Testicular Torsion: The Scrotal Emergency

BAUS Guidelines (2021) | NICE CKS Scrotal Pain

ACTION: Emergency Department Now

- ☐ Any sudden onset scrotal or testicular pain: arrange emergency department assessment immediately
- ☐ Pain that wakes the patient from sleep: a classic torsion history
- ☐ Call 999 if severe pain, vomiting, collapse, transport difficulties, or any concern about delay
- ☐ Most common in adolescence (12-18 years) but can occur in infants and adults: do not exclude on age alone
- ☐ Younger boys may present with abdominal or groin pain rather than scrotal pain: ask directly
- ☐ High-riding or horizontal testis, acute scrotal swelling, or nausea accompanying sudden pain
- ☐ History of similar episodes that resolved spontaneously (possible intermittent torsion)

Do not advise monitoring at home or a routine GP appointment. Salvage is highest within 6 hours and declines progressively. Do not delay.

Torsion vs Epididymo-orchitis: Key Differences

Feature	Epididymo-orchitis	Testicular Torsion
Age	Usually sexually active adults	Adolescence peak; any age possible
Onset	Gradual over hours to days	Sudden, often within minutes
Pain severity	Moderate, may be dull	Severe and rapidly worsening
Fever	Common	Usually absent, especially early
Discharge	May be present	Usually absent
Nausea	Less common	Common
Testis position	Normal; tenderness localised	May be high-riding or horizontal

Counter Presentations: Ask Directly

- ☐ Patient requests pain relief for groin strain or lower abdominal pain: ask specifically about testicular pain and onset
- ☐ Patient requests antifungal or jock itch treatment and mentions scrotal swelling: ask about sudden onset and pain severity
- ☐ Parent or patient seeks reassurance: do not reassure sudden-onset scrotal pain in a young male without hospital assessment

If there is any possibility of torsion, emergency department assessment is the safest option. Principal differentials: torsion of the testicular appendage, epididymo-orchitis, incarcerated inguinal hernia.

Key reminders: No assessment in a pharmacy can exclude testicular torsion. Salvage is highest within 6 hours and declines progressively thereafter. OTC analgesia may be given en route to hospital but must never delay emergency referral. If in doubt: emergency department.

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