Emphysematous epididymo-orchitis

Sir,
We read with a great deal of interest the article by Mandava et al. describing the imaging features of emphysematous epididymo-orchitis[1] and found it to be informative and excellently written. However, we would like to make a few contributions.

In the manuscript, the authors describe “emphysematous epididymo-orchitis” to have been reported in only two cases prior to the present case. A search on Pubmed, however, reveals a total of five cases including the present one.[2,3] Yet another case was published by Gretchen.[4]

Secondly, we would like to understand the indication of MRI in the present case. Since the diagnosis was fairly established on USG and further confirmed on CT, the need to perform a battery of investigations needs to be better explained. Besides, the patient presented with acute scrotal pain and MRI, being a lengthy procedure, is typically not preferred (ACR Appropriateness Criteria® acute onset of scrotal pain - without trauma, without antecedent mass).

Finally, the differential diagnosis should be case-relevant. Torsion of testis is extremely rare in old age. The reported case here is a 51-year-old male, torsion of testis in whom is highly unlikely.

We conclude by once again commending the authors for an excellent article. However, it would be of enormous help if the authors could clarify certain doubts we had.

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References