CASE REPORT

Renal colic and torsion: case report and review

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Acute ureteric colic and acute scrotum are among the most commonly seen urological emergencies. We present a case in which a male patient presented with simultaneous right flank pain and ipsilateral scrotal pain.

Key Words: torsion, colic

Case report

A 29 year old man presented with severe right scrotal pain and right flank pain. The scrotal pain had begun suddenly 3 hours before and had woken the patient from his sleep. The pain in the right flank had been intermittently present for over 3 weeks and had started this time around 3 hours before the patient was seen. The patient denied voiding symptoms or hematuria. Past history was non-contributory.

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On examination, the patient was afebrile and in acute distress due to severe right scrotal pain. He also complained of right flank pain. Abdominal examination revealed mild right CVA tenderness. The remainder of the abdominal examination was normal. The right testis was elevated in the hemiscrotum, had a transverse lie and was exquisitely tender and difficult to examine. A cremasteric reflex of the right testis could not be elicited. Urine analysis revealed a trace of red blood cells without pyuria and the serum white blood cell count was normal.

The diagnosis of acute testicular torsion was made and the patient was brought to the operating room. Upon induction of general anesthesia, the patient's right testis appeared to detort into a normal position

without any manual manipulation. A midline scrotal incision was made and the right testicle delivered. The testicle was examined and found to be pink. There was no clear bell clapper deformity. However, the caput and corpus of the epididymis were dusky. After several minutes of observation, the epididymis became normal in color. Bilateral orchidopexies were performed.

Once stabilized in the recovery room, the patient was sent for a CT scan of his abdomen/pelvis, which demonstrated a 4 mm ureteric calculus at the level of the third lumber vertebra.

Discussion

Most commonly, testicular torsion occurs between the ages of 12 and 18.[1] The clinical presentation of testicular torsion is usually quite characteristic and includes a sudden onset of severe scrotal pain and swelling of the affected testis.[2] Other symptoms may include nausea, vomiting and severe abdominal pain. Other testicular pathologies, including torsion of the appendix testis or appendix epididymis, torsion of the epididymis and acute epididymitis may have a similar presentation to testicular torsion.[3] Similarly, the presentation of acute renal colic is very familiar but can be mimicked by other conditions. There are no reported cases of simultaneous presentations of renal colic and torsion of the testis/epididymis.

This patient had several episodes of colicky flank pain in the 3 weeks preceding this episode of scrotal pain. Radiation of pain from the kidney/ureter to the groin, testis and penis is a well recognized feature of the presentation of renal colic.[4] It is possible that the symptoms of ureteric colic may mimic the symptoms of testis torsion, but the physical examination should easily differentiate these two conditions. In this present case, the findings on physical examination were typical for testis torsion and it was clear that the scrotal pain was not due to ureteric colic.

It is conceivable that the colic and the torsion are directly related: the pain from the colic attack may have radiated to the groin and elicited a cremasteric contraction which subsequently torted the testis. More likely, these two urological emergencies occurred simultaneously and were unrelated to each other.

This case is unusual because of the simultaneous occurrence of two of the most common urological emergency conditions. It also should serve as a reminder to the urologists that lightning may strike twice. □

References

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