

TESTICULAR TRAUMA

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External genital injuries in boys are one of the common causes of admission to the emergency department (1). However, serious scrotal injuries in children are rare and constitute less than 1% of childhood traumas (2, 3). Scrotal traumas, which make up 75% of blunt traumas such as sports injuries, vehicle accidents, kicking the groin, riding a horse, falling, and exercise, are more common in children aged 6-12 years (4-7). Apart from these, dog bites, thermal injuries, sexual assaults, birth trauma or penetrating traumas such as gunshot wounds may also be the causes of scrotal trauma (3, 6, 8-10). The prevalence of these trauma mechanisms varies when classified as preschool, school age and adolescence (1).

Scrotal injuries range from simple abrasions to injuries that may require early and serious intervention (1). In children, testes are smaller in size and very mobile, their anatomical positions provide good protection and they are surrounded by a fibrous sheath called tunica albuginea, there are some physiological fluid between the layers of the tunica vaginalis located around the testes, Since the protective cremasteric reflex and the structures covering the testicles (scrotal skin) are quite loose, testicular injuries rarely occur due to such reasons (2, 5, 11-13).

Testicular trauma may present as testicular edema, testicular rupture, testicular fracture, testicular hematoma, hematocele and traumatic testicular torsion (12, 14). Regardless of the pathology caused by trauma, common physical examination findings are often swelling and redness in the scrotum, severe pain and

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