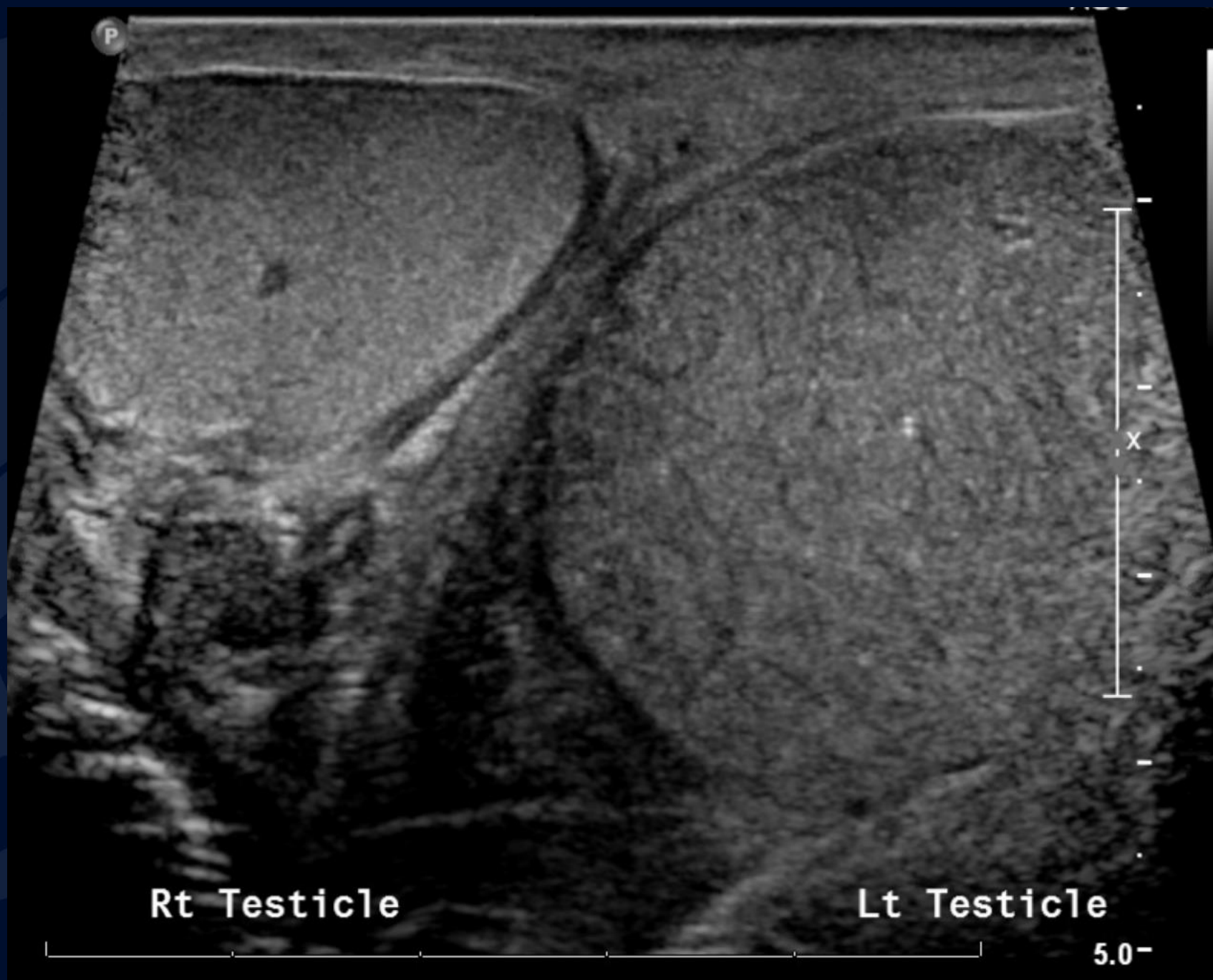
