Testicular Haemorrhagic Infarction

Pages with reference to book, From 74 To 75

Saghir Abmed, Nizam UI Hasan (Department of Surgery, National Institute of Child Health Jinnah Postgraduate Medical Centre, Karachi.)

Abstract

Hacmorrhagic infarction of testis is a rare condition, which usually presents during neonatal period. One of the patients reported here was seen at the age of two and half months. At this age it is not possible to exclude diagnosis of malignancy without histological examination. This condition may be similar to steronomastoid haematoma of the neck. Due to almost total destruction of the testis, orchidectomy is a logical treatment. The haemorrhagic testis eventually resolves into a small fibrous remanant.

Haemorrhagic infarction of testis in the neo-nate period is a rare condition. Two such cases were seen by the author within space of three months. One of the patients however was two and a half months old which is rather a late age of presentation and needs recording (JPMA 33 :74-1983)

Case reports

Case 1. Two and a half months old boy, a product of fuilterm normal vaginal delivery presented with a two weeks history of left scrotal selling. The mother stated that the child was restless since birth. On examination there was a large scrotal swelling. The skin of the left scrotum was darker than the right. The testis on palpation was uniformly enlarged and there was a small effusion. Transiluminarion test was negative. A diagnostic tap produced 2ml - of blood stained fluid. The fluid contained 6 g% proteins but no malignant cells. On culture staph aurcus was grown. The swelling was observed for a week with antibiotics cover without any apparent change in size, It was decided to explore the swelling, as malignancy could not be ruled out. On exploration the testis was dark in colour, large and odematous. There was no evidence of torsion either of the cord or testis as shown in the accompanying figure.

Fig. Orchidectomy specimen showing Haemorrhagic infarction. Epididymis is swollen but seems to be partly spared. There is no evidence of torsion of the cord.

As diagnosis of malignancy was not clear on naked eye, an orchidectomy alongwith the removal of spermatic cord was performed upto the internal ring. On histological examination then. was no evidence of torsion and the blood vessel' of the cord were patent. Only a few recogniza' testicular tubules were present. There was gross haematoma and possibly completely infarcted testicular tissue

without any recognizable structural details walled by granulation tissue. The patient made an uneventful recovery.

Case 2. This patient was six days old when first seen. He was the 14th issue, and a product of fuilterm vaginal delivery, with breech presentation. There was a history of not passing urine from 2nd day of birth. On examination the testis was tender with a small effusion. Transillumination test was negative. Diagnostic tap produced a small amount of haemorrhagic fluid. The testis on exploration was found to have haemorrhagic infarction. There was no evidence of torsion. An orchidectomy was performed and on histology only atrophic and distorted tubules could be seen with haemorrhagic areas.

Discussion

Testicular haemorrhage is common in breech presentation (Brown, 1974). The scrotum may appear black and pre-necrotic and the penis may have vesicles from ischaemia. No treatment is necessary and recovery is uncomplicated without apparent impairment of fertility.

Bagley and Jone (1976) reported a case of bilateral testicular infarction without torsion and suggested that the terminology of the condition be changed to idiopathic, as against haemorrhagic infarction, which was originally proposed by Campbell (1937). Haemorrhage is a prominent feature of the disease, though its cause cannot be ascertained. Haemorrhagic infarction however provides a better description. In this report the first case was presented beyond the neonatal age. Until the histological examination confirmed the haemorrhagic infarction, testicular tumour could not be ruled out in this patient. Therefore, orchidectomy was necessary to establish the diagnosis. There was no resolution of the infarcted testis as late as two and half months even if the infarction had occurred at birth. Functionally in both the patients, the testis were destroyed and saving such a testis would only prolong the patient's recovery. It is suggested that this condition could be similar in nature to a sternomostoid haemotoma, the testis being traumatized during the process of birth.

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References

1. Brown, J.K. Systematic neurology, in neonatal medicine. By Cockburn, F. and Drillien, C.M. Oxford, Blackwell, 1974, P. 566.
2. Bagley, F.H. and Jone, P. G. (1976) Idiopathic bilateral testicular infarction in neonate. J. Paediatr. Surg., 11: 6.
3. Campbell, M.F. Paediatric Urology, Ced, 11, New York, Macmillan 1937, p. 187.