

DEDICATION

To the soul of my father and my mother

To Zayed military hospital staff of ultrasound department

To my wife

To my family

To my friends whom enlightened me throughout my journey in this study help me to continue

ACKNOWLEDGMENT

First I thank God who has blessed and guided me to accomplish this thesis. Hereby thank Allah the merciful for continuous successful used to offer every step in my life Most grateful appreciation are owed to my supervisor professor Dr Mohamed Mohamed Omer for his good guidance and help through this thesis.

My gratitude thanks extended to everyone who supported my and provided my any type of help through my study.

ABSTRACT

The purpose of this study was to study the ultrasound of acute scrotal disorders. This study was carried out in Zayed military hospital, Abu Dhabi (UAE) United Arab Emirates between April 2014 and September 2014, 50 patients aged from 2 years to 84 years old with acute scrotal symptoms, who underwent scrotal ultrasonography, were retrospectively reviewed, the clinical presentation outcome, and ultrasound result were analyzed. The presentation symptoms were divided into three groups, including scrotal pain, painless scrotal, and swelling or mass. The main finding of study group was 13 (26%) had varicocele ,8 (16%) had hydrocele , 6 (12%) had infection ,5 (10%) had cyst ,5 (10%) had epididimitis and epididimitis orcitis,4 (8%) normal ,3 (6%) had microlithiasis ,3 (6%) had wall thickened of scrotal, 1 (2%) had ectopic tactical, 1 (2%) had reactive lymph node, 1 (2%) had inguinal hernia. The most common cause of scrotal pain was (varicocele, hydrocele, infection, epididmitis, epididimitis or citis, microlit hasis, scrotal wall thickened, and others. Ultrasound plays an important role in diagnosis of acute scrotal disorders and in planning for proper management. Color Doppler sonography CDS is an important imaging modality for the clinical assessment of patients with acute scrotum, the information's it can afford are operatordependent and have to be supported by the history and physical exam of the patient.

ملخص البحث

الهدف من هذا البحث دراسة اضطرابات الخصيتين الحاد بالموجات فوق الصوتية.

اجرى هذا البحث في مستشفي زايد العسكري – ابو ظبي – الامارات العربية المتحدة في الفترة مابيت شهر ابريل الي شهر سبتمبر 2014 م اجري هذا البحث علي 50 مريض تتراوح اعمارهم مابين 2 الي 84 سنة. والذين يعانون من اعراض حادة في الصفن واجري لهم فحص بالموجات فوق الصوتية وجري استعراضها باثر رجعي. وقد تم تحليل نتائج العرض السريرية ونتائج الموجات فوق الصوتية.

تم تقسيم الاعراض الى ثلاثة مجموعات وهي كيس الصفن المؤلم وكيس الصفن الغير مؤلم و المتورم او ذي الكتلة.

نتائج الدراسة 13 (26%) يعانون من دوالي الخصيتين و 8 (16%) يعانون من مرض القيلة و 6 (12%) يعانون من التهابات الصفن و 5 (10%) يعانون من كيس في الخصية و 5 (10%) يعانون من التهابات حادة و 4 (8%) كانت نتائجهم سليمة و 3 (6%) يعانون من تحصي مكروي 3 (6%) يعانون من سماكة في جدار الصفن و 1 (2%) الخصية خارج المكان الطبيعي و 1 (2%) يعاني من العقدة اللمفاوية التفاعلية و 1 (2%) يعاني من الفتق الاربي .

وضحت الدراسة ان من اكثر الاسباب لالم الصفن الحاد هي دوالي الخصيتين ثم مرض القيلة ثم العدوي الالتهابية و التكيس و التحصي المكروي و سماكة جدار الصفن ثم امراض الصفن الاخري. الموجات فوق الصوتية تلعب دور هام في تشخيص الصفن الحاد كما تلعب الموجات فوق الصوتية دور اساسي في التخطيط والادارة السليمة للمرض. الموجات فوق الصوتية الملونة تلعب دور اساسي في تشخيص المرض كما ان هنالك دور هام لتدريب وتاهيل العاملين في مجال الموجات فوق الصوتية في التشخيص السليم للمرض.

Table of Contents

NO	Subject	Page
	الاية	i
	Acknowledgement	ii
	Dedication	iii
	Abstract (English)	iv
	Abstract (Arabic)	v
	Table of contents	vi
	List of Tables	X
	List of Figures	xi
	List of Abbreviations	xiii
1	CHAPER ONE	
1.1	Introduction	1
1.2	The problem	3
1.3	Study objectives	3
1.3.1	Main Objective	3
1.3.2	Specific objectives	3
1.4	Overview of the study	4
2	CHAPTER TWO(Background& Literature reviews)	7
2.1	Introduction	5
2.2	Anatomy	5
2.3	Pathology	8