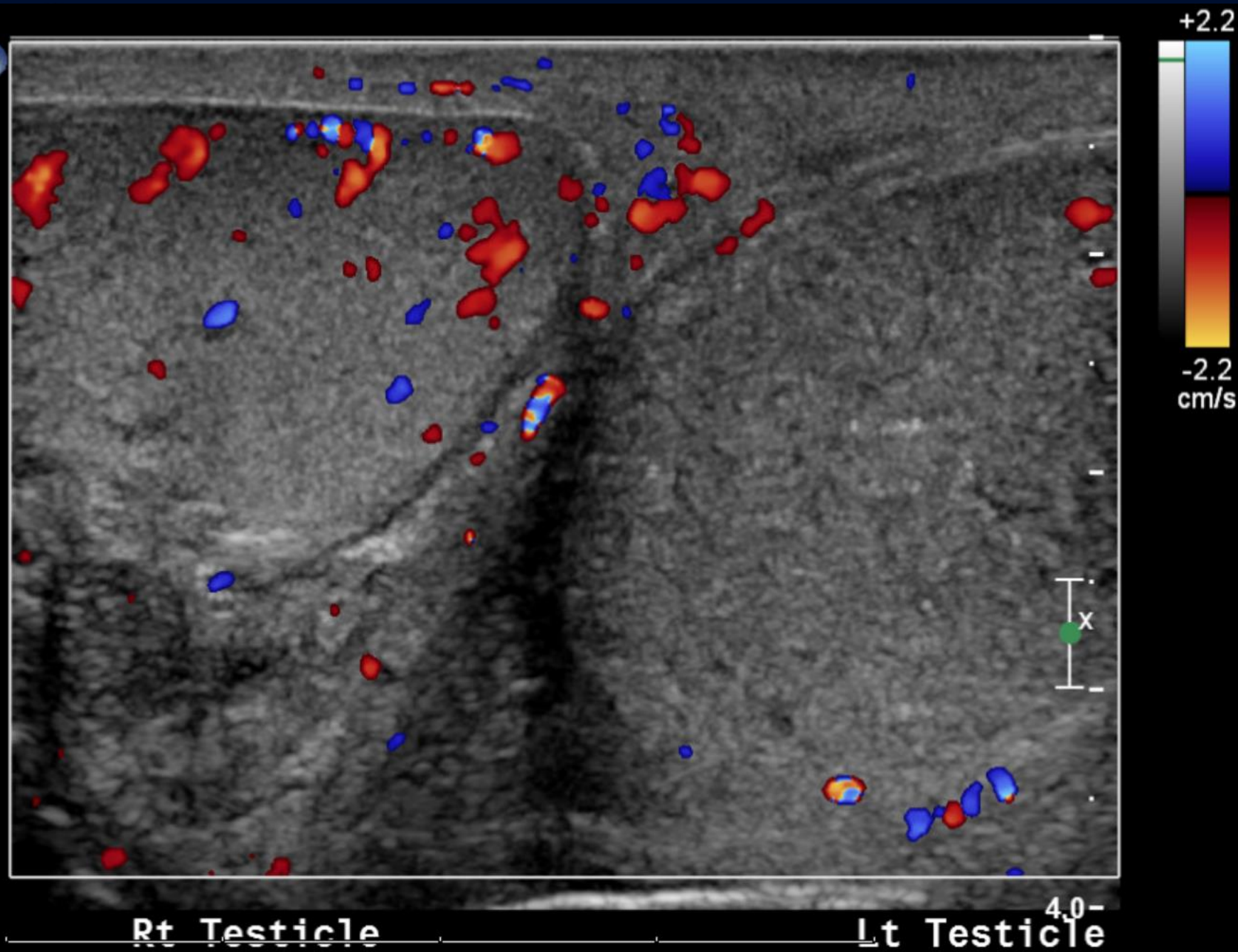
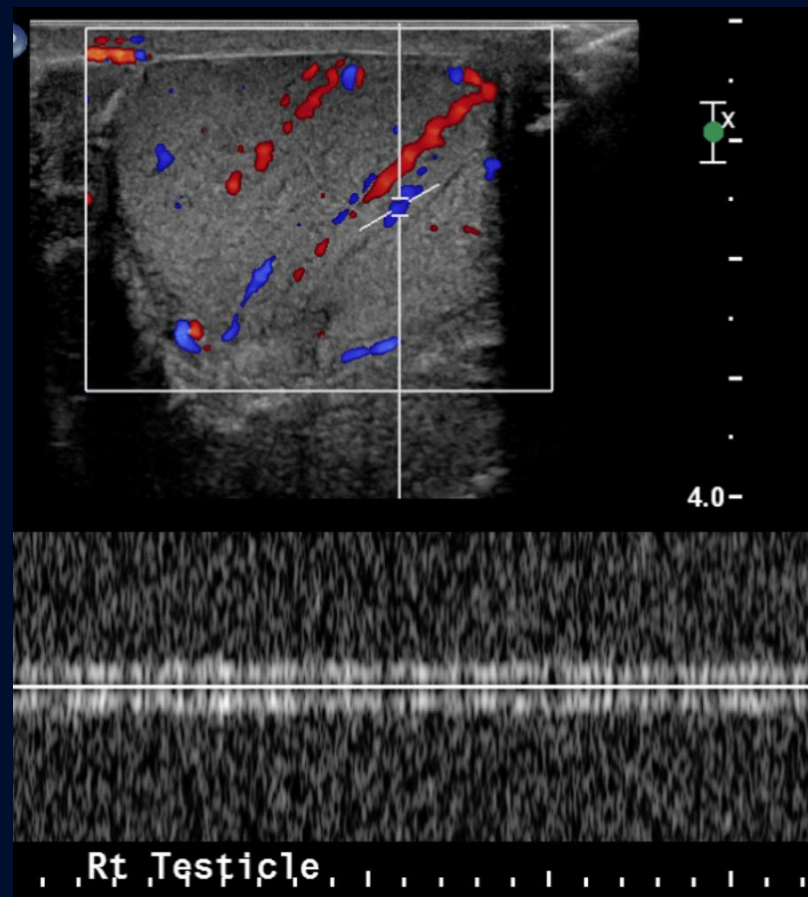
