

## LETTER TO THE EDITOR

### Bilateral Testicular Torsion in a Neonate

Mohamed Zouari,\* Ahmed Khalil Ben Abdallah, Hamdi Louati, Imen Abid, Mohamed Jallouli, Riadh Mhiri

Department of Pediatric Surgery, Hedi-Chaker Hospital 3029 Sfax, Tunisia.

**How to cite:** Zouari M, Ben Abdallah AK, Louati H, Abid I, Jallouli M, Mhiri R. Bilateral testicular torsion in a neonate. *J Neonatal Surg.* 2018; 7:15.

This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

#### 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.

**Authors' contribution:** All the authors equally contributed in concept, design, drafting of manuscript, and approved final version of the manuscript.

#### REFERENCES

1. Ahmed SJ, Kaplan GW, DeCambre ME. Perinatal testicular torsion: preoperative radiological findings and the argument for urgent surgical exploration. *J Pediatr Surg.* 2008; 43:1563-5.
2. Al-Salem AH. Intrauterine testicular torsion: a surgical emergency. *J Pediatr Surg.* 2007; 42:1887-91.
3. Callewaert PR, Van Kerrebroeck P. New insights into perinatal testicular torsion. *Eur J Pediatr.* 2010; 169:705-12.
4. Djahangirian O, Ouimet A, Saint-Vil D. Timing and surgical management of neonatal testicular torsions. *J Pediatr Surg.* 2010; 45:1012-5.
5. Sangüesa Nebot C, Llorens Salvador R, Picó Aliaga S, Garcés Iñigo E. Perinatal testicular torsion: ultrasound assessment and differential diagnosis. *Radiologia.* 2017; 59:391-400.

**Correspondence\*:** Mohamed Zouari, MD, Department of Pediatric Surgery. Hedi Chaker Hospital. 3029 Sfax. Tunisia.

E mail: zouarimohamed.1982@yahoo.fr  
Submitted: 27-09-2017  
Conflict of interest: None

©2018, Zouari et al  
Accepted: 29-10-2017  
Source of Support: Nil