

TESTICULAR EXAMINATION

ACP JUNIOR STUDY DAY



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Learning Objectives

Be	By the end of this session, you will be able to
Describe	Describe the examination of the male genitalia
Perform	Perform testicular examination
List	List the causes of acute scrotal pain
Distinguish	Distinguish between the indication for referral and Medical/ conservative management
Complete	Complete an appropriate referral of an acute scrotal pain using the correct terminologies



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Outline

- What
- Why
- How
- Demonstration
- pQuiz



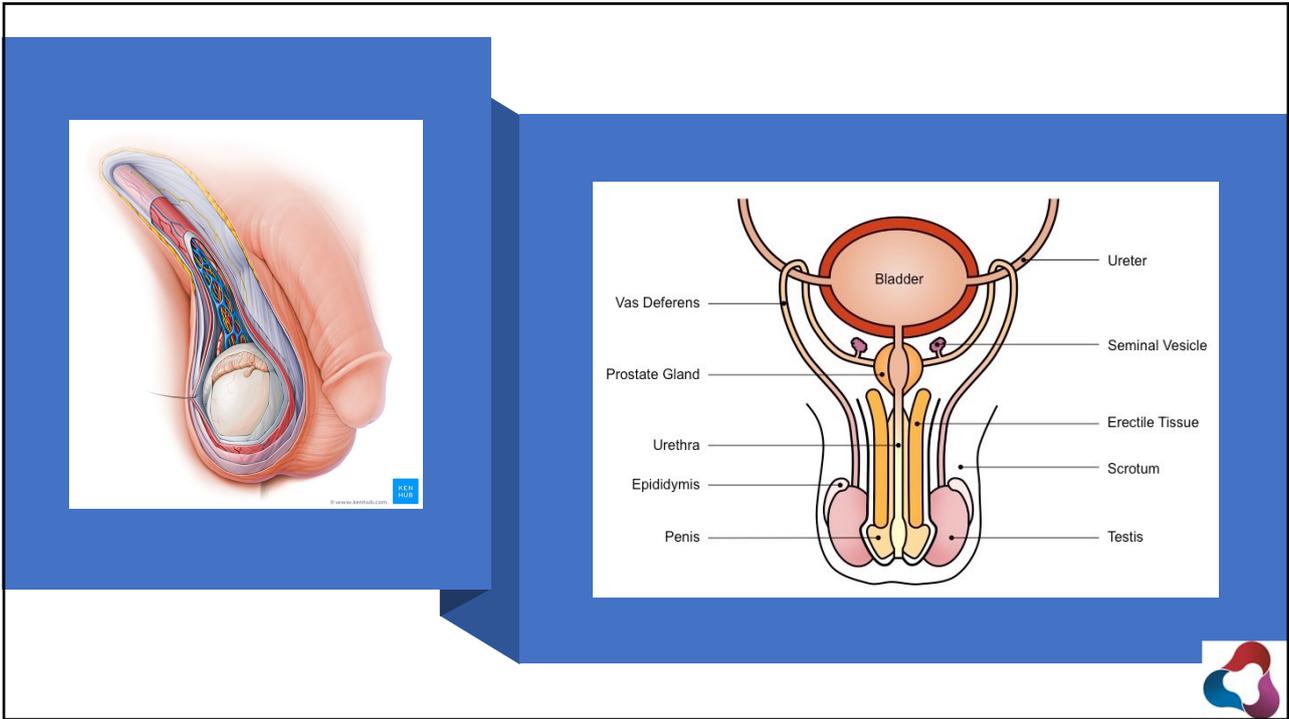
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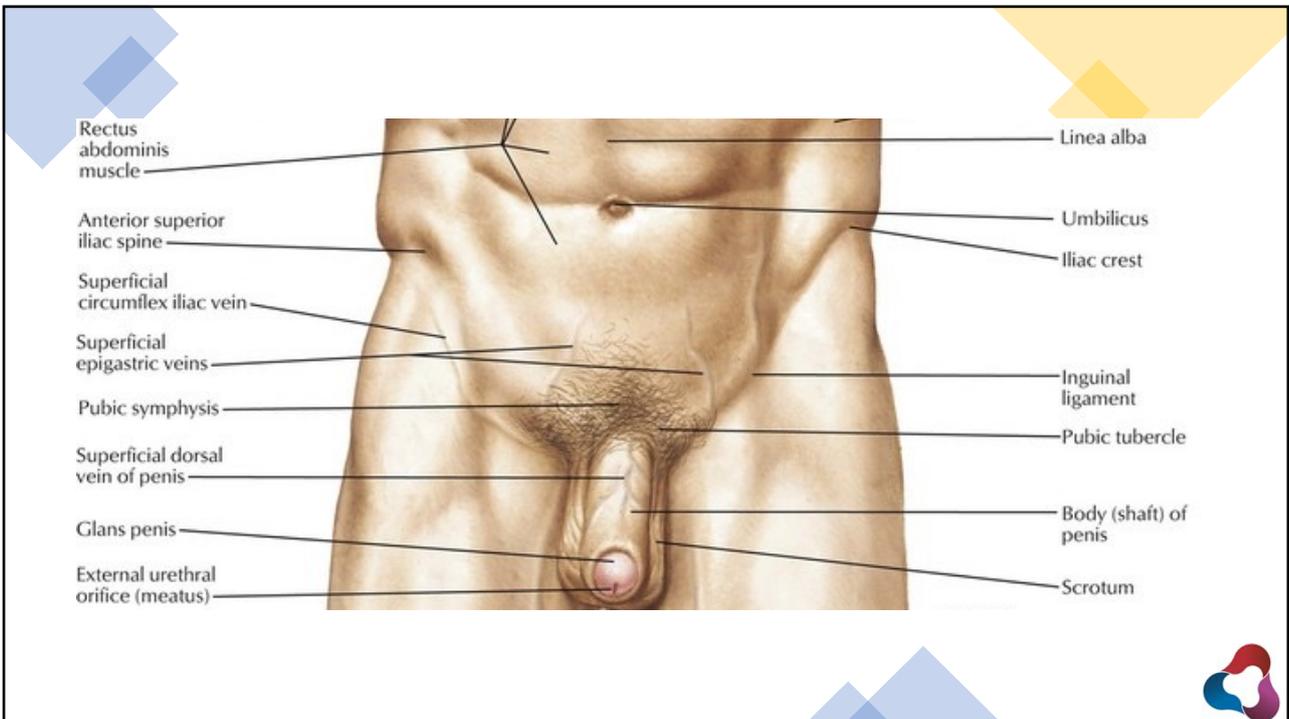
What are you looking at/for?
Anatomy of the male genitalia



