TESTICULAR TORSION/ACUTE SCROTAL PAIN ALGORITHM

**Triage**

**Higher Probability of Torsion**
- Pubertal/Post-pubertal patient age
- Abnormal position of testicle (high or horizontal)
- NO cremasteric reflex
- Moderate to severe pain
- Accompanied with nausea/vomiting

- Emergent testicular US*
- Emergent Urology referral

- Positive US → Expedite patient to OR immediately
- Negative US → no need to consult urology in a low probability patient with a negative US

**Lower Probability of Torsion**
- Pre-pubertal age
- Normal positioning of testicle within scrotum
- Cremasteric reflex present
- Mild to moderate pain
- NO nausea or vomiting

- Urgent testicular US
- Check a urinalysis and culture

- Positive US → Expedite patient to OR immediately
- Negative US → no need to consult urology in a low probability patient with a negative US

**Outcomes**
- Detorsion within 4-6 hrs: up to 100% viability
- Detorsion after 12 hours: 20% viability
- Detorsion after 24 hours: 0% viability

**Outpatient follow up for differential diagnosis:**
- **Epididymitis** – refer to urology if a pre-pubertal patient, otherwise follow up with a pediatrician. A post-pubertal patient should receive PO antibiotics empirically if they are sexually active and there is concern for STD.
- **Torsion of appendix testis** – Follow up with a pediatrician unless pain lasts for 1-2 weeks, then needs a urology referral.
- **Hernia** – Needs a urology referral for possible surgical intervention.
- **Communicating Hydrocele**: Refer to urology for possible surgical correction.
- **Asymptomatic Hydrocele** – Follow up with a pediatrician.
- **Varicocele** – Can be referred to urology if clinically significant.

*Diagnostic imaging should not delay urology consult as timing of diagnosis and intervention is critical.