

Testicular and scrotal pain: when it's an emergency

Sudden severe testicular pain must be treated as possible torsion, a twisted cord that cuts off blood flow, until a clinician has evaluated it. Chronic scrotal pain is different: it needs a careful map of where the pain is and what triggers it, because it often comes from nerves, muscles, a hernia or the spine rather than the testicle.



Figure 16.1. The Scrotal Pain Urgency Map. Sudden severe scrotal pain needs emergency assessment, even without nausea, swelling, or a change in testicular position. Ultrasound must not delay care when torsion is strongly suspected. Gradual or chronic pain needs a broader assessment.

Key points

- Sudden severe testicular pain should not wait overnight.
- Torsion cannot be dismissed based on age, activity or wishful thinking.
- Pain that resolves before an exam can still be intermittent torsion; recurrent sudden one-sided attacks deserve prompt assessment.
- A new firm lump in the testicle needs prompt examination and ultrasound even if it is painless.
- A normal ultrasound reassures about blood flow and masses but does not rule out nerve, muscle, spine, hip or pelvic-floor causes.
- Removing the testicle is rarely an appropriate first response to chronic pain.

Get prompt care if you notice

- Sudden severe testicular or scrotal pain, even without nausea, swelling or a change in position
- Testicular pain with nausea, vomiting or abdominal pain
- Rapidly progressive genital pain, swelling, skin changes or feeling very ill
- A new scrotal mass or swelling (needs prompt evaluation)
- Fever with scrotal pain and swelling

Questions to ask your urologist

- Have torsion, infection, a hernia, a mass and referred pain all been considered?
- Do I need a Doppler ultrasound now?
- Where exactly is my pain coming from, and does the ultrasound finding actually explain it?
- If my pain becomes chronic, how will treatment proceed step by step?
- Which changes should make me come back right away?

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