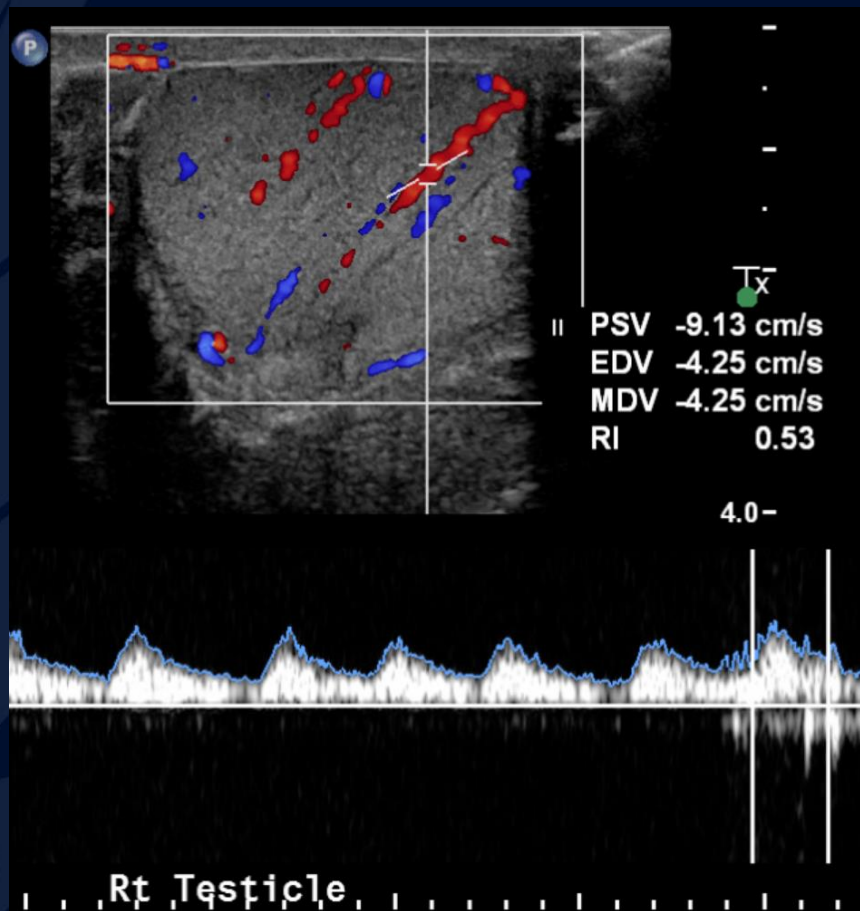


