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Letter to Editor



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Testicular dislocation: A rare complication of scrotal trauma

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Scrotal trauma, though uncommon, can have severe consequences, and one such complication is testicular dislocation. This occurs when the testicle is displaced from its normal anatomical position within the scrotum due to a traumatic event. Understanding the mechanisms, diagnosis, and management of testicular dislocation is paramount in providing optimal care for affected individuals[1]. Traumatic incidents, such as sports injuries, motor vehicle accidents, or direct blows to the scrotum, can result in testicular trauma[2]. The condition demands immediate medical attention to prevent further complications, including vascular compromise and testicular ischemia. Diagnosing testicular dislocation involves a thorough physical examination and often necessitates imaging studies, such as ultrasound, to precisely determine the extent of the displacement and assess potential vascular compromise. Once diagnosed, prompt intervention is crucial to reposition the dislocated testicle and restore blood flow. Treatment options may include manual reduction or surgical intervention, depending on the severity of the dislocation and associated injuries[3]. Close monitoring in the post-treatment period is essential to identify and manage any complications promptly.

Proper informed consent had been obtained from the patient. A 19-year-old male patient presented to the emergency department after a motorcycle collision with another vehicle. Despite the motorcycle collision accident, the patient exhibited a refusal to lie supine during examination. He maintained full consciousness,

orientation, and cooperation, and his vital signs were within normal ranges. Physical examination revealed a painful swelling below the skin at the level of the right inguinal canal. While the left testis was palpable, the right testis could not be identified. Subsequent system examinations and investigations did not reveal any additional pathological findings. Laboratory tests indicated a leukocyte count of $15.3 \times 10^3/\mu\text{L}$ (normal: 4×10^3 - $10 \times 10^3/\mu\text{L}$), a hemoglobin level of 13.5 g/dL (normal: 10-15 g/dL), and a hematocrit of 40.3% (normal: 40%-54%). A computed tomography scan confirmed non-displaced fractures in both ischial columns (Figure 1A), along with a 32 mm diameter image consistent with the testis in the right inguinal region below the skin (Figure 1B). Further exploration in the operating room revealed the testis at the level of the external inguinal ring. The gubernacular cord was transected, and the testis, with normal blood supply and color, was successfully descended. Cord integrity was confirmed, and fixation of the right testis was performed. Following a two-day uneventful monitoring period, the patient was discharged without complications.

In conclusion, testicular dislocation following scrotal trauma is a serious condition that requires a swift and accurate diagnosis, followed by appropriate intervention. Healthcare professionals must remain vigilant, considering the potential long-term consequences of untreated testicular dislocation, including infertility and chronic pain.

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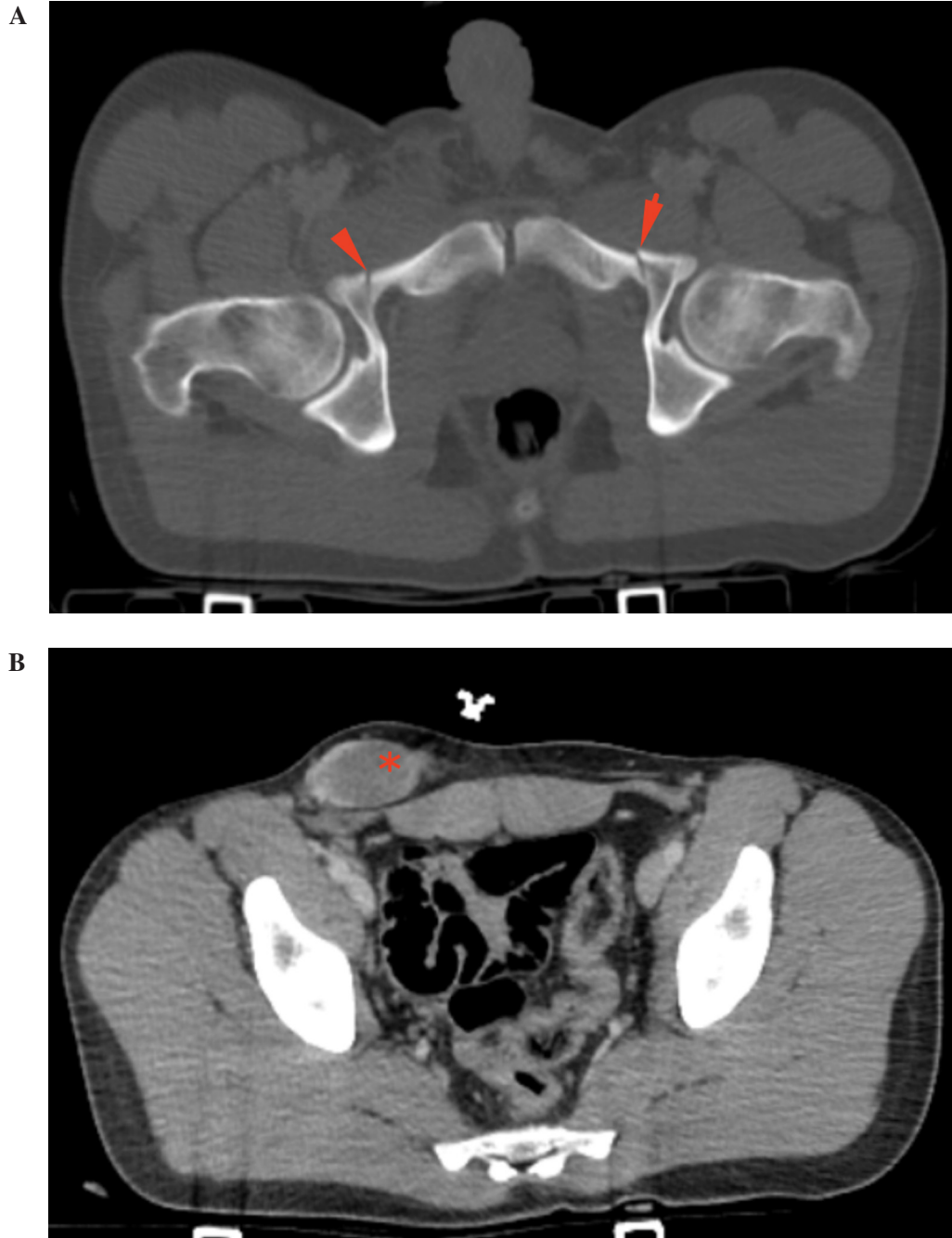


Figure 1. Computed tomography scans of a 19-year-old male patient showing non-displaced fractures (arrows) in both ischial columns (A) and the testis (star) in the right inguinal region below the skin (B).

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