



TABLE 13-3: Common Causes of Nontraumatic Scrotal and Testicular Pain

Common Causes of Nontraumatic Scrotal and Testicular Pain				
Condition	Risk factors	Symptoms	Physical examination	Diagnosis and intervention
Testicular torsion	Trauma, vigorous exercise, prior episode of similar pain that has spontaneously resolved	Sudden, severe unilateral scrotal pain, scrotal edema and erythema, lower abdominal pain, nausea and vomiting	Tender, firm affected testicle that is usually retracted upward, swollen, edematous. Cremasteric reflex absent, negative Prehn's sign.	Doppler ultrasound, radionuclide scanning. Once dx is established, urological referral with detortion and bilateral orchiopexy
Acute epididymitis	Exposure to infection that then migrates up vas from urethra	Gradual onset scrotal pain, fever, urethral discharge, dysuria, UTI symptoms	Scrotal erythema, epididymis enlarged, indurated, tender to palpation. Cremasteric reflex present, Prehn's sign positive.	Urinalysis reveals pyuria, urethral discharge or urine testing for appropriate STI evaluation. (GC, chlamydia most common. Treat with appropriate antimicrobial, rest with scrotal elevation.
Acute orchitis	Infectious agents (mumps, tuberculosis, syphilis), autoimmune (granulomatous)	Sudden onset of testicular pain, fever, nausea and vomiting	Enlarged, indurated, tender testis	Urinalysis, other diagnostics as dictated by presentation and risks. Treat with bed rest, scrotal support, ice, and antimicrobial therapy if indicated.

Source- Testicular pain, available at <http://www.fpnotebook.com/URO123.htm>, accessed 11.16.04.