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CLINICAL IMAGE

Neonatal scrotal abscess: a differential diagnostic challenge for the acute scrotum

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One week after a Ladd procedure, a 21-day-old infant was noted to have an enlarging and tender left hemiscrotum (Fig. 1), with fever and elevated white blood cell count.

Sonography (Fig. 2) demonstrated a heterogeneously echogenic and avascular mass occupying the hemiscrotum, with wall thickening (*double-headed arrow*) showing hyperemia (*arrow*). A normal testis was not seen, and the processus vaginalis was not patent. The spermatic cord was not twisted. The right testis was normal (*arrowhead*). Emergency exploration revealed a large amount of purulent material under pressure, which was drained. The testis was adherent to the scrotal wall and was viable, and the spermatic cord had no twist. Cultures demonstrated *Bacteroides fragilis*.

Scrotal abscess is rare in the pediatric population. In most of the reported cases [1, 2], patients had recently undergone laparotomy or laparoscopy. The differential diagnosis includes missed torsion, testicular rupture from trauma, and neoplasm. In institutions where surgical exploration for missed torsion is delayed rather than immediate, consideration of scrotal abscess may result in preservation of the affected testis.

Fig. 1 There is a tense and swollen left hemiscrotum

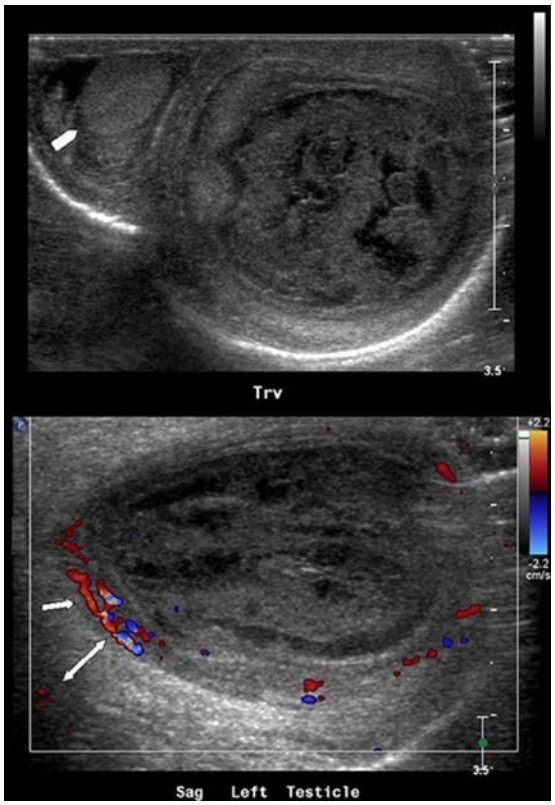

Fig. 2 US images of the left hemiscrotum

References

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