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Lateral (Counterclockwise) 1440° Testicular Torsion: A Rare Surgical Observation

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1. Case

A 22-year-old male presented with acute right scrotal pain for two hours. Scrotal Doppler ultrasound showed absent intratesticular flow with a "whirlpool" sign. Emergency exploration revealed a markedly edematous and congested testis with a 1440° counterclockwise (lateral) torsion of the spermatic cord (Figure 1). The spermatic cord was twisted outward, and the epididymis was medially positioned, confirming an atypical axis of rotation (Figure 2). After careful medial detorsion, the testicular color and turgor gradually improved, and orchiectomy was avoided. Bilateral orchiopexy was performed. Most torsions occur medially due to Bell–Clapper deformity; lateral torsion accounts for less than 5% of cases. Failure to recognize this rare direction may result in incorrect manual detorsion and further ischemic damage. This case underscores the importance of intraoperative confirmation of torsion direction and awareness of anatomical variations such as medial epididymal position or atypical gubernacular attachment when managing acute scrotum.

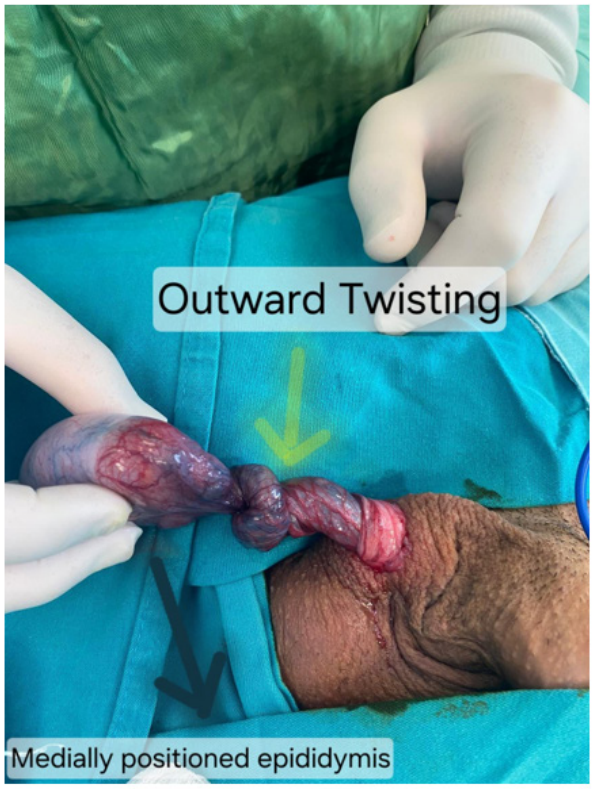

Figure 1: Intraoperative view showing the right testis with severe congestion and 1440° outward (counterclockwise) torsion of the spermatic cord.