**CC:** “I have left side testicular pain since today morning”

**HPI:**

A 25 years old male with PMHx of chronic testicular pain s/p getting "kneed" at age 16 during a fight presents to ED complaining of left testicular pain x today morning. Pt states he has experienced similar pain in the past many times but today’s pain seems more aggravated. Pt describes the pain as constant sharp 8/10 pain radiating to the groins. Pt denies taking any medication for pain relief. Pt currently does not endorse any active pain , swelling, bleeding or discharge. Denies any concerns for STD and states he had HIV testing done a few months ago. Denies any recent fall, trauma, surgeries, dizziness, CP, SOB, cough, N/V/D/C,abdominal pain, urinary complaints, or flank pain.

Past medical History- chronic testicular pain s/p "kneed" at age 16 during a fight

Past surgical history- none

Allergies: NKDA

Medication:none

Family History: Denies family history of cardiovascular diseases, cancer and strokes.

Social History:

Mr K is a single male male currently sexually active with one female partner.

Habits – denies drinking, smoking or illicit drug use

**Review of Systems**

General: Denies fever, chills, diaphoresis, fatigue, and unexpected weight change.

Head –Denies headaches, vertigo or head trauma.

Neck – Denies localized swelling/lumps or stiffness/decreased range of motion

Pulmonary system – denies dyspnea, dyspnea on exertion, cough, hemoptysis, cyanosis,

orthopnea, or paroxysmal nocturnal dyspnea (PND).

Cardiovascular system – Denies chest pain, palpitations, irregular heartbeat,

edema/swelling of ankles or feet. syncope or known heart murmur

Abdomen: Denies abdominal pain, distention, anal bleeding, blood in stool, constipation, nausea, vomiting, diarrhea, dysphagia, pyrosis, flatulence, eructation.

Genitourinary system – admits of left testicular pain denies urinary frequency, urgency, nocturia, polyuria, oliguria, dysuria, incontinence, or flank pain.

Musculoskeletal: Negative for arthralgias, myalgias, neck pain and neck stiffness.

Neurological: Negative for dizziness, tremors, syncope, weakness, numbness and headaches.

**Physical Exam**

General:pt is oriented to person, place, and time. He appears well-developed and well-nourished. Non-toxic appearance. Pt seems to have mild distress.

**Vital Signs:**

BP 126/77 R Sitting)

Pulse 79

Temp 97.7 degrees F (Forehead)

Resp 16

SpO2 98%

**Nails:** no sign of clubbing, cyanosis, koilonychia, paronychia. capillary refill <2 seconds

throughout.

**Skin**: warm, moist and smooth to touch, good turgor. Nonicteric, no evidence of hypo or

hyper pigmentation, erythema, mass, lesions, scars or tattoos.

**Head:** normocephalic, atraumatic, no specific facies.

**Eyes:** Pupils are equal, round, and reactive to light.

**Neck** - Trachea midline. No masses; lesions; scars Normal range of motion. Neck supple.

**Heart:** regular rate and rhythm (RRR); S1 and S2 are normal. There are no murmurs, S3, S4,

splitting of heart sounds, friction rubs or other extra sounds.

**Lungs** – clear to auscultation and no evidence of adventitious sounds.

**Abdomen**: Flat / symmetrical / no evidence of scars or abnormal pulsations. Bowel sound is present in all four quadrants. Soft, non-tender to palpation, no rebound or guarding. There is no CVA tenderness.

**Genitourinary:** No lesions, rashes, bumps, ulcers, excoriations, open wounds noted on genitals. No penile discharge. Testicles are symmetric without any edema or erythema. Non-tender to palpation. Negative prehn sign. Cremasteric reflex is present bilaterally. Chaperone was present during the exam.

**Musculoskeletal:** Normal range of motion. He exhibits no edema, tenderness or deformity.

**Neurological:** he is alert and oriented to person, place, and time.

**Assessment:** 25 years old male with PMHx of Testicular pain s/p getting "kneed" at age 16 during a fight presents to ED complaining of left testicular pain x today morning. Patient's clinical presentation of a unilateral acute testicular pain is concerned for testicular torsion .

**Differential Diagnosis:**

* Testicular torsion
* Epididymitis
* Orchitis
* Chronic testicular pain
* Hydrocele
* Trauma
* STDs

**Plan:**

1. Labs: CBC with differential (wbc 7.21,H/H 15.2/45.8), UA-wnl, Cr 1.33, Chlamydia and Gonorrhea, urine culture
2. Imaging: US Testicular
IMPRESSION: Minimal asymmetric increased flow to the left testicle. Please correlate clinically for left sided orchitis. Evaluate follow-up recommended.
3. Fluid
4. Analgesia: Motrin, Maalox
5. Antibiotics: Ciprofloxacin and Motrin
6. Reassess
7. Pt was discharge home and was advised to follow up with the PCP and if symptoms worsen then return to the ED