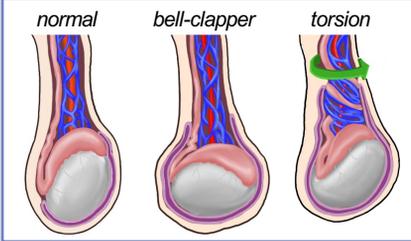




Intravaginal torsion: longitudinal rotation of the spermatic cord due to "bell-clapper deformity". This results in the absence of testicular blood flow and is a **surgical emergency**.



Bell-clapper deformity: Capacious scrotal sac. Often bilateral.

PRESENTATION

- **Pain**
 - Sudden onset
 - Deep / visceral
 - Unilateral
 - Testicular / scrotal
 - May radiate to inguinal or lower abdominal areas
 - Potential prior Hx of intermittent pains
- Nausea
- May have associated trauma
- Peak incidence: 12-16 y/o, unlikely before puberty
- May be awakened from sleep due to pain

PHYSICAL EXAM

- Scrotum**
- *Early* presentation: may be normal
 - *Late:* edematous, indurated, erythematous
- Affected testis**
- Tender
 - High riding
 - Horizontal lie
 - Cremasteric reflex absent

DIAGNOSIS

Primarily a **clinical diagnosis**. History and P/E often sufficient to bring straight into OR.
 U/A generally not indicated and not needed for diagnosis

Colour Doppler Ultrasound



If Dx is in question, U/S to determine presence or absence of blood flow:

- Decreased testicular perfusion
- Twisting of spermatic cord

Usefulness limited in small prepubertal testes with ↓baseline flow
DO NOT delay surgical management for imaging studies if clinical findings are strongly suggestive.

TWIST Score

Symptom	Points
Testicular swelling	2
Hard testicle	2
Absent cremasteric reflex	1
Nausea/vomiting	1
High riding testis	1

≤2 Points: **low risk** 3-4 Points: **medium risk** ≥5 Points: **HIGH risk**

Detorsion within...	Testis viability
4-6 hours	97-100%
>12 hours	20-61%
>24 hours	0-14%

GOAL: early surgical consultation with surgeon and in operating room **within 6 hours from onset of symptoms**

NEVER delay surgery on assumption of nonviability based on clinically estimated duration of torsion



SURGICAL EXPLORATION

