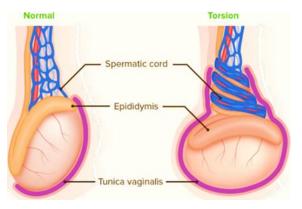
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Elaborate Sonographic findings in Testicular Torsion?

Introduction

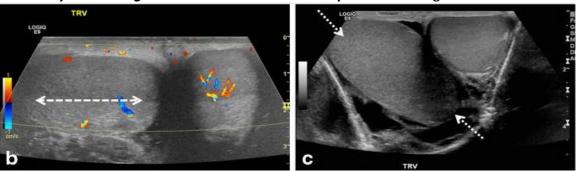
1. Testicular torsion is a *medical emergency* that occurs when *spermatic cord* which supplies blood to testicles becomes *twisted*. It causes a *loss of blood flow* to the testicle which leads to *pain, swelling* and potentially even the *loss of the testicle* if not treated promptly. The diagnosis is often made clinically but if it is in doubt, an *ultrasound is helpful* in confirming the diagnosis.



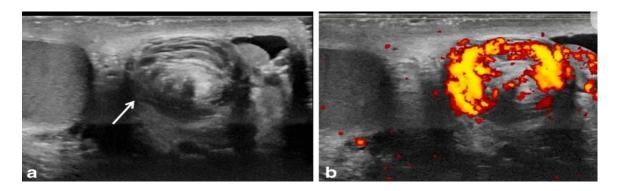
Sonographic Findings

2. Ultrasound is the *modality of choice* for evaluating the potentially torted testis. It is simultaneously able to assess the *structure of the testis* as well as the *vascularity*. *Color Doppler* sonography is used for *initial imaging* study because of its *high sensitivity* and *specificity* in the diagnosis whereas *Grayscale* sonography delineating the *structural features* of testicular torsion. In a sonographic examination of patients with testicular torsion, the following findings may be observed on color Doppler and Gray scale sonography:

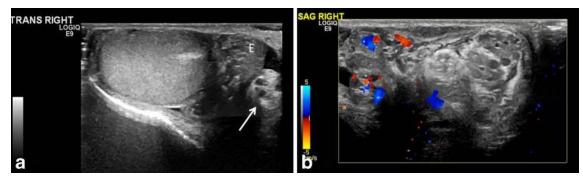
Horizontal or altered lie. A horizontal lie is resulted from abnormal attachments of the tunica vaginalis, namely the bell clapper anomaly. Fig- b is a Color Doppler image of both testes which shows abnormal horizontal lie of the right testis (arrow) whereas Fig- c is a Gray-scale image which shows abnormal oblique lie of the right testis.



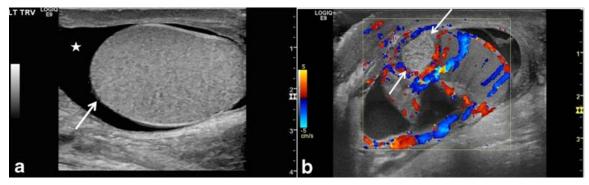
Twisting or kinking of the spermatic cord. It occurs due to an *abrupt change* in the course of the spermatic cord with a *spiral twist* at the *external inguinal ring*. Fig-a is a *Gray-scale* image which shows an *eddy swirl* (arrow) of the spermatic cord suggesting torsion of the cord whereas fig-b is *Color Doppler* image of the *same twisted cord* which shows *concentric pattern* of preserved flow in the *vessels* of the twisted cord.



Redundant spermatic cord. Redundant spermatic cord can be described as the presence of excess and tortuous spermatic cord in the scrotal sac. Fig-a is a Gray-scale image which shows a redundant spermatic cord (arrow) occupying the medial half of the scrotal sac whereas Fig-b is a Color Doppler image which shows excess and tortuous spermatic cord bunched up in the scrotal sac.



Swelling or enlargement of the affected testicle. A swollen testis resulting from vascular congestion is a worrisome feature for testicular torsion. Fig-a is a Gray-scale image which shows globular shape of left testis with horizontal lie (arrow) whereas Fig-b is a Color Doppler image which shows a globular and enlarged structure (arrows).



Conclusion

3. It is important to note that a sonographic examination is **not always sufficient** to diagnose testicular torsion so **other diagnostic tests may also be necessary**. If testicular torsion is **suspected**, it is important to **seek medical attention** as soon as possible to prevent potential loss of the testicle.