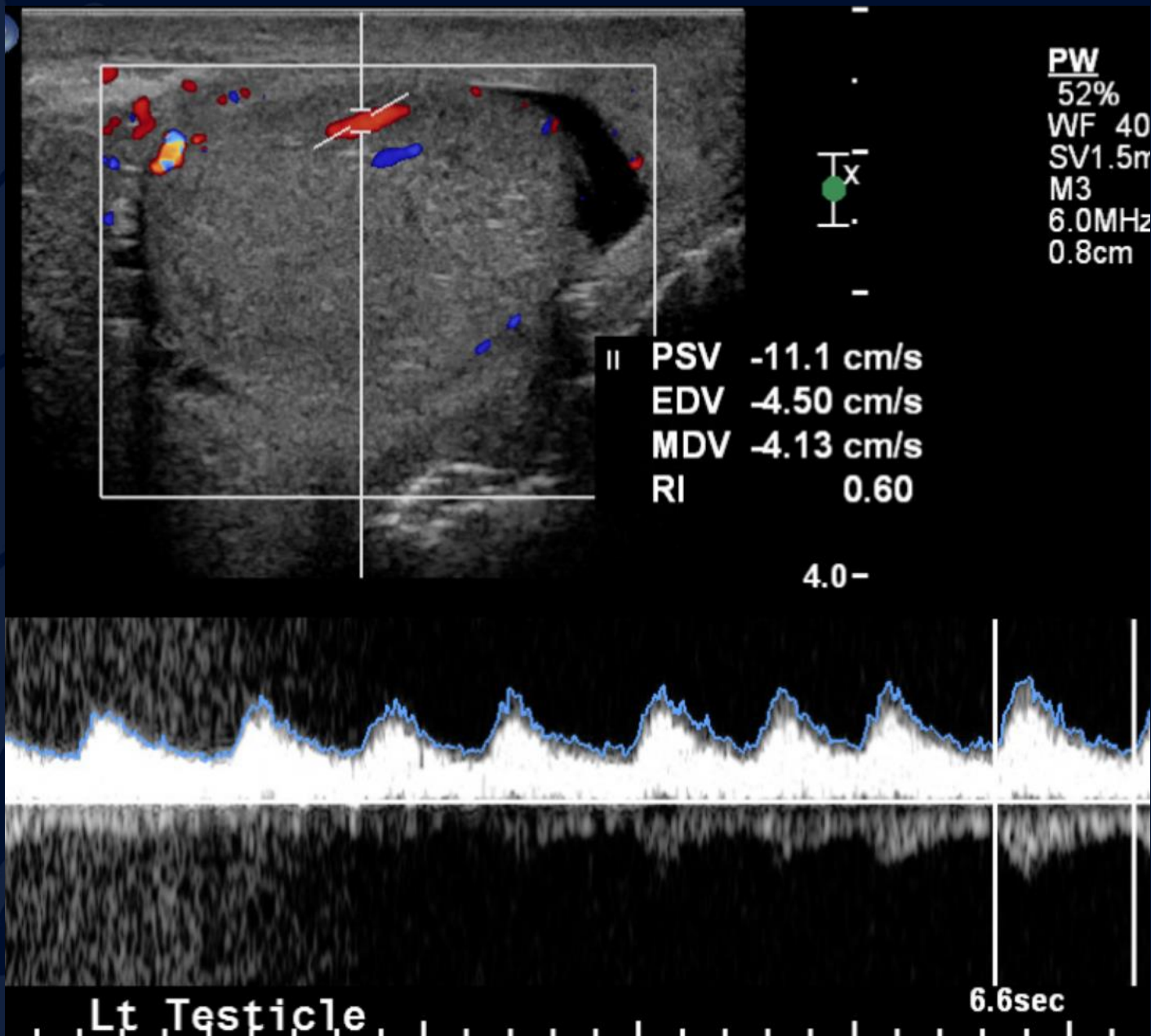
75 year-old male with left-sided scrotal edema, recent rectus sheath and psoas muscle hematomas

