

# Differential diagnosis

## Differential diagnosis

Skin redness and mild pyrexia may result in the condition being confused with epididymo-orchitis in the older patient; however, there will usually be dysuria associated with an accompanying urinary infection. Elevation of the testis reduces the pain in epididymo-orchitis but makes it worse in torsion. Torsion of a testicular appendage cannot always be distinguished with certainty from testicular torsion. The most common structure to twist is the appendix of the testis (the hydatid of Morgagni), which is sometimes visible through the scrotal wall as a small dark spot. If the diagnosis is made clinically, conservative management is possible; if in doubt, surgical exploration should be undertaken with removal of the twisted appendage. In mumps orchitis, the cord is not particularly thickened and the condition is often bilateral. Idiopathic scrotal oedema is an oddity that occurs between the age of 4 and 12 years and must be differentiated from torsion. The scrotum is very swollen but there is little pain or tenderness. The swelling is usually bilateral and may extend into the perineum, groin and penis. It is thought to be an allergic phenomenon and occasionally there is eosinophilia. The swelling subsides after a day or so but may recur (Figure 86.5). Very occasionally, torsion can be convincingly mimicked by a small tense strangulated inguinal hernia compressing the cord and causing compression of the pampiniform plexus.

Figure 86.5 Idiopathic oedema of the scrotum.

---

Revision #1

Created 2025-12-31 15:31:08 UTC by Omar Ayman

Updated 2025-12-31 15:31:08 UTC by Omar Ayman