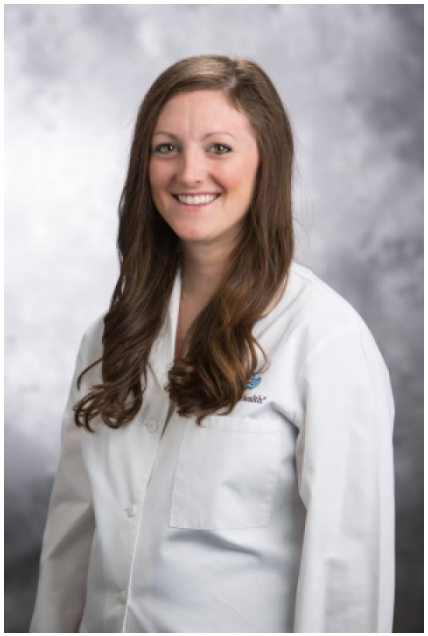
Management of Neonatal Torsion: Tales of Twisticles

Society of Fetal Urology

10-10:50 am



Ariella Friedman MD
Banner Health
Phoenix, AZ
@Pedesurology

Glenn Cannon MD
UPMC Pittsburgh PA
Associate Professor and Division Chief, Pediatric Urology. Proud member of the Children's Circle of Care. Restauranteur.
@pedsurologist

Rama Jayanthi MD
Nationwide Children's
Columbus OH
Husband of the Bombay Babe, proud father to three wonderful daughters, air guitarist, #dontbeadick
@lilppmd

Glenn Cannon Retweeted

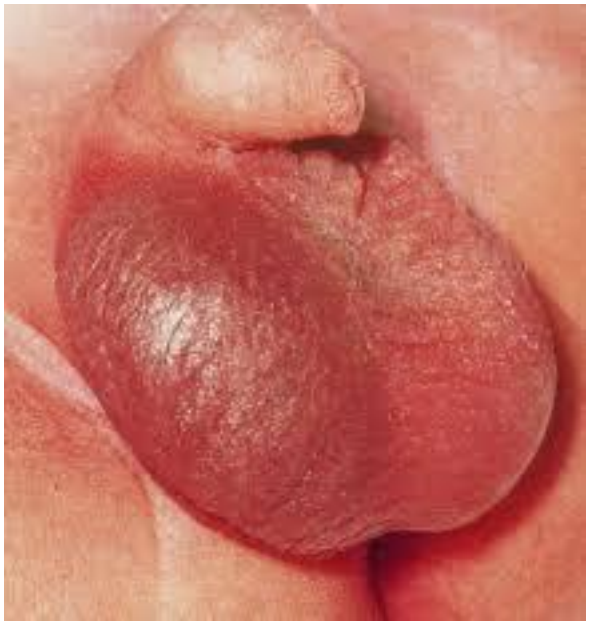
Cookie Monster @MeCookieMonster · Jan 9
Me don't know who needs to hear dis, but go eat cookie.

663 21K 65K

Ariella Friedman @Pedesurology · 23 Oct 2012
Bachmann: 'We Must Ban Falafel' in School Lunches
dailycurrant.com/2012/09/28/bac...

Case 1

- 36 week male born with prolonged labor and weighing 9lbs. Physical exam was normal at day 1 but changed on Day 2 of life