2.3.1	Epididymitis and epididymo-orchitis	8
2.3.2	Tuberculousepididymo-orchitis	10
2.3.3	Fournier gangrene	13
2.3.4	Other benign lesions of the scrotum	14
2.3.5	Tubular ectasia	14
2.3.6	Testicular microlithiasis	16
2.3.7	Testicular torsion	17
2.3.8	Varicocele	19
2.3.9	Undescended testis (Cryptorchidism)	22
2.3.10	Testicular appendiceal torsion	25
2.3.11	Intratesticular tumors	25
2.3.12	Germ cell tumors	26
2.3.13	Seminoma	26
2.3.14	Nonseminomatous germ cell tumors	28
2.3.15	Embryonal cell carcinoma	28
2.3.16	Yolk sac tumor	29
2.3.17	Choriocarcinoma	29
2.3.18	Teratoma	30
2.3.19	Non-germ cell tumours	31
2.3.20	Sex cord-stromal tumours	31
2.3.21	Lymphoma	33
2.3.22	Leukemia	35
2.3.23	Epidermoid cyst	36
1		Ī

2.3.24	The ultrasound patterns of epidermoid cysts are variable and include	36	
2.3.25	Extratesticular tumors	37	
2.3.26	Rhabdomyosarcoma	37	
2.3.27	Mesothelioma	38	
2.3.28	Hydrocele, either simple or complex is present and may be associated with	40	
2.3.29	Leiomyoma	41	
2.3.30	Fat containing tumors	43	
2.3.31	Lipoma	43	
2.3.32	Liposarcoma	45	
2.3.33	Adenomatoid tumor	46	
2.3.34	Fibrous pseudotumor	47	
2.4	Equipments and techniques	49	
2.5	Previous studies	52	
3	CHAPTER THREE	56	
3.1	MATERIAL AND METHODS	56	
3.1.1	Equipment used	56	
3.2	Methods	56	
3.2.1	Technique and protocol	56	
3.2.2	Image interpretation	56	

3.2.3	Sample Size &Type	57	
3.2.4	Design of the Study	57	
3.2.5	Area of the Study	59	
3.2.6	Duration of the Study	61	
3.2.7	Data Collection		
3.2.8	Data Analysis Method		
3.2.9	Ethical issue		
	CHAPTER FOUR		
	Results	62	
	CHAPTER FIVE(Discussion Conclusion and Recommendations)		
5.1	Discussion	67	
5.2	Conclusion	69	
5.3	Recommendations	69	
	References	70	
	Appendices	74	

List of Tables

Table no	Table contents	Page no
4.1	frequency distribution of scrotal diseases	62
4.2	shows Clinical symptoms and sign	64
4.3	shows ultrasound findings and mean age	65

List of Figures

No of figure	Figure repression	Page of figure
2.1	Sonography of a normal testis	6
2.2	Normal epididymal head	8
2.3	Epididymo-orchitis in a 77 year-old man	10
2.4	Tuberculousepididymo-orchitis	12
2.5	Fournier gangrene	13
2.6	Tubular ectasia of the testis	15
2.7	Tubular ectasia of the testis	16
2.8	Testicular microlithiasis	17
2.9	Testicular torsion of the right testis	19
2.10	Varicocele	20
2.11	Intratesticularvaricocele	22
2.12	Undescended testis	23
2.13	Testicular appendiceal torsion	24
2.14	Seminoma	26
2.15	Embryonal cell carcinoma	29
2.16	Embryonal cell carcinoma	31
2.17	Mature cystic teratoma	32
2.18	Lymphoma	34
2.19	Primary Lymphoma	34
2.20	Leukemia	35
2.21	Epidermoid cyst	37
2.22	Rhabdomyosarcoma	39
2.23	Mesothelioma arising from the tunica vaginalis	41

2.24	Leiomyoma arising from tunica albuginea	42
2.25	Lipoma at spermatic cord and testiscle	44
2.26	Liposarcoma	45
2.27	Liposarcoma mimicking lipoma	46
2.28	Adenomatoid tumor at epididymis	47
2.29	Fibrous pseudotumor	48
2.30	Fibrous pseudotumor	48
2.31	Ultrasound unit	49
2.32	Linear transducer	50
3.1	Ultrasound unit	56
3.2	Linear transducer	57
3.3	acoustic gel	57
3.4	Medical gloves	58
3.5	The penis is displaced superiorly or super-laterally with a towel draped over it	59
4.1	shows Ultrasound findings and the number of patients	63
4.2	shows Ultrasound findings and percentage	63
4.3	shows symptoms versus age	64
4.4	shows the symptoms and percentage	65
4.5	Distribution of the mean ages	66

List of Abbreviations

US	ultrasound
ED	emergency department
EPs	emergency physicians
MRI	Magnetic resonance imaging
CDS	Color Doppler sonography
CT	Computed tomography
CEUS	contrast-enhanced ultrasonography
cm	centimeter
g	gram
h	hours
MHz	Mega her ties
UAE	United Arab Emirates
sust	Sudan university of science and technology
mL	Milliliter
CDS	Color Doppler sonography