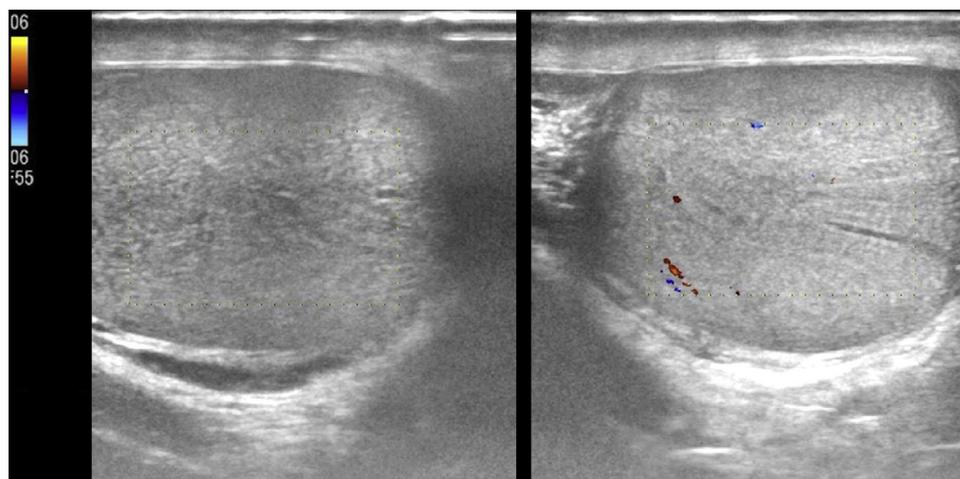


**Figure 1.** Scrotal ultrasonography of the bilateral testes, demonstrating normal color flow in the right testicle (left panel) compared with absence of color flow in the left testicle (right panel).



**Figure 2.** Scrotal ultrasonography of the left testis with color Doppler, demonstrating absence of color flow before detorsion (left panel) and partial reperfusion after detorsion (right panel).

[Ann Emerg Med. 2019;74:185.]

A healthy 22-year-old man without systemic disease presented to the emergency department with sudden-onset left testicular pain for 2 hours after waking up in the morning. He denied fever and dysuria. Physical examination showed mild tenderness of the left side of the scrotum. The scrotum was not swollen, but the left cremasteric reflex was absent, and the pain was not relieved by testicular elevation. The emergency physician immediately performed scrotal ultrasonography (Figure 1, Video E1, available online at <http://www.annemergmed.com>) and confirmed the diagnosis.

*For the diagnosis and teaching points, see page 250.*

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## IMAGES IN EMERGENCY MEDICINE

*(continued from p. 185)*

### DIAGNOSIS:

*Testicular torsion.* Bedside ultrasonography of the patient revealed absent color Doppler flow of the left testis. The emergency physician immediately performed manual detorsion at the bedside, and ultrasonography showed partial reperfusion of blood flow (Figure 2, Video E2, available online at <http://www.annemergmed.com>). The patient underwent bilateral orchiopexy to prevent the recurrence of torsion and was discharged uneventfully after 2 days.

Testicular torsion is a common urologic emergency among adolescent boys and young men. Rotation of the testis and twisting of the spermatic cord rapidly leads to ischemia, resulting in a loss of germ cells.<sup>1</sup> Potential examination findings include no pain relief with testicular elevation (Prehn's sign), retraction of the scrotal skin (Ger's sign), and high-riding testis (Brunzel's sign).<sup>2</sup> Color Doppler ultrasonography is a useful and rapid tool for imaging the acute scrotum, with an absence of testicular flow diagnostic for ischemia.<sup>3</sup> If surgery is not readily available, immediate manual detorsion is warranted; orchiopexy is likely warranted to prevent recurrence.<sup>4</sup>

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