



2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

**MENTOR: Dr Avinash M Katur , Assistant Professor
DEPARTMENT OF RADIODIAGNOSIS,
JJM MEDICAL COLLEGE, DAVANAGERE**

PRESENTER: Dr Hima , PG Resident

HISTORY

64 year old male came with complaints of :

- Scrotal pain and swelling since 10 days
- Fever since 10 days

K/C/O DM and HTN since 5 years on treatment

On local examination-

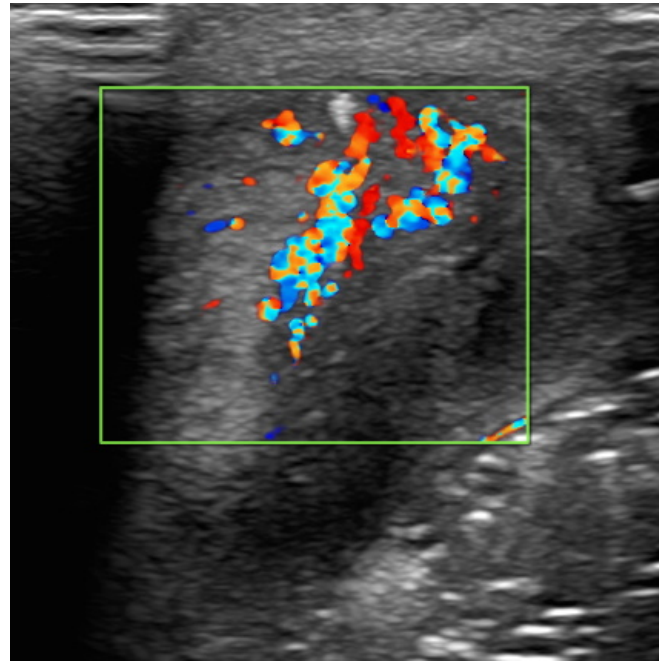
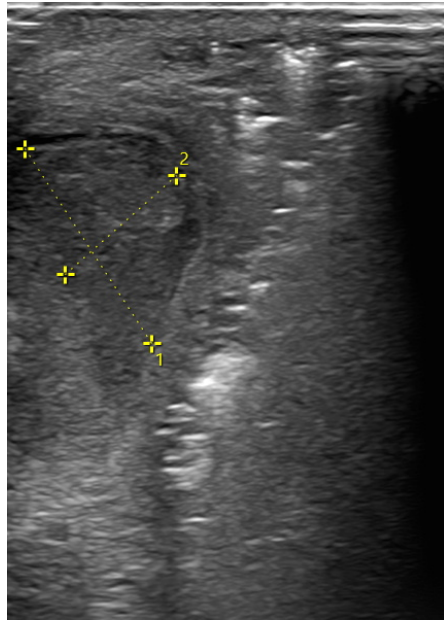
Tenderness present

