LETTER TO THE EDITOR

Bilateral Testicular Torsion in a Neonate

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DEAR SIR

Perinatal testicular torsion (PTT) is a rare entity, occurring in 1:7500 newborns [1]. Although PTT is widely accepted to be an antenatal event, the exact timing and duration of torsion are not known [2]. Perinatal testicular torsion usually presents as a bluish-black discoloration of the scrotum associated with a scrotal swelling. Its management is controversial, due to the low viability of the testis and the possibility of bilateral torsion [3-5]. We present a case of a neonate with bilateral testicular torsion.

Figure 1: Bilateral perinatal testicular torsion. (A) Right testicle (B) Left testicle.

A 3,030g full-term male newborn was born with bilaterally enlarged, non-tender testicles with associated induration and swelling of the entire scrotum. Scrotal ultrasound characterized the testes as having varying degrees of parenchymal heterogeneity with apparently normal flow on Doppler imaging. Within 6 hours, the infant underwent emergency exploration by bilateral scrotal incision. At operation, both testes were black, hemorrhagic and necrotic (Fig.1) with extra- tunical twists in the cords bilaterally. Bilateral orchiopexy was performed after detorsion. The postoperative course of the patient was uneventful. At 3 months old, both testes were palpable, although they were smaller than normal. The parents were advised of the high probability of sterility and the possible need for exogenous androgen replacement to attain secondary sex characteristics at puberty.

Bilateral PTT is a surgical emergency. Preoperative radiological imaging has limited usefulness and should not delay surgery [1,2]. The management of bilateral PTT is controversial in the absence of evidence-based guidelines in the literature [1,2,5]. We suggest that, even necrotic testes, should be left in place, as some testicular function may still be possible. The similar approach was used in the index case.

Consent: Authors have submitted signed consent form from legal guardian of the patient and available with editorial office.

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REFERENCES