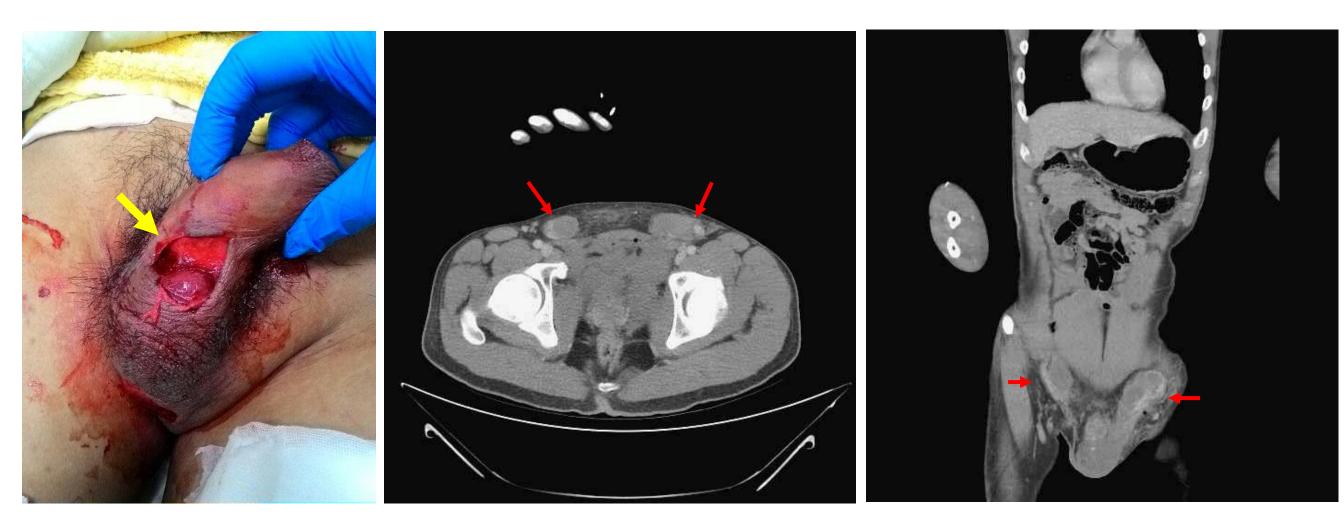
Poster No.142



A Rare & Easily Overlooked Case: Traumatic Bilateral Testicular Dislocation

Szu-Tsen Lai¹, Tzu-Chieh Lin¹, Cheng-En Mei¹, Chien-Lun Tang¹, Kuo-Chen Chung¹, Tai-Li Huang¹, Jian-Ri Li²

¹ Division of Traumatology, ² Division of Urological Surgery, Department of Surgery, Taichung Veterans General Hospital, Taichung, Taiwan



Introduction

Traumatic dislocation of the testis is rare, and it might be an independent event or accompany with blunt abdominal or perineal injuries. Diagnostic tools include ultrasound (US), color Doppler US and computed tomography (CT). We present a case of bilateral traumatic dislocation of the testis, unilateral testis rupture with pelvic fracture caused by motorcycle accident.

Case report

A 21-year-old male was sent to the emergency room in a clinically stable state after a motorcycle collision. Physical examination showed perineum bruises with penis base open wound (Fig.1). Bilateral testis missing was also noticed. X-ray revealed pelvic fracture. Urethrogram showed normal urethra pattern. Abdominal CT revealed pelvic ring fracture, pubic symphysis rupture and bilateral testis located at inguinal canal with left side testis rupture (Fig. 2). The patient was sent to the operating room. He underwent open reduction of pelvis fracture with plate fixation, bilateral orchiopexy with left side testis repair. He was discharged on post operation day 10. Follow-up color-Doppler US revealed bilateral normal testis blood flow.

Discussion

Traumatic dislocation of the testis is a rare and easily overlooked complication of blunt abdominal or perineal injuries, usually occurring after motorcycle accident. Testicular dislocation can be classified into superficial or internal groups. The most common superficial dislocation is inquinal. Diagnosis of a testicular dislocation in groups that are at risks can be suspected on examination of the scrotum. US or CT scan are the most useful imaging modalities to confirm the diagnosis. Doppler US is helpful in detecting the blood flow and therefore the viability of the testicle. Close reduction of the testicle can be attempted but open exploration and orchipexy is often required and recommended as the preferred initial treatment. Delay in diagnosis and treatment is associated with an increased rate of orchidectomy and loss of spermatogenic function.