Blackish discolouration of left scrotal skin present .Crepitus present

Investigations-

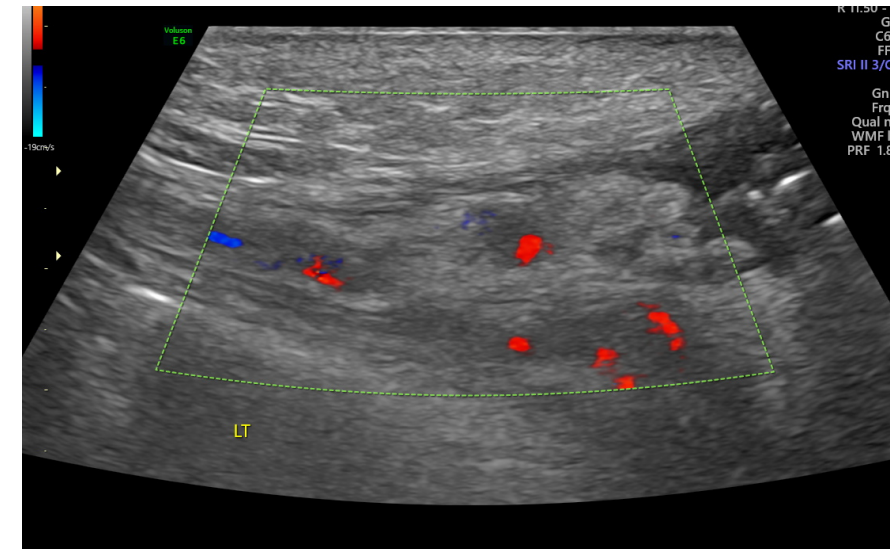
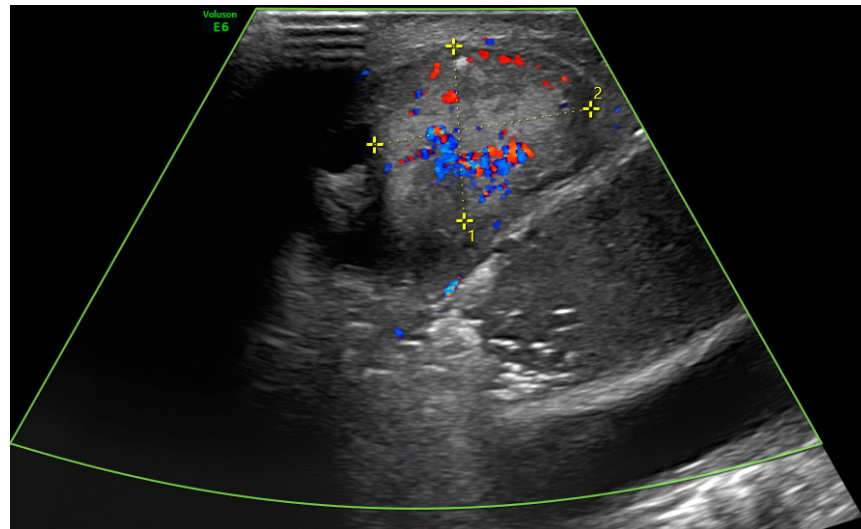
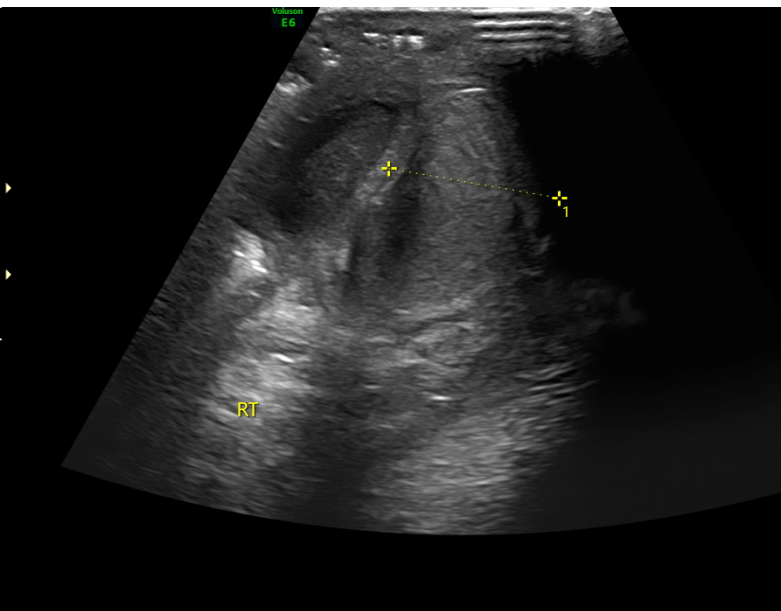
TLC - 33,000cells , Neutrophil 31,300(92%)

