

# Scrotal pain

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## Rationale

Scrotal pain is a common presentation to both primary care and Emergency Department settings. Of the potential underlying causes, certain conditions require urgent diagnosis and management to avoid serious and long-standing complications. Pain may also precede the development of an obvious mass in the scrotum.

## Causal Conditions

(list not exhaustive)

- Testicular torsion
- Inflammation (e.g., acute epididymitis, orchitis, trauma)
- Incarcerated/Strangulated hernia
- Hemorrhage into testicular tumour

## Key Objectives

Given a patient with scrotal pain, the candidate will diagnosis the cause, severity and complications, and will initiate an appropriate management plan. Particular attention should be paid to the sudden onset of pain, which requires emergent investigation for testicular torsion.

## Enabling Objectives

Given a patient with scrotal pain, the candidate will

- list and interpret critical clinical findings, including
  - a. a thorough history of the presentation, including a sexual history;
  - b. an appropriate abdominal and genital examination;
  - c. identifying the urgency of the presentation;

- list and interpret critical clinical and laboratory findings which were key in the processes of exclusion, differentiation, and diagnosis (e.g., ultrasound, screening for sexually transmitted infections, complete blood count)
- construct an effective initial plan of management, including
  - a. referral for specialized care (e.g., operative intervention), if necessary;
  - b. appropriate pharmacologic management (e.g., antibiotics, analgesics);
  - c. counselling regarding safe sexual practices when appropriate.