Perinatal testicular torsion

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Guerra and colleagues[1] should be commended for their interest in addressing the controversial issue of perinatal testicular torsion (PTT) and for conducting an interesting survey of Canadian pediatric urologists. The survey was performed in a simple fashion, facilitating the responses and data analysis. However, as stated in their discussion, it has the limitation of potentially excluding some clinical scenarios that were not presented in the survey. The responses are surprising, reflecting an increasing tendency toward the operative approach among younger pediatric urologists as more cases of viable perinatally torted testicles have been published. In addition, PTT is a condition that is ripe for litigation. This may trigger a defensive surgical attitude among surgeons. In our institution most pediatric urologists prefer to explore cases of possible PTT in a semi-urgent fashion, respecting fasting time to ensure gastric emptying to avoid risk of aspiration. Furthermore, we have had cases of metachronous extravaginal testicular torsion (within a few weeks of life). This experience reinforced our indication for semi-urgent scrotal exploration, performing fixation of the contralateral normal testicle. However, we do not feel that fixation of the contralateral testis is indicated in patients with testicular atrophy identified after 3 months of life because the mechanism of torsion (intravaginal) is distinct from the perinatal event (extravaginal). Hence, the likelihood of contralateral torsion is no greater than that of the general population. We agree with Guerra and colleagues about the need for more robust research designs such as randomized clinical trials. However, such studies are unlikely to be performed due to the rarity of PTT.

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Reference

1. Guerra LA, Wiesenthal J, Pike J, et al. Management of neonatal testicular torsion: Which way to turn? *CUAJ* 2008;2:376-9.

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