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Your next patient in UTU...

43 Y.O Male

“Personal Problem”

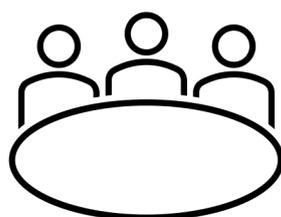
c/o Scrotal pain

Onset acutely after vigorous physical activity

No medical problems



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What more do you want to know?

Components of history to aid proper examination



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History

SOCRATES

Sexual History



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Why do you need to perform testicular examination?

Setting the priorities



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Acute Scrotal Pain

Surgical

- Testicular Torsion - > 8 Hours = Infraction + Necrosis = Orchidectomy, Infertility
- Fournier's gangrene – Nec fasc of scrotum and perineum = Surgery now!

Medical

- Acute Epididymitis / Epididymo-Orchitis – High mortality in serious infection – may need antibiotics
- Mumps Orchitis – Keep calm and use some ice

Incidental – Nodule ? Testicular cancer 2WW



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How will you examine the testicles?



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Considerations

Does size matter?

- 3-5cm in length
- Shape: Ovoid

How does it feel?

- Firm with smooth surface

How does it look?

- One slightly Larger
- One hangs slightly Lower
Usually the Left



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Principle of Examination

Inspection

Palpation *Auscultate?*

Position

- Lying
- Standing

Special Test

- Phren's Test
- Cremasteric Reflex
- Trans-illuminability



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And just before that....

Consent

Chaperone

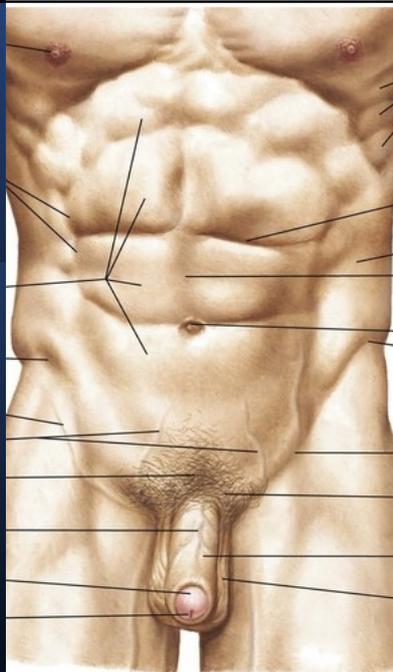
Cover

Curtains



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INSPECTION



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PALPATION



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So what does it mean....



Localized tenderness, Posteriorly -

Tender at Testicles only -

High Riding | Horizontal Lie ('Bell Clapper deformity') | Hell of a Swelling-

Palpable mass | Painless nodule | - painful (with hge)

Tender mass superiorly – 'Knot'

Diffuse swelling | Redness | tender at groin, lower abdo-

Edematous feeling of Skin –



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So what does it mean....

Localized tenderness –
Posteriorly – Acute
Epididymo-orchitis

Tender at Testicles only –
Mumps Orchitis

High Riding | Horizontal Lie
(‘Bell Clapper deformity’)
| Hell of a Swelling-
Testicular Torsion – *has
profound testicular swelling*

Palpable mass | Painless
nodule | - painful (with hge)
– Testicular Cancer

Tender mass superiorly –
‘Knot’ – Testicular Torsion

Diffuse swelling | Redness |
tender at groin, lower
abdo- Fournier’s gangrene –
*may also have blisters,
crepitus*

Edematous feeling of Skin –
Vasculitis | Systemic



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POSITION

Lying – for everything else

Standing

- For Inguinal hernia, ask for cough impulse
- For horizontal lie of testicular torsion
- For special tests



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SPECIAL TESTS

PREHN'S TEST – lift up testes –

- Pain better in AEO (+ve)
- -ve in TT

CREMASTERIC REFLEX – stroke or pinch superior medial thigh

- Ipsilateral testes lifts up - +ve in AEO
- -ve in TT

TRANS-ILLUMINABILITY – Varicocele

Auscultation – Inguinal hernia swelling – bowel sounds in scrotum.



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In Summary

Diagnosis	Onset	Infective Sx	Location	Size	C R	Prehn's
Testicular Torsion	Sudden	Absent	Diffuse	Increased	- ve	- ve
Epididymo-Orchitis	Gradual	Present	Posteriorly	Gradual Increase	+ ve	+ ve

