

Anchoring Bias in the Acute Scrotum: A Case of Testicular Infarction Identified in Urgent Care

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INTRODUCTION

Acute scrotal pain is a time-sensitive urologic complaint commonly encountered in urgent care. Testicular torsion is a surgical emergency, with testicular viability declining substantially as ischemia persists. Diagnosis can be challenging because torsion may present atypically and may overlap clinically with infectious conditions such as epididymitis or epididymo-orchitis.

This case describes a 33-year-old male who presented to urgent care with unilateral testicular pain after partial outpatient treatment and was ultimately found to have absent testicular blood flow, chlamydial epididymo-orchitis, and complete testicular infarction requiring orchiectomy. The case highlights urgent care's role in recognizing high-risk presentations, obtaining urgent imaging, and coordinating rapid escalation of care.

CASE PRESENTATION

Patient presented to urgent care with a 3-day history of left testicular swelling and pain. Patient denied any trauma or injury prior to the pain starting. However, patient states was seen at an outside clinic and was given oral doxycycline course for 10 days for "an infection."

At time of presentation, he has only taken the regimen for 2 days. Patient states no dysuria, no penile discharge, states did not get any blood or sexually transmitted disease testing, only had a urinalysis that he brings with him, showed only 3+ blood. Patient states told that his swelling was because of an "enlarged vein" but did not receive any imaging.

Patient states was told to take antibiotics and was told to follow up with outpatient ultrasound, but he did not get imaging. Patient states only sexually active with his wife, no penile lesions, only left testicular swelling, now feeling pain that ranges in nature but is up to 9/10 in severity, no overlying skin changes, still voiding without issues.

Clinical Indicators of Testicular Torsion: A Physical Exam Guide

HALLMARK PHYSICAL FINDINGS

Absent Cremasteric Reflex
The most reliable sign; the testicle fails to elevate when the medial thigh is pinched.

Abnormal Position and Axis
Look for a "high-riding" testicle or a horizontal orientation caused by the shortened, twisted cord.

Palpable Twist and Skin Changes
A twist may be felt in the cord, often accompanied by scrotal erythema, warmth, and induration.

CLINICAL URGENCY AND SALVAGE

The 6-Hour Golden Window
Testicular salvage rates are nearly 100% if surgical detorsion occurs within six hours.

Time from Symptom Onset	Salvage Rate
Less than 6 Hours	90% - 100%
12 to 24 Hours	50%
More than 24 Hours	Less than 10%

Immediate Surgical Referral
Do not delay surgery for imaging if physical findings strongly suggest torsion.

Systemic Symptoms
Sudden unilateral pain is frequently accompanied by nausea and vomiting.

CASE PRESENTATION CONTINUED

Physical exam was significant for absent cremasteric reflex and left testicular swelling, so scrotal Doppler ultrasound was ordered, based on TWIST score (see Figure 1 below). Ultrasound showed absent left testicular blood flow concerning for complete torsion and ischemia, so emergent transfer to ED was made with documented physician-to-physician handoff.

Urology was consulted, who recommended admission and STD testing later returned positive for chlamydia only. Urology ultimately performed a left orchiectomy and final pathology showed extensive hemorrhage, hematoma, infarction, mixed inflammation involving the epididymis and paratesticular tissue, and essentially no viable testicular tissue. Patient was discharged home in good condition with pain control, wound care instructions, and completion of a short doxycycline course.

Figure 1. Twist Score and Clinical Significance.

CLINICAL PARAMETERS (INPUTS)	CLINICAL ACTION & RISK STRATIFICATION (OUTPUTS)
Testicular Swelling (+2 Points) Severe unilateral enlargement of the scrotum or its contents; primary indicator of acute scrotal disease.	HIGH RISK: Score ≥ 5 Points Immediate Urologic Consultation & Surgical Exploration. Do not delay for imaging if findings strongly suggestive.
Hard Testicle (+2 Points) On palpation, diffusely hard or contains a solid mass; increases suspicion of torsion or malignancy.	
Absent Cremasteric Reflex (+1 Point) Elicited by pinching the medial thigh; absence suggests torsion, presence does not rule it out.	INTERMEDIATE RISK: Score 3-4 Points Urgent Scrotal Doppler Ultrasound. Consult Urology to evaluate for decreased or absent blood flow.
Nausea or Vomiting (+1 Point) Systemic symptoms often accompany sudden, severe onset of unilateral testicular pain.	
High-Riding Testicle (+1 Point) A twisted, foresheathed spermatic cord pulls the testicle higher or causes abnormal horizontal orientation.	LOW RISK: Score 0-2 Points Ultrasound to rule out other conditions. Urology consultation typically not required unless symptoms persist. Torsion less Likely.

DISCUSSION CONTINUED

This case illustrates the diagnostic complexity of acute scrotal pain in urgent care, especially when torsion and infection have overlapping features. Several aspects of the history and examination could have biased the clinician toward infection, including gradual symptom progression over 3 days, prior doxycycline treatment, epididymal enlargement, partial relief with elevation, and a later positive chlamydia result.

TAKE AWAY POINTS

- Acute unilateral testicular pain should be treated as emergent until proven otherwise.**
Even when symptoms are subacute or atypical, torsion or infarction must stay high on the differential because delayed diagnosis can lead to testicular loss.
- History alone may be misleading in acute scrotal pain.**
Gradual onset, intermittent prior episodes, or partial relief with elevation do not reliably distinguish between etiologies of testicular pain.
- Same-day Doppler ultrasound can be practice-changing in urgent care.**
Rapid access to scrotal ultrasound allows urgent care clinicians to identify absent blood flow quickly and expedite definitive management.
- Urgent care plays a critical role in escalation of time-sensitive urologic emergencies.**
The prompt recognition, direct communication of critical imaging findings, and efficient transfer to the emergency department or urology team are essential to safe care.