

Scrotal Pain

Acute

1. Testicular Torsion
2. Torsion of testicular appendage
3. Epididymoorchitis
4. Inguinal Hernia (Strangulated or Incarcerated)
5. Trauma
6. Fournier's gangrene
7. Referred Pain

Chronic

Get above the swelling,
possible?

Yes

Can the testes be felt
separately from the swelling?

Yes

Transillumination

Yes

- Spermatocoele
- Epididymal cyst

No

Bag of worms?

Yes

Varicocele

No

Transillumination

Yes

Is there a cough impulse?

Yes

Inguinal hernia
(Reducible)

No

Infantile hydrocele
(Non-Reducible)

Hydrocele

No

Tumor- firm,
irregular mass

Testicular Torsion

Cause

Twisting of the spermatic cord, leading to compromised blood flow to the testicle.

History

- Sudden, severe, unilateral testicular pain.
- Pain may radiate to the lower abdomen.
- Nausea and vomiting often accompany the pain.
- No history of trauma, but sometimes occurs after physical activity or spontaneously.

Examination

- Affected testicle is high-riding and horizontally oriented.
- Absent cremasteric reflex (stroking the inner thigh does not cause the testicle to rise).
- Severe tenderness on palpation.
- Negative Prehn's sign (lifting the scrotum does not relieve pain).
- This is a **surgical emergency** requiring immediate intervention.

Epididymitis/Epididymo-orchitis

Cause

Inflammation of the epididymis and or testes often due to bacterial infection (STIs in young men, urinary pathogens in older men).

History

- Gradual onset of pain, usually unilateral.
- Pain may radiate to the lower abdomen or flank.
- Dysuria (painful urination), frequency, or urgency may be present if there's a urinary tract infection.
- In younger men, usually associated with sexually transmitted infections

Examination

- Swelling and tenderness of the epididymis, which may spread to the testicle.
- Positive Prehn's sign (lifting the scrotum provides pain relief).
- Intact cremasteric reflex.
- Scrotum may appear erythematous and warm.

Orchitis

Cause

Inflammation of the testicle, often due to viral infections like mumps, or less commonly, bacterial infections.

History

- Gradual onset of testicular pain and swelling.
- Often follows a viral illness (e.g., mumps) in post-pubertal males.
- Fever and systemic symptoms like malaise may accompany.
- Associated with parotitis (inflammation of the parotid glands) in cases of mumps.

Examination

- Tender, swollen testicle, possibly bilaterally in cases of mumps.
- The overlying skin may be red and warm.
- No relief with lifting the scrotum (negative Prehn's sign).

Inguinal Hernia (Strangulated or Incarcerated)

Cause

Protrusion of abdominal contents into the scrotum through the inguinal canal. Strangulation occurs when the blood supply is compromised.

History

- Gradual or sudden-onset pain, which may radiate to the groin or lower abdomen.
- Pain worsens with straining, lifting, or coughing.
- Swelling in the groin or scrotum that may change in size, especially when standing.
- Nausea, vomiting, and signs of bowel obstruction if strangulated.

Examination

- A palpable mass in the inguinal region or scrotum.
- Hernia may be reducible (can be pushed back) or irreducible (trapped).
- Signs of bowel obstruction and tenderness indicate strangulation, which is a surgical emergency.

Varicocele

Cause

Dilation of the veins within the spermatic cord (similar to varicose veins).

History

- Dull, aching pain or discomfort, typically on the left side.
- Pain may worsen with standing or physical activity and improve when lying down.
- May be asymptomatic and discovered incidentally.

Examination

- “Bag of worms” feel on palpation, especially when standing.
- Scrotal swelling and possible atrophy of the affected testicle.
- No acute tenderness.

Hydrocele

Cause

Collection of fluid within the tunica vaginalis surrounding the testicle.

History

- Painless or mild discomfort due to scrotal swelling.
- Swelling may increase gradually over time.

Examination

- Smooth, non-tender, fluid-filled mass.
- Positive transillumination test (shining a light through the scrotum causes the fluid-filled sac to glow).
- No tenderness or signs of infection.

Spermatocele

Cause

Cystic accumulation of sperm in the epididymis.

History

- Painless or mild discomfort.
- Often found incidentally during self-examination.

Examination

- A smooth, cystic mass separate from the testicle.
- Transillumination is positive (light passes through).
- No tenderness or signs of inflammation.

Testicular Tumor

Cause

Malignant growth within the testicle

History

- Painless, unilateral swelling or nodule.
- Occasionally presents with dull discomfort or heaviness.
- History of undescended testis or family history of testicular cancer may be present

Examination

- A firm, non-tender mass in the testicle.
- Does not transilluminate.
- Scrotal ultrasound is usually required for confirmation

Referred Pain

Cause

Pain from other areas, like the kidneys (kidney stones), or from nerve entrapment

History

- Pain that may originate in the flank or abdomen and radiates to the scrotum.
- Associated with symptoms like back pain, urinary symptoms, or no local scrotal symptoms.

Examination

- Normal scrotal examination.
- Focus on examining the abdomen, flanks, and back.