

Spermatic Cord Hematoma in an Adult Patient with Testicular Trauma: Sonological Appearances of a Rare Entity

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Abstract

Acute scrotal injuries with resultant testicular contusions, testicular torsion, testicular infarction, and testicular rupture have been well documented in the literature. Spermatic cord hematoma has been rarely reported, and this case report describes the sonological appearances of the above-mentioned entity in an 18-year-old male.

Keywords: Spermatic cord hematoma, trauma, ultrasonography

INTRODUCTION

Acute scrotum secondary to testicular trauma constitutes many of the cases in urological emergencies. Spermatic cord hematoma is a rare occurrence which may lead to compromise in vascularity to the testis that might mandate surgical exploration. Timely detection of the entity on ultrasonography may help prevent complications, such as testicular infarction and testicular necrosis.

CASE REPORT

An 18-year-old male adult presented to the emergency department with complaints of pain and swelling in the right inguinoscrotal region for 5 days following injury by the ball while playing cricket. The patient gave no urinary complaints. Clinical examination revealed tenderness and swelling extending from the root of penis in the right inguinoscrotal region. There was no restriction in movement at the right hip joint. Subsequently, the patient was referred for ultrasonography. On high-resolution ultrasonography, right testis showed multiple patchy hypoechoic areas within the testicular parenchyma consistent with testicular contusions and a minimal reactive hydrocele [Figure 1a]. A hyperechoic area extending from the right internal inguinal orifice to the upper pole of the right testis was diagnosed as spermatic cord hematoma [Figure 1b]. Differential diagnosis that was

considered was spermatic cord hematoma and strangulated inguinal hernia. However, in the above-described case, spermatic cord hematoma seemed more likely. The patient was referred to the department of general surgery for further management.

The patient gave informed written consent to publish his case and clinical images.

DISCUSSION

Spermatic cord hematoma is a very rare entity which develops secondary to trauma or anticoagulant therapy and is a cause for acute scrotum.^[1] A frequently associated finding with spermatic cord hematoma is a traumatic varicocele with rupture which develops after an increase in intra-abdominal pressure transmitted as varicocele in the setting of blunt injury to the abdomen.^[2] A large spermatic cord hematoma may cause ipsilateral testicular ischemia, warranting urgent surgical

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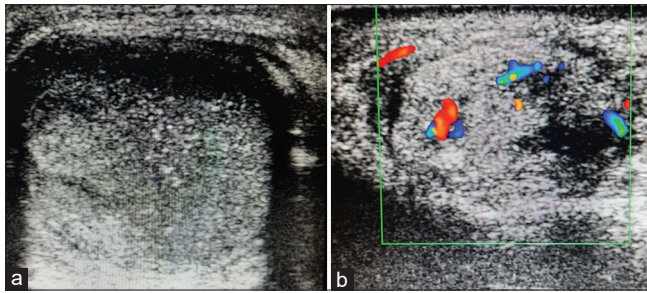


Figure 1: (a) High-resolution ultrasonographic image of the testis showing multiple patchy hypoechoic areas within the testicular parenchyma consistent with testicular contusions. (b) High-resolution ultrasonographic image at the level of the internal ring of the inguinal canal demonstrating a hyperechoic area extending from the internal inguinal orifice to the upper pole of the testis

exploration. Differential diagnosis for noncontact acute scrotal masses includes testicular hematoma, scrotal hematoma, epididymitis, testicular torsion, incarcerated inguinal hernia, and spermatic cord hematoma. Untreated testicular injuries may infrequently result in complications such as testicular rupture and necrosis.^[3]

CONCLUSION

Radiologists and sonologists must be aware of the sonological appearance of this rare entity, which is a surgical emergency and requires prompt treatment. Delay in diagnosis of spermatic

cord hematoma may lead to compromise in vascularity to the ipsilateral testis with resultant acute scrotum.

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Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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