21. April 19, 1928, intestinal obstruction due to umbilical hernia.
22. April 26, 1928, heriotomy, right inguinal.
23. May 14, 1928, exploratory laparotomy.
24. May 21, 1928, appendectomy.
25. May 28, 1928, general peritonitis.

TORSION OF THE SPERMATIC CORD WITH GANGRENE

MILLARD S. ROSENBLATT, M. D.
Portland, Oregon

Reprint from The Medical Sentinel, July, 1929
TORSION OF THE SPERMATIC CORD WITH GANGRENE

MILLARD S. ROSENBLATT, M.D.,
Portland, Oregon

Several have been reported as occurring during sleep.

The symptoms associated with the onset of this condition are sudden and very sharp pain, nausea and vomiting, fever, leukocytosis, plus the local symptoms of swelling and extreme tenderness.

The recurrent type is described in which the symptoms are more mild and there is spontaneous untwisting. Under etiology, abnormal mobility is considered a cause. A portion of these cases have occurred at puberty and it has been suggested that venous congestion at this time might be a factor.

The onset has been associated with violent exertion, sudden strain, straining at stool, trauma, sudden crossing of the leg, coughing, rapid walking, squeezing, reduction of strangulated hernia.

Twisting occurs at once, incision should be made. Tumor of scrotal sac delivered, gangrenous. Cord was also gangrenous and there was disintegration from strangulation of blood supply.

Operative Record: Orchidectomy with excision of three inches of spermatic cord.

Clinical Course: The patient was discharged, well, from the hospital two weeks after the operation.

There are acute and occasionally recurring cases.

The onset has been associated with violent exertion, sudden strain, straining at stool, trauma, sudden crossing of the leg, coughing, rapid walking, squeezing, reduction of strangulated hernia.

Several have been reported as occurring during sleep.

The symptoms associated with the onset of this condition are sudden and very sharp pain, nausea and vomiting, fever, leukocytosis, plus the local symptoms of swelling and extreme tenderness.

The recurrent type is described in which the symptoms are more mild and there is spontaneous untwisting. Under etiology, abnormal mobility is considered a cause. A portion of these cases have occurred at puberty and it has been suggested that venous congestion at this time might be a factor.

The onset has been associated with violent exertion, sudden strain, straining at stool, trauma, sudden crossing of the leg, coughing, rapid walking, squeezing, reduction of strangulated hernia.

Twisting occurs at once, incision should be made. Tumor of scrotal sac delivered, gangrenous. Cord was also gangrenous and there was disintegration from strangulation of blood supply.

Operative Record: Orchidectomy with excision of three inches of spermatic cord.

Clinical Course: The patient was discharged, well, from the hospital two weeks after the operation.

There are acute and occasionally recurring cases.

The onset has been associated with violent exertion, sudden strain, straining at stool, trauma, sudden crossing of the leg, coughing, rapid walking, squeezing, reduction of strangulated hernia.

Several have been reported as occurring during sleep.

The symptoms associated with the onset of this condition are sudden and very sharp pain, nausea and vomiting, fever, leukocytosis, plus the local symptoms of swelling and extreme tenderness.

The recurrent type is described in which the symptoms are more mild and there is spontaneous untwisting. Under etiology, abnormal mobility is considered a cause. A portion of these cases have occurred at puberty and it has been suggested that venous congestion at this time might be a factor.

The onset has been associated with violent exertion, sudden strain, straining at stool, trauma, sudden crossing of the leg, coughing, rapid walking, squeezing, reduction of strangulated hernia.

Twisting occurs at once, incision should be made. Tumor of scrotal sac delivered, gangrenous. Cord was also gangrenous and there was disintegration from strangulation of blood supply.

Operative Record: Orchidectomy with excision of three inches of spermatic cord.

Clinical Course: The patient was discharged, well, from the hospital two weeks after the operation.

There are acute and occasionally recurring cases.

The onset has been associated with violent exertion, sudden strain, straining at stool, trauma, sudden crossing of the leg, coughing, rapid walking, squeezing, reduction of strangulated hernia.

Several have been reported as occurring during sleep.

