

National Board of Examinations - Journal of Medical Sciences Volume 2, Issue 10, Pages 1059–1062, October 2024 DOI 10.61770/NBEJMS.2024.v02.i10.013

CLINICAL IMAGE

Scrotal Hematoma Following Pelvic Fracture

Raju Vaishya,^{1,*} Abhishek Vaish² and Nidhi Goyal³

¹Senior Consultant Orthopaedic Surgeons, Indraprastha Apollo Hospitals. Sarita Vihar, New Delhi 110076 ²Consultant Orthopaedic Surgeons, Indraprastha Apollo Hospitals. Sarita Vihar, New Delhi 110076 ³Senior Consultant Radiologist, Indraprastha Apollo Hospitals, Sarita Vihar, New Delhi 110076

Accepted: 26-August-2024 / Published Online: 11-October-2024

A 19-year-old male sustained a pelvic injury after falling from a terrace. He had a pubic diastasis with a fracture of the right pubic rami and bilateral sacroiliac subluxation (right greater than left) (Figure 1A, B, and C). This led to hypovolemic shock due to excessive pelvic bleeding and low hemoglobin (8.1 gm/dl). After stabilizing medically, he underwent pelvic external fixation. Three hours later, he developed swelling and black discoloration of the scrotum and penis. Ultrasonography revealed diffuse subcutaneous edema around the scrotum without testicular or urethral injury.

The scrotal hematoma was managed conservatively with ice packs and sacral support and resolved in three weeks. The pelvic injuries were subsequently managed surgically with open reduction and internal fixation, after five days of the initial injury. Extravasation of blood in the scrotal area causes scrotal hematoma, a potential complication of pelvic fractures. It occurs when the fracture bleeding accumulates in the retroperitoneal space and dissects down through fascial planes to reach the scrotum [1]. This leads to swelling and discoloration in the scrotum and perineal area. Scrotal hematoma has also been reported after blunt trauma [2], excessive pressure on the perineal post of the fracture table during fracture fixation [3], and femoral artery puncture [4].

Scrotal hematoma can often be managed conservatively. In rare cases, hematoma drainage is required if it causes excessive pressure or compromises blood flow to the testicles [1]. Early diagnosis and treatment of scrotal hematoma are crucial to prevent complications like compartment syndrome and testicular damage (Figure 2).

*Corresponding Author: Raju Vaishya Email: raju.vaishya@gmail.com

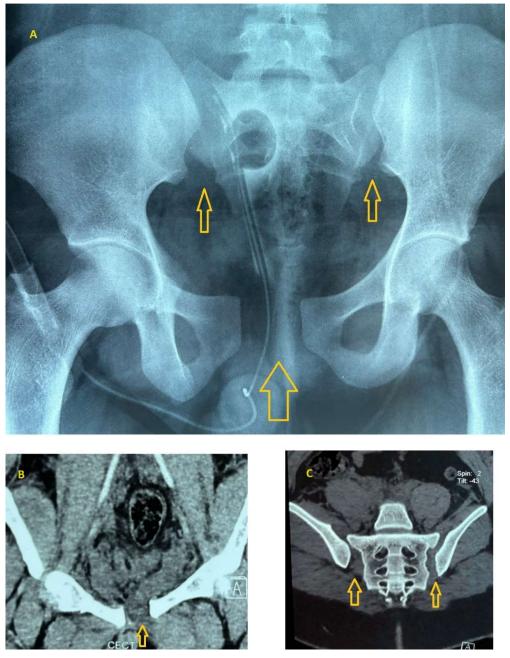


Figure 1 (A,B,C). Xray/CT showing pubic diastasis and SI joints subluxation



Figure 2. Swollen scrotum and penis with blackish discoloration

Statements and Declarations Conflicts of interest

The authors declares that they do not have conflict of interest.

Funding

No funding was received for conducting this study.

Informed Consent

An informed consent of the patient was taken for publication of his case report, without disclosing his personal identity.

References

 Raman R, Senior C, Segura P, Giannoudis PV. Management of scrotal swelling after pelvic and acetabular fractures. Br J Nurs. 2004 Apr 22-May 12;13(8):458-61. doi: 10.12968/bjon.2004.13.8.12782

- Randhawa H, Blankstein U, Davies T. Scrotal trauma: A case report and review of the literature. Can Urol Assoc J. 2019 Jun;13(6 Suppl4):S67-S71. doi: 10.5489/cuaj.5981
- Tafti AA, Sajadi S, Rafiei H. Scrotum wound caused by orthopaedic traction table in the surgery of femoral neck fracture. Int Wound J. 2014 Oct;11(5):571. doi: 10.1111/iwj.12076
- Ishibashi S, Sakakura K, Yamamoto K, Okochi T, Momomura SI, Fujita H. Scrotal hematoma following femoral artery puncture. Clin Case Rep. 2019 Jan 8;7(2):391-393. doi: 10.1002/ccr3.1995