Unusual cause of acute painful scrotal swelling

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A 50year-old man presented with a two-day history of acute pain and swelling in the right scrotum. He previously had a reducible groin swelling on the same side. His last bowel motion was on the day of admission. He vomited twice on the same day. On examination he had a swollen, tender scrotum and groin. One could neither get above it, nor reduce it. The rectum was empty.

Questions

1. What is the differential diagnosis?
2. How would you manage this patient?

Differential diagnosis

Conditions which present as an acute scrotum and/or groin include testicular torsion, acute epididymo-orchitis and strangulated inguinal hernia.

Testicular torsion most commonly occurs between 10 and 15years of age, and is rare after 25years. It presents with severe acute pain in the testis and groin. Nausea and vomiting are common. The affected testicle hangs higher than the normal one and is exquisitely tender. Swelling is confined to the scrotum. Urgent surgery is required to derotate and fix the testicle (orchidopexy), the latter being done even on the other side.

Acute epididymo-orchitis is commonest in young and middle-aged men. The onset of pain is subacute. There may be malaise, anorexia, dysuria and frequency. Although very tender, gentle palpation may reveal that it is the epididymis that is tender. Clinically it may be impossible to distinguish from testicular torsion. Doppler ultrasound would show absence of blood flow in a case of torsion. Treatment is medical – gentamcin and doxycycline.

A tender, previously reducible swelling arising from an expected hernial orifice is likely to be a strangulated hernia.

Management and outcome

The pre-operative diagnosis was a strangulated inguinal hernia. At operation we found a grossly inflamed hernial sac and cord and a testicular abscess within which was a fish bone (Figures 1 and 2). Since he was under spinal anaesthesia we asked if he noticed being pricked in the scrotum. He denied. A herniotomy and orchidectomy were done. A corrugated drain was placed after irrigation. He made an uneventful recovery. Incidentally the testicular tissue contained Schistosomiasis mansoni ova on histological examination (Figure 3). Schistosomiasis haematobium has been described to occur commonly in the testicle before1, but not S. mansoni.

Common things occur commonly but we must never close our minds to other possibilities.

Acknowledgement

The histological specimens were examined by Dr. CP Dzamalala, consultant histopathologist at College of Medicine.

References

1. MacSween R, Whaley K. (Eds) Muir's Textbook of Pathology, 13th Edition, pp 1168-1170. Thomson Press (India) Ltd, New Delhi.
2. Murray P, Rosenthal K, Kobayashi G, Pfaller M. Medical Microbiology, 4th Edition, pp 749-752. Mosby Inc, St. Louis.

Figure 1: Fishbone - compared to paper-clip

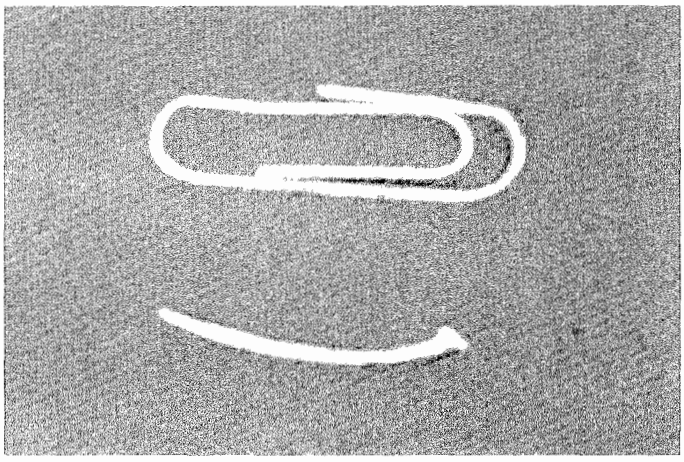

Figure 2: Testicular abscess

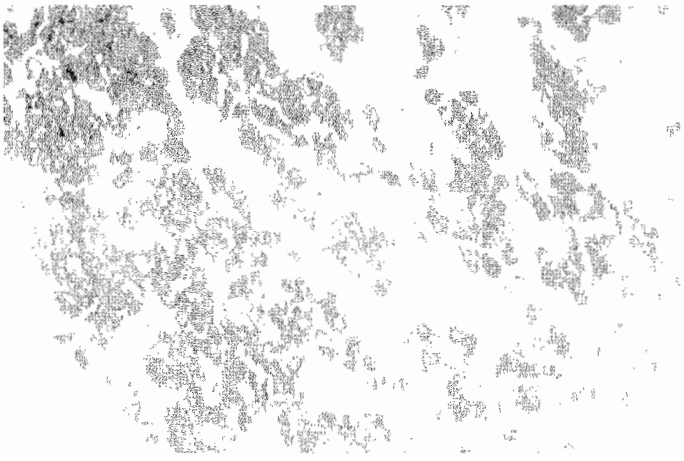

Figure 3: Schistosoma mansoni ova in testis