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**Abdelwahid**

**2008**

# ***DEDICATION***

**I dedicate this research to:  
My parents, wife , sons , family ,  
&  
Friends.**

**Abdelwahid 2008**

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## Abstract

A total of 80 patients presented by acute scrotum were studied at AL Falah International Hospital, Riyadh, KSA. Their ages ranged from 10 to 67 years old (mean age of 26.5 years). After clinical examination, CRP was measured in the sera of all cases. Scrotal ultrasound (USS) with color Doppler studies (CDS) was used to evaluate all cases. The results of sonographic diagnosis were correlated with those of the final diagnosis obtained after surgical management or medical treatment with follow up data.

USS with CDS accurately diagnosed 75 (93.75%) patients and misdiagnosed 5(6.25%) patients [2 patients of epididymo-orchitis, 2 patients of testicular torsion and one patient of rupture testis]. Epididymo-orchitis was found in 45 patients (56.25%). Testicular torsion was detected in 13 patients (16.25%) and other etiologies for acute scrotal pain were found in 22 patients (27.5%) and included: 8 patients of incarcerated hernias, 6 patients of hematoceles 4 patients of rupture testis and 4 patients of infected hydroceles. The testis was salvaged in 61.5 % of patients with testicular torsion. Orchiectomy was required in 5 patients due to testicular gangrene. The ages of the patients, duration of pain <12 hours, nausea, vomiting, dysuria, tender epididymis, normal testicular lie and absent cremasteric reflex showed statistical significance between patients with testicular torsion and those with epididymo-orchitis. There was at least a 4-fold elevation of CRP in 42 (93.3%) patients with epididymo-orchitis (median 63.2 mg/l). Patients with a testicular torsion had no significant elevation of CRP (median 8 mg/l) except in only four cases (30.8%).

USS with CDS was able to accurately define the cause of acute scrotal pain in a good percentage of patients. CRP appeared useful in differentiation of torsion from acute inflammatory scrotal conditions

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هذه الدراسة تمت فى مستشفى الفلاح الدولى بالمملكة العربية السعودية ( الرياض ) , أجريت فى عينة قدرها (80) مريض , حضروا للمستشفى بشكوى الام حادة بالخصية , واعمارهم تتراوح بين (10 - 67) سنة , وعملت لهم الفحوصات السريرية والفحوصات المخبرية مثل (بروتينات-سى المتفاعلة ) و قورنت تلك الفحوصات مع التشخيص الذى اجري بالموجات فوق الصوتية اضافة الي استخدام موجات الشرايين (دوبلر) وتقييم كل الحالات التى بصدد الدراسة .

فالتشخيص بالموجات فوق الصوتية مقارنة مع التشخيص النهائى الذى بنيت عليه المعالجة الجراحية والمعالجة الدوائية مع المتابعة. فكانت النتيجة 75 مريضا اي بنسبة 93,75% من مجموع المرضى, كان تشخيصا صحيحا ومتطابق مع تشخيص الموجات فوق الصوتية مع الدوبلر . اما خمسة حالات فقط اي بنسبة 6,25% كان خطأ تشخيصي وتفصيلها كالتالي :-

فمريضين شُخصا بالتهاب خصية وبربخ , ومريضين شُخصا بالتواء خصية , ومريض واحد شُخص بتمزق خصية.

خلُصت هذه الدراسة الي ان التشخيص بالموجات فوق الصوتية مع الدوبلر خصوصا فى حالات الام الخصية الحادة اعطت نتائج تشخيصية جيدة ودقيقة , وايضا الفحص المذبرى (بروتينات سى .المتفاعلة) كان مفيد في التمييز بين حالات إتواء الخصية من حالات اللالتهاب .