Clinical Practice Guideline for Management of Testicular Torsion
In the Emergency Department

Exclusion Criteria

1. Pain > 12 hours
2. Pain with trauma
3. Antecedent mass present

Scrotal Pain >12 hours
- Consider Scrotal Ultrasound
- Contact Urology if physical assessment and/or scrotal ultrasound is positive for testicular torsion

Patient presents with scrotal pain <12 hours

ED MD Obtain H&P
Note time of onset and duration of pain

Determine TWIST Score and Tanner Stage

TWIST=0
Low Risk
- Treat according to diagnosis
  - Call Urology Resident or Attending as needed

TWIST=1-5
Intermediate Risk
- Obtain Scrotal Ultrasound
  - Positive for testicular torsion
    - Contact Urology Attending Immediately
  - Negative for testicular torsion
    - Treat according to diagnosis
      - Call Urology Resident or Attending as needed

TWIST=6-7
Tanner Stage 3-5
IMMEDIATE HIGH Risk
- Obtain Scrotal Ultrasound
  - Positive for testicular torsion
    - Urology will contact OR to schedule emergency surgery
  - Negative for testicular torsion
    - Treat according to diagnosis
      - Call Urology Resident or Attending as needed

TWIST=6-7
Tanner Stage 1-2
HIGH Risk
- Obtain Scrotal Ultrasound
  - Positive for testicular torsion
    - Urology will contact OR to schedule emergency surgery
  - Negative for testicular torsion
    - Treat according to diagnosis
      - Call Urology Resident or Attending as needed

Surgical options
- Surgery to treat testicular torsion

TWIST Score

<table>
<thead>
<tr>
<th>Symptom</th>
<th>TWIST Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swelling</td>
<td>2</td>
</tr>
<tr>
<td>Hard Testicle</td>
<td>2</td>
</tr>
<tr>
<td>Absent Cremasteric Reflex</td>
<td>1</td>
</tr>
<tr>
<td>Nausea and/or Vomiting</td>
<td>1</td>
</tr>
<tr>
<td>High Riding Tests</td>
<td>1</td>
</tr>
</tbody>
</table>

Tanner Stage

<table>
<thead>
<tr>
<th>Tanner Stage</th>
<th>Pubic Hair</th>
<th>Genitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>No pubic hair at all – typically &lt;50 years old</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Precocious (testicular volume &lt;1.5mls; small penis of &lt;5 cm) – typically 39 years old</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>Small amount of long, downy hair with slight pigmentation at the base of the penis and scrotum – 10-11.5 years old</td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>Hair becomes more coarse and curly and begins to extend laterally – 12.5-13 years old</td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>Testicular volume ≥10mls; scrotum begins to enlarge; pubic hair begins to develop</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>Testicular volume ≥20mls; scrotum begins to enlarge; pubic hair begins to develop</td>
<td></td>
</tr>
</tbody>
</table>

Suggested Timeline

0 min
- Obtain H&P
- Note time of onset and duration of pain

120 min
- Consider Scrotal Ultrasound
- Contact Urology if physical assessment and/or scrotal ultrasound is positive for testicular torsion

Developed through the efforts of Children’s Healthcare of Atlanta and its physicians in the interest of advancing pediatric healthcare, these are guidelines and do not represent a professional care standard governing providers’ obligations to patients. Care is revised to meet the individual patient’s needs. © 2016 Children’s Healthcare of Atlanta, Inc.