

Traumatic Dislocation of Testis in Penile Shaft

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DOI: [10.36347/sjams.2020.v08i08.020](https://doi.org/10.36347/sjams.2020.v08i08.020)

| Received: 13.08.2020 | Accepted: 21.08.2020 | Published: 26.08.2020

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Abstract

Case Report

Traumatic dislocation of testis is rare, if dislocation of testis in the same side subcutaneous plane of penile shaft was rarest. Migration of testis outside the scrotum was most commonly in superficial inguinal canal due to direct traumatic impact.

Keywords: Trauma, Testis Dislocation.

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INTRODUCTION

Mostly direct high velocity blunt traumatic impact on scrotum causing testis dislocation, most frequently to the superficial inguinal region. Dislocation of the testis is commonly unilateral but it can be bilateral in approximately 30% of patients [1].

CASE REPORT

A 40 year old male came in OPD with history of fall from bike with minor head injury and pain over left shoulder. On examination 5cm lacerated wound was found over scalp, stitching done and advised x ray of left shoulder joint, there was a fracture in greater

tuberosity of humerus, for which orthopedician managed him conservatively. During the time of review he complained swelling and pain over shaft of penis, on examination found painful mobile lump over left lateral aspect of penile shaft approx. 3x3 cm in size with empty left scrotal sac and normal right side scrotum (Figure-1). To confirm about testis dislocation we went for ultrasonography which suggested that the testis situated in penile shaft in subcutaneous plane with intact blood supply. The patient was surgically managed through inguinal approach, the testis was reduced in scrotal pouch and orchidopexy done under spinal anaesthesia (Figure-2).



Fig-1: Dislocated testis in penile shaft with empty scrotum pouch on same side



Fig-2: Reduction of testis in scrotal pouch and orchidopexy done

DISCUSSION

Delayed or missed diagnosis may be due to associated injuries or a lack of awareness of its possible occurrence. Delayed correction of traumatic testicular dislocation may result in infertility due to elevated temperature of testicles situated outside scrotal pouch [2].

Testicular injuries based on mechanism of injury can be divided into: (1) Blunt trauma, (2) Penetrating trauma, and (3) Degloving trauma. Such injuries are typically seen in male aged 15-40 years [3].

The dislocation may be unilateral or bilateral. Possible sites and reported frequency of testicular dislocation [4]: Superficial Inguinal ring 50%, pubic, penile, inguinal canal, intra-abdominal, perineal.

CONCLUSION

Risk of delayed reduction of testis is that torsion of the dislocated testis can be missed and an originally viable testis could become gangrenous. Surgical exploration and orchidopexy should be performed early to evacuate the hematoma, repair

lacerated tissue, and fix the testicle after repositioning it.

In high speed two wheeler vehicle (generally Motorcycle) trauma always consider examining genital area of patient, which is possible cause of hidden injury in pelvic, perineal and perianal region, in which testicular trauma most common.

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