The symptoms associated with the onset of this condition are sudden and very sharp pain, nausea and vomiting, fever, leukocytosis, plus the local symptoms of swelling and extreme tenderness.

The recurrent type is described in which the symptoms are more mild and there is spontaneous untwisting. Under etiology, abnormal mobility is considered a cause. A portion of these cases have occurred at puberty and it has been suggested that venous congestion at this time might be a factor.

The onset has been associated with violent exertion, sudden strain, straining at stool, trauma, sudden crossing of the leg, coughing, rapid walking, squeezing, reduction of strangulated hernia.
and probably the necrosis and gangrene existing at operation, had so existed for several hours.

Summary

(1) A case of Torsion of the Spermatic cord is reported.

(2) The important features of such cases are summarized from the literature.

TORSION OF INTRA-ABDOMINAL TESTIS


(2) Altese: Lancet, 1911, ii, 701.


(11) Barb: Birmingham M. Rev., 1893, 800.


(13) Chevassu: Arch. gen. de chir., Par., 1908.


(15) Cotte: Lyon med., 1911, cxvi, 758.

(16) Cotte: Lyon med., 1911, cxvii, 578.

(17) Cotte: Lyon med., 1911, cxv, 201.

(18) Cotte: Lyon med., 1911, cxv, 201.

(19) Cotte: Lyon med., 1911, cxv, 201.

(20) Cotte: Lyon med., 1911, cxv, 201.

(21) Cotte: Lyon med., 1911, cxv, 201.

(22) Cotte: Lyon med., 1911, cxv, 201.

(23) Cotte: Lyon med., 1911, cxv, 201.

(24) Cotte: Lyon med., 1911, cxv, 201.


(26) Cotte: Lyon med., 1911, cxv, 201.

(27) Cotte: Lyon med., 1911, cxv, 201.

(28) Cotte: Lyon med., 1911, cxv, 201.

(29) Cotte: Lyon med., 1911, cxv, 201.

(30) Cotte: Lyon med., 1911, cxv, 201.

(31) Cotte: Lyon med., 1911, cxv, 201.

(32) Cotte: Lyon med., 1911, cxv, 201.

(33) Cotte: Lyon med., 1911, cxv, 201.

(34) Cotte: Lyon med., 1911, cxv, 201.

(35) Cotte: Lyon med., 1911, cxv, 201.

(36) Cotte: Lyon med., 1911, cxv, 201.

(37) Cotte: Lyon med., 1911, cxv, 201.

(38) Cotte: Lyon med., 1911, cxv, 201.

(39) Cotte: Lyon med., 1911, cxv, 201.

(40) Cotte: Lyon med., 1911, cxv, 201.

Three drains were inserted to the cul de sac.

The patient was discharged twenty-four days after operation.

The largest was rupture by a probe in the course of the examination and its thick chocolate colored contents extruded. A probe can not be inserted without the use of undue force.

Vaginal examination reveals a small fluctuant tumor in the region of the right ovary, thought to be an ovarian cyst and a fundus of normal size in fair anterior position and quite fixed, giving the impression of definite adhesion to the anterior abdominal wall.

Preoperative diagnosis: Ectopic growth in this region which growth is shown in inset. Bleeding from the back at the menkes.

Preoperative diagnosis: Ectopic growth in this region which growth is shown in inset. Bleeding from the back at the menkes.

The patient was discharged twenty-four days after operation with serous drainage from the incision. Mucin secretion occurred in intervals and showed no notable abnor- mality until the sixth month following operation, at which time the serious discharge from the incision had

(formerly "favorable salpingectomy, left oophorectomy, resec- tion of fundus of uterus to just below where tubes come off, removal of cone shaped piece from endometrium.

Three drains were inserted to the cul de sac.

Vaginal examination reveals a small fluctuant tumor in the region of the right ovary, thought to be an ovarian cyst and a fundus of normal size in fair anterior position and quite fixed, giving the impression of definite adhesion to the anterior abdominal wall.

Preoperative diagnosis: Ectopic growth in this region which growth is shown in inset. Bleeding from the back at the menkes.