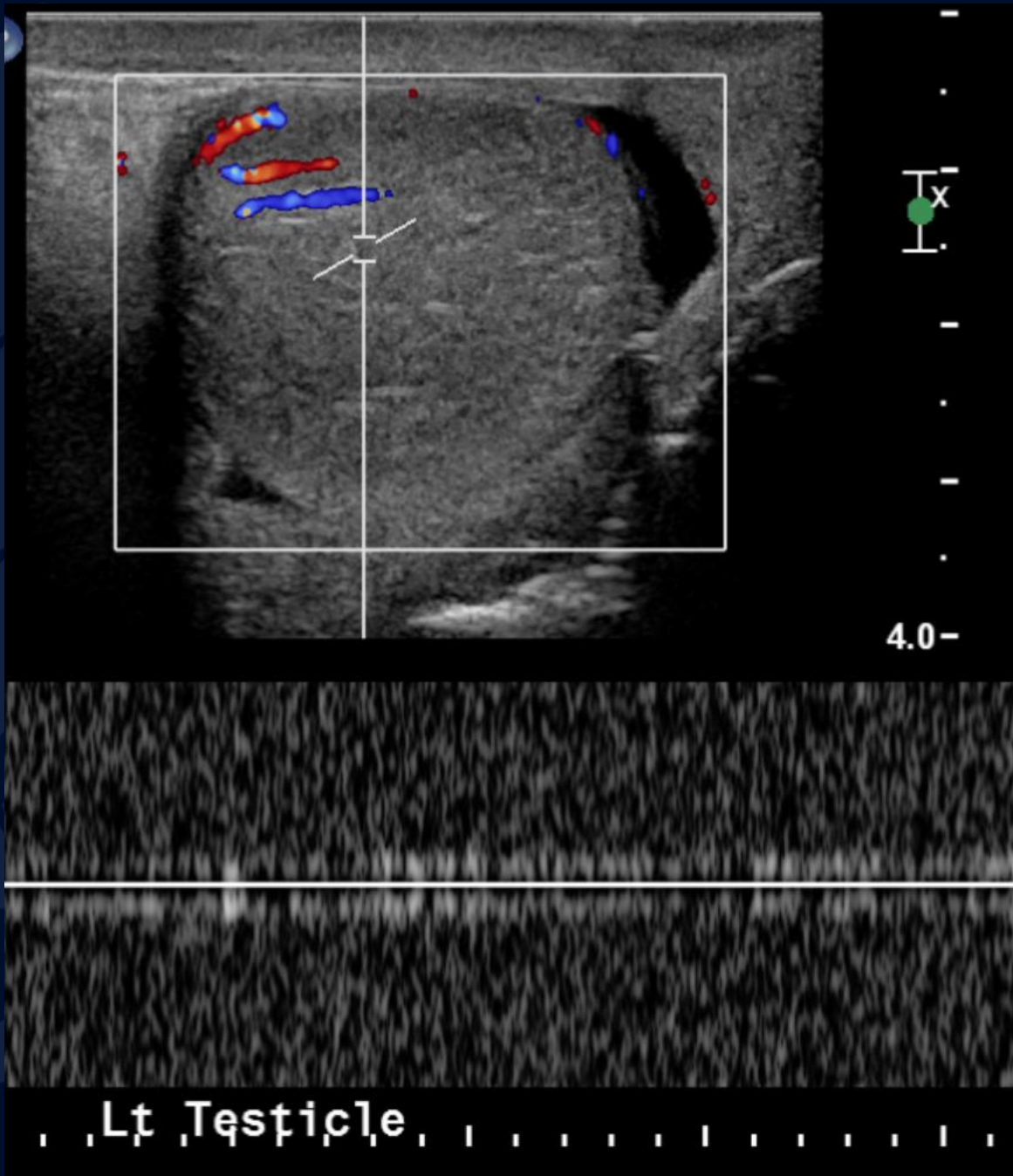
Ryan P. Joyce, MD

