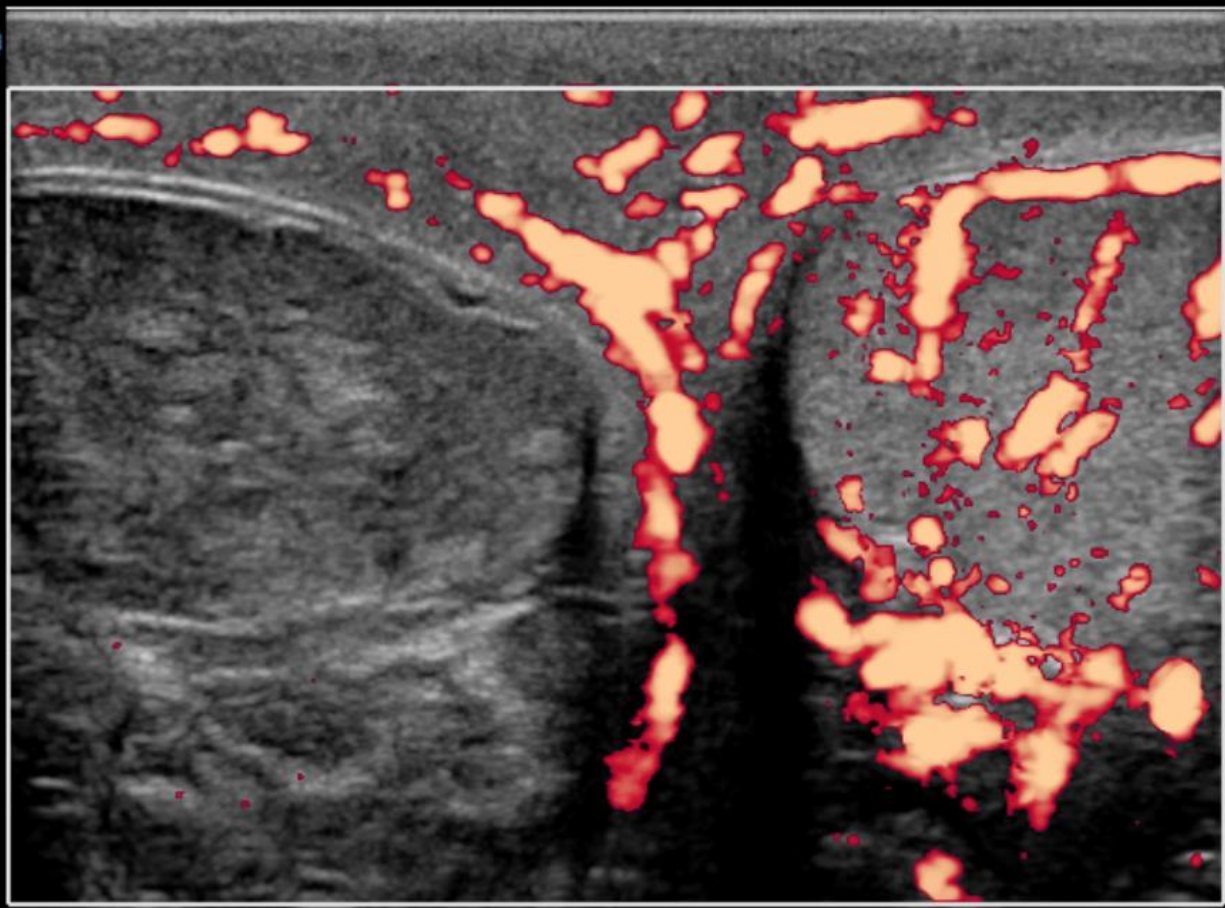


22M with acute right testicular pain

Jeffrey Guzelian MD

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4.5

Trans Mid

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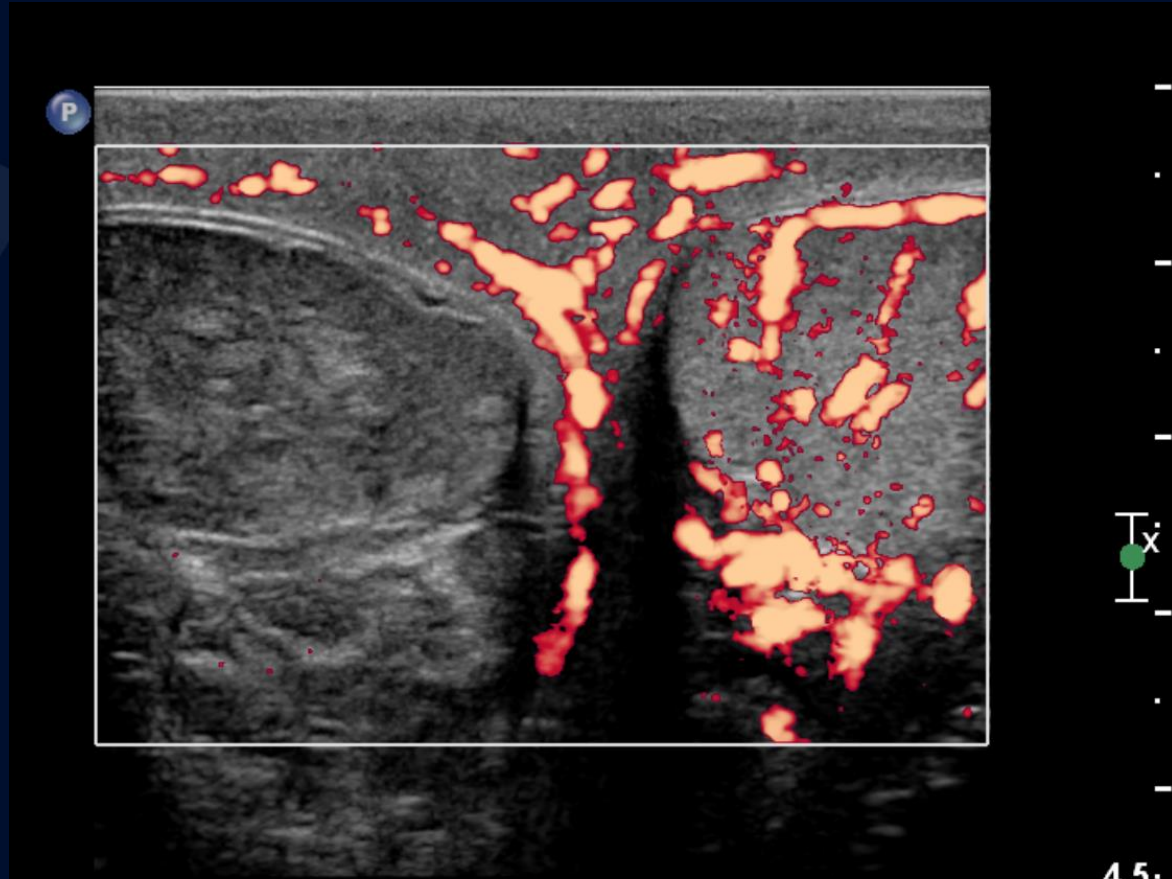
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

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A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The background is a solid dark blue.

Testicular Torsion

Transverse view of the testes demonstrates a heterogeneous, edematous right testicle with no significant vascular flow on power Doppler. The left testicle is normal in echotexture and vascularity.



Trans Mid

Testicular Torsion

- Spontaneous or traumatic twisting of testis and spermatic cord within scrotum, resulting in vascular occlusion/infarction
- Absent or decreased abnormal testicular blood flow on color Doppler US
- Unilateral in 95% of patients
- Role of spectral Doppler is limited; may be helpful to detect partial torsion; in partial torsion of 360° or less, spectral Doppler may show diminished diastolic arterial flow
- DDX: trauma, abscess
- Risk factors: Bell clapper deformity where tunica vaginalis completely encircles epididymis, distal spermatic cord and testis rather than attaching to posterolateral aspect of testis