

Closed Trauma on Retractable Testis

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Abstract

Case Report

Background: An oscillating testis is defined as a paroxysmal testicular ascension under the effect of cremaster muscle tone; genitourinary injury remains a rare event in this case. **Case presentation:** We report here the case of 31-year-old patient with history of left retractile testis who was admitted in our department one hour after a road traffic collision, with scrotal point of impact. The clinical examination notes an empty left hemiscrotum with painful palpation of the left testicle at the level of the inguinal region. Surgical exploration found a testicle in the inguinal position with approximately 30% of the testicular pulp exteriorized. **Conclusion:** Rapid management of trauma on retractile testis spares the testicle from orchiectomy.

Keywords: retractile testis, closed trauma, orchidopexy.

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1. INTRODUCTION

Half of the cases of direct blunt scrotal trauma are associated to Testicular rupture and/or fracture. Typically, these injuries present unilaterally, with evidence of bilateral insult in approximately 1.5% of cases [1]. The topic of retractile testes is one which still generates debate with regard to definition, natural history, and indications for and timing of intervention [2]. However, treatments of retractile testis remain controversial, but domestic research on the clinical follow-up of boys with retractile testis is insufficient [3].

2. OBSERVATION

A 31-year-old man with history of left retractile testis since birth was admitted in our department one hour after a road traffic collision, the patient is a motorcyclist who has collided with a car with a scrotal point of impact on the handlebars, he reports ascension of the left testicle, and He denied haematuria or any other voiding symptoms.

The clinical examination notes an empty left hemiscrotum with painful palpation of the left testicle at the level of the inguinal region; the right hemi-scrotum was unremarkable. No lacerations suggesting penetrating trauma were noted. The ultrasound found a left testicle in inguinal position, vascularised on colour Doppler, with hypoechoic patches on its lower pole.

Surgical exploration revealed a testicle in the inguinal position with approximately 30% of the testicular pulp exteriorized at the lower pole (figure 1).

We proceed to an excision of the exteriorized pulp with closure of the albuginea with 4/0 vicryl (figure 2), and a testicular lowering with orchidopexy. Scrotal ultrasound performed one month after the operation was normal.



Fig-1: Albuginea rupture with exteriorized pulp



Fig-1: Testis after albuginea suture

3. DISCUSSION

Boys with retractile testis need periodic follow-up, due to the histological changes that accompanied retractile testis, abnormality on semen analysis was found during follow-up when patients with retractile testis became adults. It is essential to examine testicular volume and any changes affecting testicular maturation during the follow-up of patients with retractile testis. If there is any decrease in testicular volumes, immediate surgical correction will be required [3]. There is no evidence that retractile testes are at an increased relative risk of acute torsion or development of malignancy. With regard to fertility and retractile testes, the evidence is too poor to recommend intervention on the basis of altering long-term fertility [2]. Early exploration with repair of testicular trauma is associated with increased rates of salvageability and preservation of fertility and hormonal function. Additionally, early exploration confers a reduced length of convalescence and disability, and may aid patients with faster return to activity [1]. Testicular fracture requires rapid diagnosis due to the high rate of orchidectomy associated with the injury [4]. Current dominant management strategy for testicular rupture is surgical exploration and repair in early 72 h, some early literature reported that testis salvage rate would decrease from 80–90 % to 45–55 % in delayed surgery [5]. Despite an advanced age orchidopexy still has its

place to preserve the testicle and prevent complications [6].

4. CONCLUSION

The retractile testis is a frequent pathology that requires management from an early age, the occurrence of trauma increases the risk of orchidectomy hence the need for early intervention.

Ethics approval and consent to participate

Not applicable.

Consent for publication

We have obtained written and signed consent from the patient for publication.

Availability of data and material

Data and materials are available. If needed, they can be provided to the publisher.

Authors contributions

Lachhab Houssame and Graiouid Mehdi contributed to conception, bibliographical research and writing, Lachhab Houssame, Seffar Alae Eddine contributed to reading and translation; Moataz Amine, Dakir Mohamed, Debbagh Adil and Aboutaieb Rachid served as trainer and corrector. All authors have read and approved the manuscript.

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