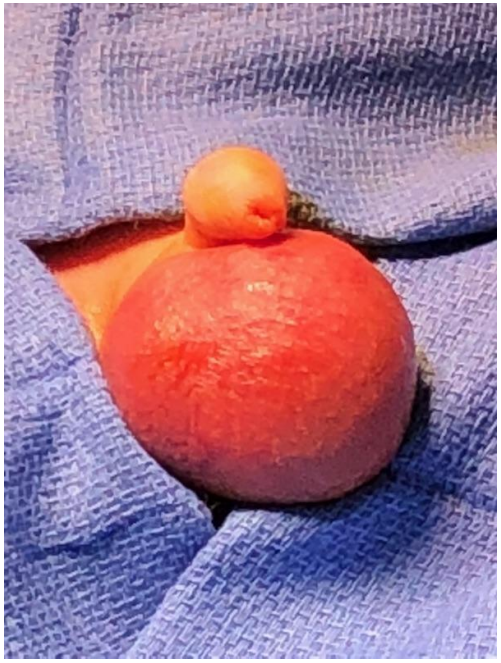
Neonatal testicular torsion

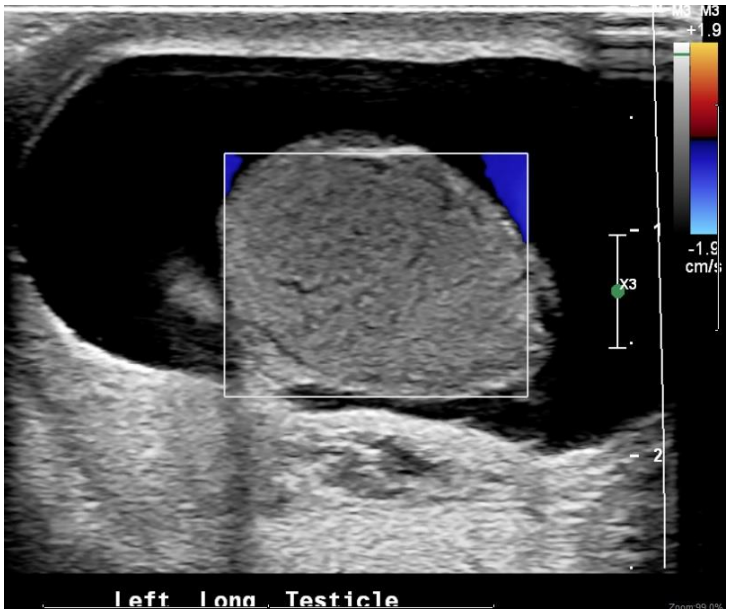
C.P. DRIVER and P.D. LOSTY
Department of Paediatric Surgery and Institute of Child Health, Alder Hey Children's Hospital, Liverpool, UK

British Journal of Urology (1998), **82**, 855–858

Case 2

- 35 week male born with unilateral firm hemiscrotum at an outside NICU 1 hour away by helicopter

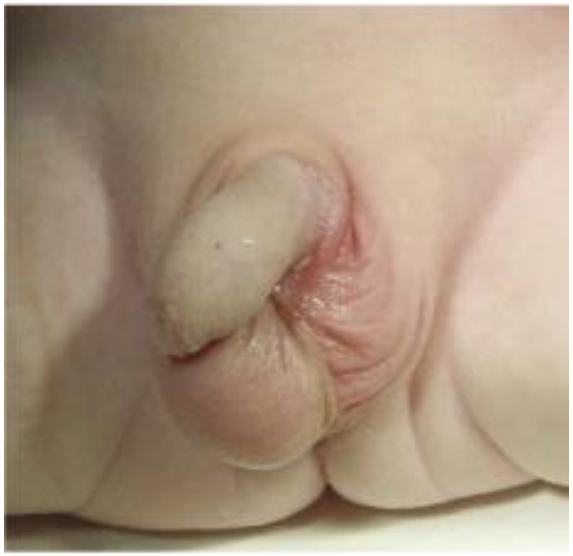




https://www.pedsradiology.com/Historyanswer.aspx?qid=811&fid=1

Case 3

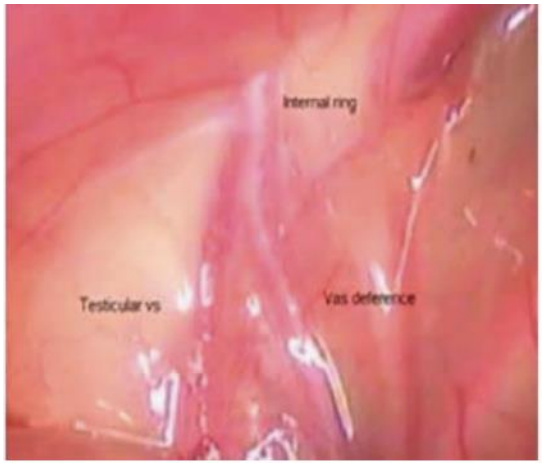
- 37 week male born with a left nonpalpable testicle and a contralateral hydrocele

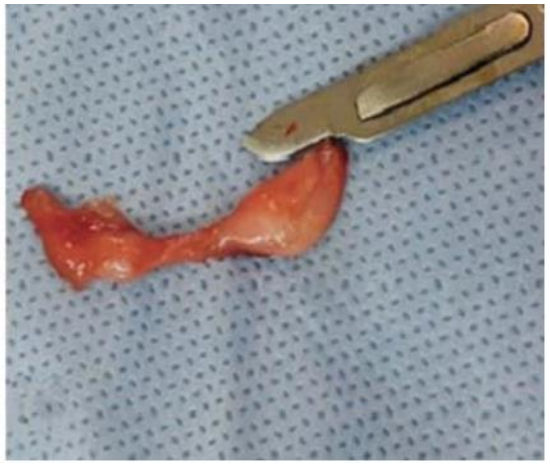


Perinatal testicular torsion: a unique strategy
Journal of Pediatric Surgery
Volume 42, Issue 4, April 2007, Pages 699-703
José L. Cuervo [a, b, ⁂], Angélica Grillo [b], Carmen Vecchiarelli [a], Cristina Osio [a], Luis Prudent [a]

