

TESTICULAR SCAN

INDICATIONS:

Differential diagnosis of epididymitis vs. testicular torsion.

PRINCIPAL:

An injected bolus of a radiopharmaceutical allows the perfusion of the testicle to be evaluated.

Testicular perfusion is markedly elevated in epididymitis and absent in testicular torsion.

PATIENT PREPARATION:

None. The procedure requires about 5 minutes of patient time.

DISCUSSION:

Differential diagnosis of epididymitis vs. testicular torsion is not always easy clinically. The testicular scan allows a rapid, accurate, and simple diagnosis to be made so that appropriate therapy can be rapidly instituted. While not specifically indicated for other testicular conditions, the scan can allow one to diagnose missed torsions, and can demonstrate abscesses, spermatoceles, hydroceles, testicular fractures and hematomas.

IMAGING TECHNIQUE

Pt. Position: Center detector over scrotum with the patient supine and legs fully abducted. The penis is taped to the abdomen. The testes should be supported by a towel placed over the thighs and underneath the testes. Position the scrotum so that the testes do not overlap. The testes may be separated by wedging a towel between them. Place the camera head as close to the scrotum as possible. At the conclusion of the flow study, take an immediate 800K static image.

Dose: 15 – 20 mCi. Technetium pertechnetate for Adult
210 μ Ci/kg (2 mCi minimum)

Route of Administration: I.V.

Flow: 60 images at 1 second per frame (64 x 64). Begin imaging at first tracer Appearance or 10 sec. after injection.

Statics: 800K images taken immediately after flow. Take magnified mode image. (128 x 128 matrix).