

## Case Report

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# Exteriorised testicular necrosis following treated severe orchi-epididymitis

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## Description

Clinical representation of testicular necrosis presented as a defined cutaneous extraposition necrosis as well, no pus or mucus composed structure detected on the necrotic tissue on the left scrotum area in a patient treated for a left Orchi-epididymitis a month earlier. The aspect was dry rough surface slightly pain inducing when mobilized. This is a rare complication of Orchi-epididymitis with an incidence of 1-2% of all epididymitis cases in the emergency department [1,2].

We present the case of a 31 year old male patient with the history of treated severe left orchi epididymitis with no ultrasonographical signs of testicular reduced blood flow. No history of trauma, testicular cancer in family, testicular torsion or testicular edema. The treatment was based on a 3 week antibiotic of ciprofloxacin 500 mg 2 times a day.

The symptoms were well treated clinically. on the follow up, the patient felt the rough discomforting area and came back. We conducted an ultrasonographical exam of the scrotum with a doppler that has showed a left testis non vascularized and a well aligned testicular cord. Blood exams showed no inflamma-

tory phenomenon with a sterile urine culture. We conducted also a skin biopsy of the necrotic tissue which showed a necrotico inflammatory tissue with no malignant structure. We suggested an orchidectomy to the patient. He refused the procedure and was discharged against medical advice.



Figure 1: Clinical image.

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**Conflict of interest:** The authors declare that they have no conflicts of interest in relation to this paper.

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