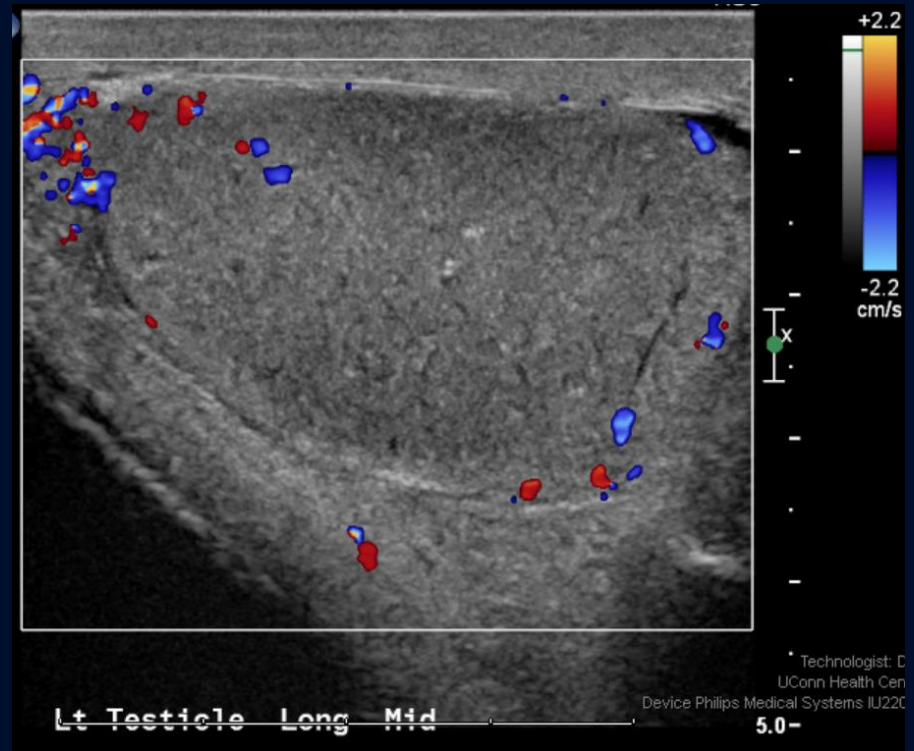
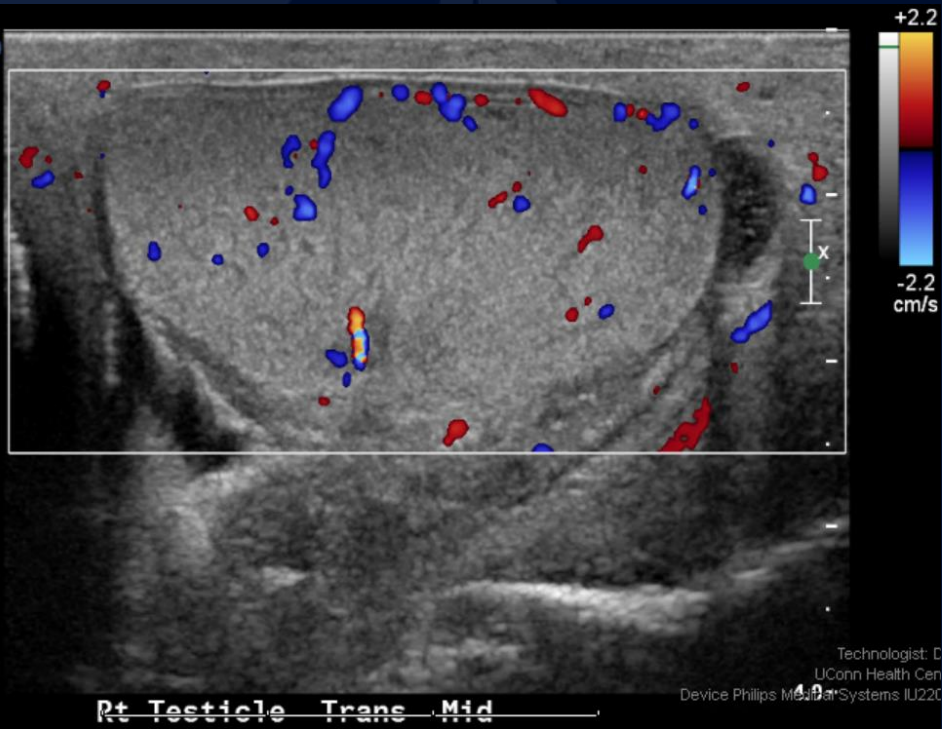