Case 4

- 1 year old presenting for laparoscopic orchiopexy with remnant found upon exploration





Reliability of hypertrophy of the contralateral testis in prediction of the status of impalpable testis

Rafik Shalaby[a], Ahmad Alshamy[a], Mohamad Abd-Alrazek[a], Samir Gouda[a], Mohamad Mahfouz[a], Mohamad Shahin[a], Sabri Moussa[b], Sayed Elhady[a] and Hassan Algallad[a]

Annals of Pediatric Surgery 2017, Vol 13 No 3

Table 1 Testicular torsion malpractice cases from 1985 to 2015.

	Cases (n = 53)
Age of patient, mean (range)	15.4 (2–47)
Who sued	
Patient only	28 (54%)
Patient and parents	24 (46%)
Average number of providers sued per case, mean (range)	1.4 (1–4)
Type of practitioner sued	
Emergency room physician	25 (35%)
Urologist	9 (13%)
Pediatrician	4 (6%)
Family practitioner	12 (17%)
Radiologist	7 (10%)
General surgeon	5 (7%)
Nurse	10 (14%)
Hospital sued	
Yes	20 (28%)
No	33 (62%)
County verdicts in favor of	
Plaintiff	11 (26%)
Defendant	31 (74%)
State appeal in favor of	
Plaintiff	26 (50%)
Defendant	26 (50%)
Plaintiff	9 (27%)
Defendant	24 (73%)
Total awards/settlement	$491,421 ($305,678)
Claim for malpractice	
Missed diagnosis/negligence	52 (98%)
Improper surgery	1 (2%)

Thomas W. Gaither, Hillary L. Copp

Journal of Pediatric Urology (2016) 12, 291.e1–291.e5

State appellant cases for testicular torsion: Case review from 1985 to 2015

treatment of the neonate with torsion. Questions that must be answered in developing an approach to management include: 1) can early surgery influence the outcome of the affected testicle, 2) is the contralateral spermatic cord at risk for torsion and 3) does surgery present the neonate with the increased risk of intraoperative or postoperative morbidity and mortality?

SPERMATIC CORD TORSION IN THE NEONATE

GERALD R. JERKINS, H. NORMAN NOE, ROBERT S. HOLLABAUGH AND ROBERT G. ALLEN*

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THE JOURNAL OF UROLOGY

Vol. 129, January
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A recent thorough review of the literature fails to demonstrate any documented instance of testicular salvage in the neonate with torsion. Hence, as others have suggested, neonatal testicular torsion is not an emergency and an operation may be delayed until the patient is in optimal clinical condition.[5]

Respectfully,
Gary Leach and Jon Kaswick
Department of Urology
Southern California Kaiser-Permanente Medical Center
Los Angeles, California 90027
and
Stanley Brosman
Department of Urology
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Los Angeles, California 90024

EDITORIAL COMMENT

The article by Kay and associates and this Letter by Leach and associates raise good points. In the reference by Auldist, cited by Leach and associates, there was 1 case in which bilateral neonatal torsion had occurred. I also have 1 such recent experience. There have now been enough simultaneous or sequential extravaginal torsions that contralateral exploration and orchiopexy are, in my opinion, indicated in the neonate, just as they are in the older child or adult with intravaginal torsion.

John R. Woodard
Department of Surgery
Emory University Clinic
Atlanta, Georgia

Management of torsion in the newborn period should be immediate bilateral exploration with reduction of the torsion and fixation of both testes. Only in this fashion can the process be positively identified, any degree of testicular salvage be maintained and tumor, although rare, be ruled out. Risks of anesthesia in infants with a normal cardiovascular system are minimal and morbidity from the procedure is practically nil. An avascular testicle should be left in place for its possible contribution of hormonal and psychological value. Suppuration and systemic symptoms would indicate removal. Only time, more accurate diagnosis of this condition and long-term followup will provide valid statistical data supporting other views of management.

INTRAUTERINE AND NEWBORN TORSION OF SPERMATIC CORD

JOHN A. WHITESEL

From the Division of Urology, University of Colorado Medical Center, Childrens Hospital and Lutheran Hospital, Denver, Colorado

THE JOURNAL OF UROLOGY VOL. 106, November


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