Case Study: Misdiagnosis of Testicular Torsion

Background:

Mr. Aultsman, 20 year old young man presents to the ER by wheelchair with lower quadrant abdominal pain of 8/10 severity associated with nausea.

The theory behind this is that a patient with torsion testis may have pain initially, only in the lower abdomen and not in the scrotal area. This is because the nerve supply to both abdomen and testis is the same.

Expert Analysis & Observations:

**Painkillers prescribed to a patient with unclear diagnosis**

Even before a proper diagnosis was made for abdominal pain, Mr. Aultsman was given powerful pain killers. When the ER physician re-examined the patient after giving IV Morphine, the pain and tenderness had decreased and this would have misled the physician. It is a teaching in medical school that in an undiagnosed abdominal pain, opioid analgesics such as Morphine should not been given before the diagnosis is established.

**Discharging Mr. Aultman without a diagnosis**

Without diagnosing the patient for such severe pain, he was discharged. He was also not advised a reevaluation within 12 hours of discharge and this was a deviation in the standard of care.

The cause of Mr. Aultman’s pain was not figured out but he was discharged with all symptom-suppressive medications. These drugs must have been responsible for Mr. Aultman not seeking medical attention earlier. He had abdominal pain on the night of 04/01/2010, which had become testicular pain by 04/02/2010, but since he was taking pain killers and anti-emetics (Ondansetron or Zofran), his symptoms were suppressed falsely reassuring him to stay at home. This delay in time must have made his testes non-viable on 04/03/2010.

**Conclusion:**

If the patient had been examined or at least if he had been admitted and observed on 04/01/2010, the testicular torsion could have been suspected earlier and the damages could have been prevented.