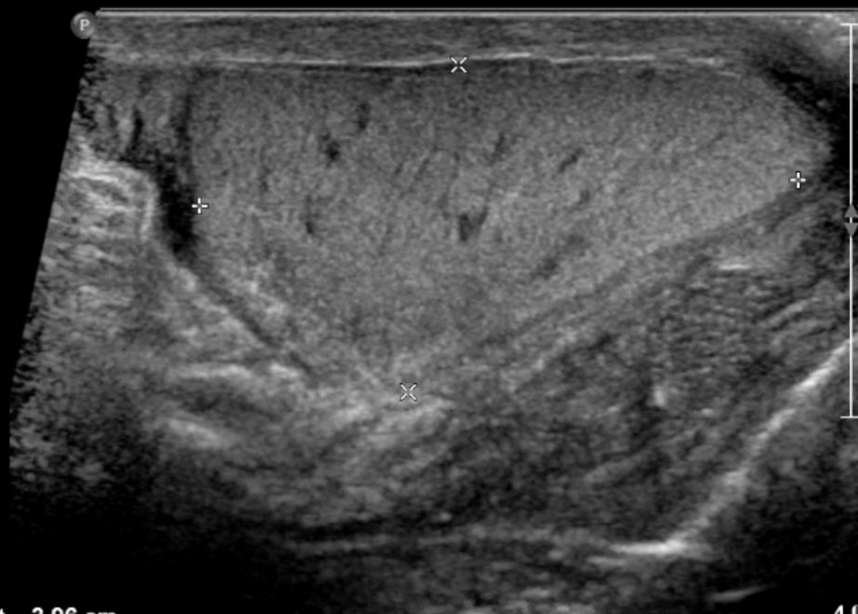








2D
84%
C 66
P Low
Res



✦ Dist 3.96 cm
✧ Dist 2.19 cm

Rt Testicle Long Mid

Device Philips Medical

4.0

RS
2D
86%
C 66
P Low
Res

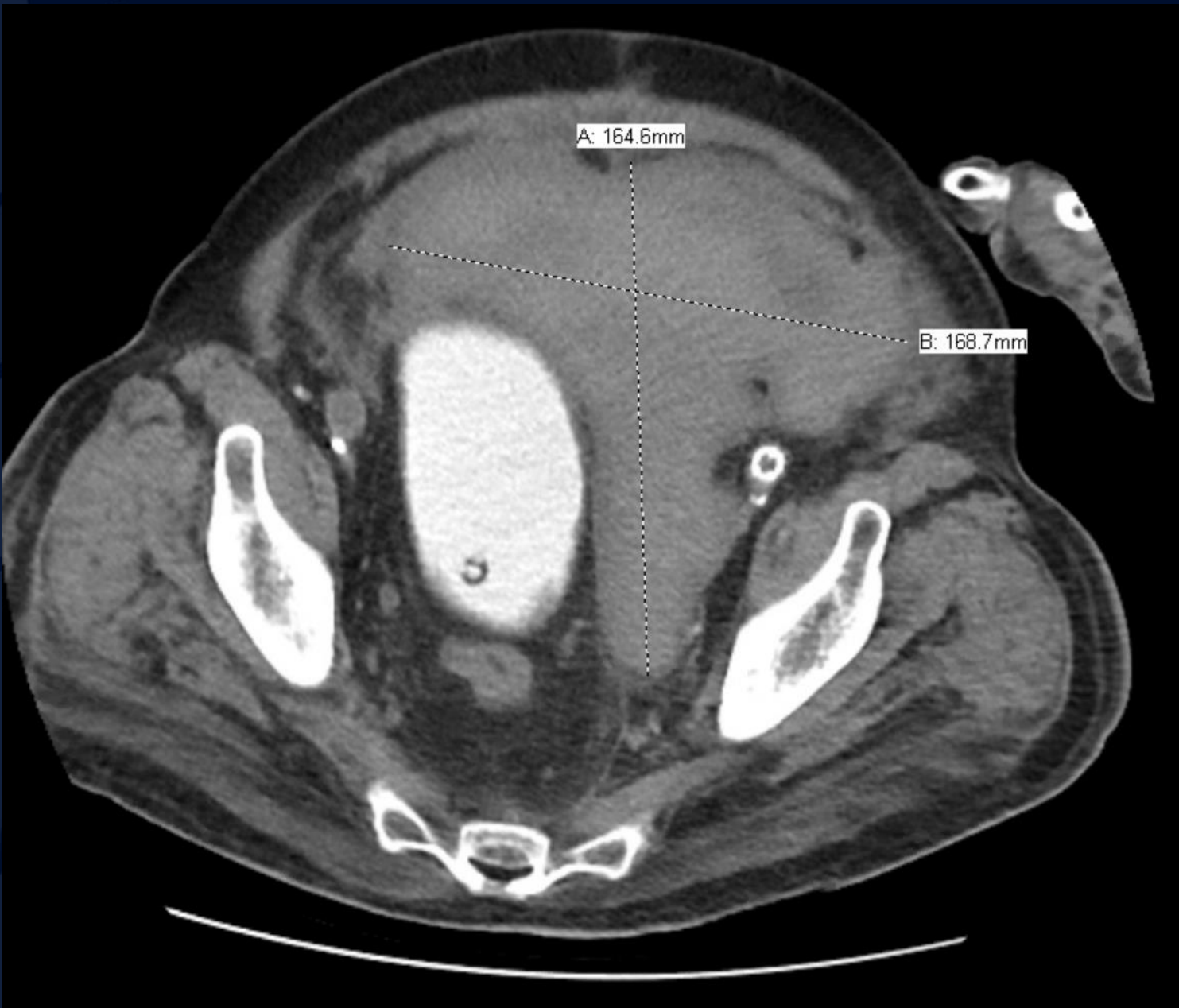


✦ Dist 4.62 cm
✧ Dist 2.62 cm

Lt Testicle Long Mid

Technology
UConn Health
Device Philips Medical Systems II

5.0



A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the image.

?

Testicular venous congestion secondary to gonadal vein compression by pelvic hematoma

Testicular venous congestion 2/2 gonadal vein compression by hematoma

US imaging demonstrates increased left testicular size, hypoechoic parenchyma, and decreased color doppler signal. These are typical findings of vascular compromise of the left testicle, and in many cases, torsion would be reasonably suspected, especially in a younger patient.

In this patient however, arterial and venous spectral waveforms are identifiable within the left testicle, suggesting preserved but diminished flow.

This patient also had known intra-abdominal hematomas, and correlation with CT imaging shows a large space-occupying hematoma where we would expect the left gonadal vein to course.

We can unify findings in the abdomen and scrotum to represent testicular venous congestion secondary to hematoma compressing the left gonadal vein.

Testicular venous congestion 2/2 gonadal vein compression by hematoma

Pathophysiologic changes within the left testicle in this case are similar to those seen in torsion; the etiology is the primary difference.

Treatment of the hematoma/reduction in hematoma size would result in improvement in the left testicular venous congestion, and depending on degree of left testicle pain/swelling, should be considered.