

Figure 1. Left testis enclosed within the intact tunica vaginalis (white arrow).

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A 33-year-old man was brought in by the emergency medical services with testicular pain approximately 1 hour after a motorcycle crash. The patient described a rapid deceleration mechanism with blunt perineal trauma from the motorcycle seat. On physical examination, the patient was hemodynamically stable with only an isolated 3-cm left inferior hemiscrotal laceration with herniation of the tunica vaginalis (Figure 1). There was no blood at the meatus, and the patient was able to void urine.

*For the diagnosis and teaching points, see page 806.
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*(continued from p. 797)***DIAGNOSIS:**

Traumatic scrotal rupture with testicular herniation. The patient received tetanus vaccination booster and intravenous cefazolin. The emergency physician carefully reduced the exposed tunica vaginalis into the left hemiscrotum to reduce the risk of infection. Computed tomography of the pelvis (Figure 2) and ultrasonography of the scrotum (Figure 3) demonstrated continuity of the tunica albuginea, normal testicular contour, and homogenous echogenicity and vascularity; therefore, testicular rupture was unlikely.¹ Under procedural sedation, a urologist performed scrotal exploration, washout, and closure, and the patient was discharged after a 24-hour observation period. At 2 months, the patient was doing well and reported no complications.

Motor vehicle and bicycle injuries account for 20% of blunt genital trauma.² Scrotal rupture with testicular herniation has not been specifically reported. Scrotal hematoma or hematocele is the most common finding. Testicular rupture is less common, and testicular dislocation is rare. When testicular rupture is suspected and imaging is inconclusive, urologic referral is essential.³

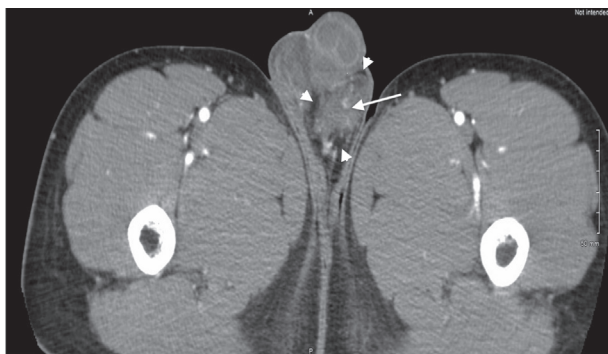


Figure 2. Computed tomography of the pelvis demonstrating irregular appearance and hypodense foci in patchy distribution (white arrowheads) around the partially visualized left testis (white arrow) demonstrating likely inflammation.

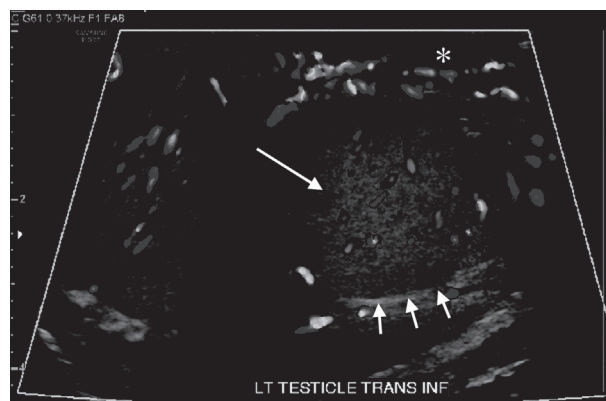


Figure 3. Testicular ultrasound demonstrating the left testis (white arrow) with normal echogenicity, shape, and contour. The tunica albuginea (white arrows with short tails) seen as a peripheral echogenic line. Doppler examination showing vascular flow of both testes.

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