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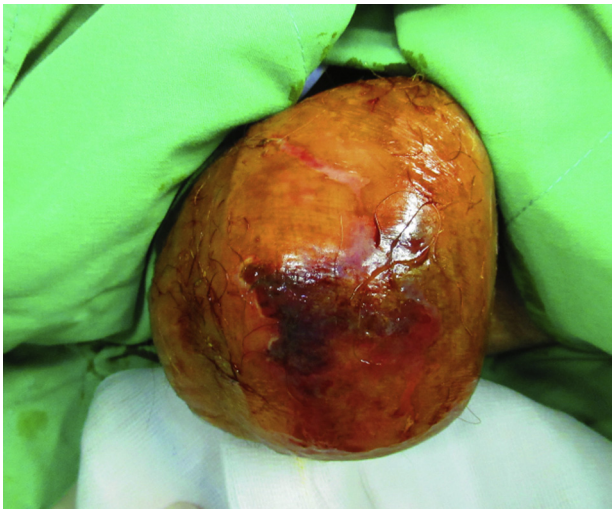

Figure 1. The swollen scrotum.

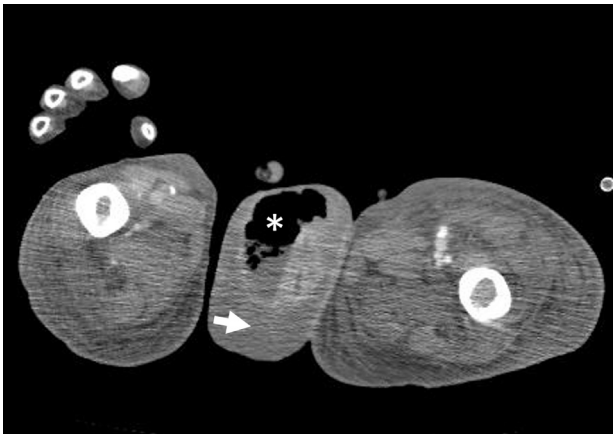

Figure 3. CT of the pelvis (transverse plane) at the level of the scrotum, showing subcutaneous emphysema (asterisk) with adjacent fluid accumulation (arrowhead).

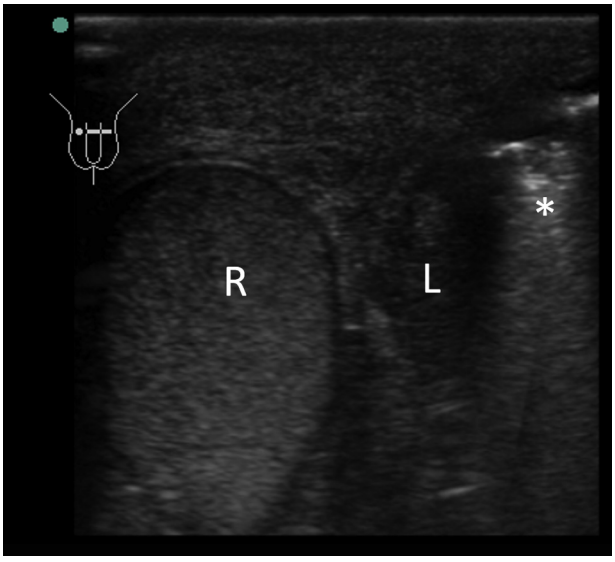

Figure 2. Ultrasonography of the scrotum (transverse orientation), with subcutaneous emphysema (asterisk) masking most of the left testis (L). Note the normal right testis (R).

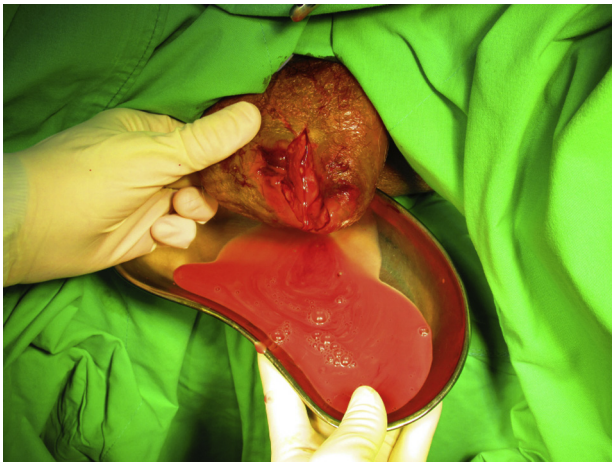

Figure 4. Intraoperative view of the scrotum with extensive purulent drainage.

[Ann Emerg Med. 2019;74:e19-e20.]

A 74-year-old man with a history of diabetes mellitus presented to the emergency department with pain in the scrotum for 1 week. On physical examination, the patient had a temperature of 35.6°C (96.1°F), pulse rate of 112 beats/min, blood pressure of 105/68 mm Hg, and a swelling erythematous left hemiscrotum (Figure 1) without abdominal tenderness. He had a WBC count of $13.3\times10^3/\mu L$ and a c-reactive protein level of 4.8 mg/dL. Bedside ultrasonography of the scrotum showed air masking the left testis (Figure 2), and computed tomography (CT) confirmed the diagnosis, showing subcutaneous emphysema and fluid accumulation in the left hemiscrotum (Figure 3).

For the diagnosis and teaching points, see page e20.
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IMAGES IN EMERGENCY MEDICINE

(continued from p. e19)

DIAGNOSIS:

Pneumoscrotum. After receiving broad-spectrum intravenous antibiotics, the patient had incision and drainage of the affected testis (Figure 4); the culture results eventually grew *Escherichia coli*. After a second debridement to clean the affected tissue, the patient was discharged uneventfully 2 weeks later.

Pneumoscrotum is caused by the accumulation of air or gas in the scrotum, which may result from gas-producing organisms in the scrotum or from air or gas in the thoracoabdominal cavity dissecting into the scrotum.[1,2] Ultrasonography is a reasonable initial diagnostic investigation,[3] but CT or magnetic resonance imaging should confirm this.[4] Generally, infectious causes require urgent surgical management.

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