History
5 day old with firm bilateral scrotal masses.

Diagnosis
Bilateral Antenatal Testicular Torsion

Discussion
Neonatal testicular torsion is a unique clinical entity. Most patients present with scrotal swelling and discoloration. Torsion involves all contents of the hemiscrotum and is referred to as extravaginal since the tunica albuginea is only loosely adhered to the scrotal wall (in adolescents and adults, torsion is intravaginal).

Traubici et al. describe 3 US appearances of neonatal torsion which likely reflect the natural evolution:
Type I-The testicle is markedly enlarged and demonstrates heterogeneous echotexture; occasionally subtunica fluid, hydrocele, and mediastinal striations are seen. Type II-Testicular size is normal but echotexture is heterogeneous. Type III-The testicle is markedly small with disordered echogenicity. Testicular Doppler flow is absent in all types. Neonatal torsion is rare with only a few cases of bilateral torsion reported.

Differential diagnosis is limited. Hernia is common in this age group but easily differentiated from the testicle. Trauma, infection and germ cell tumors are exceedingly rare at this age.

Findings
US-1) Enlarged and markedly heterogeneous left testicle with dystrophic calcifications and some subtunica fluid, 2) Mildly heterogeneous right testicle with enlarged and cystic epididymis, 3) Absent testicular flow on color Doppler.

Reference

Contributor
Corie Horness, RDMS
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