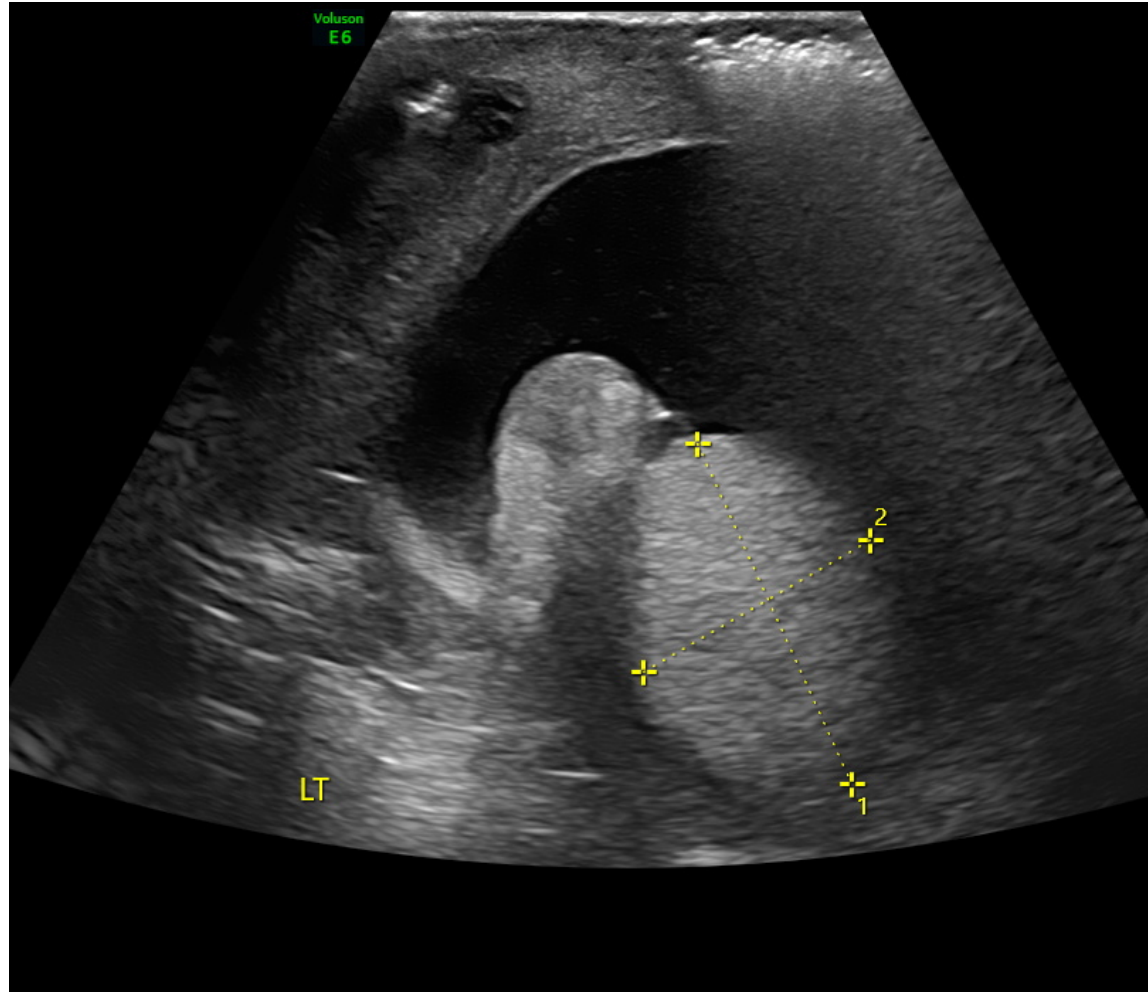
HbA1c - 9 % , GRBS - 300mg/dL



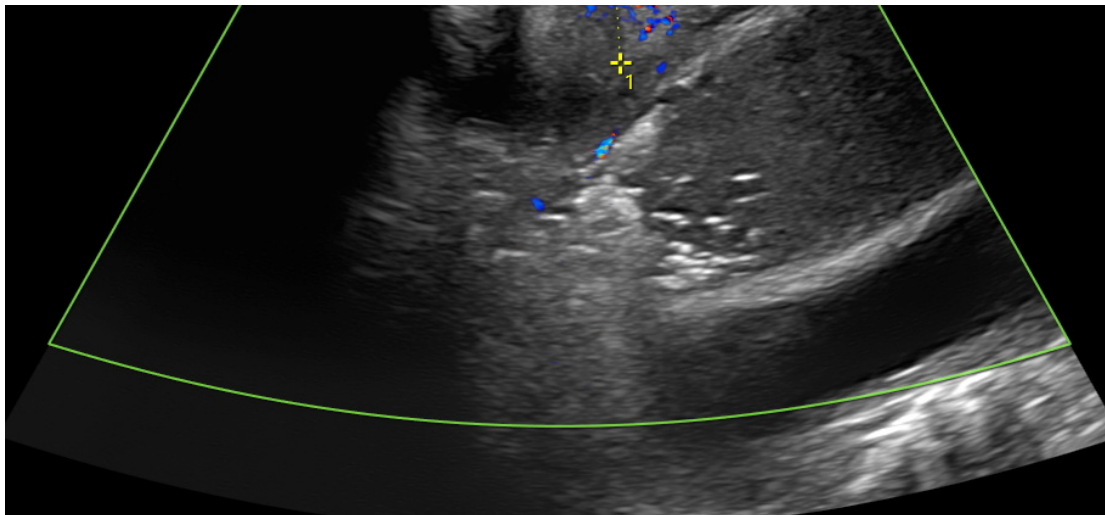
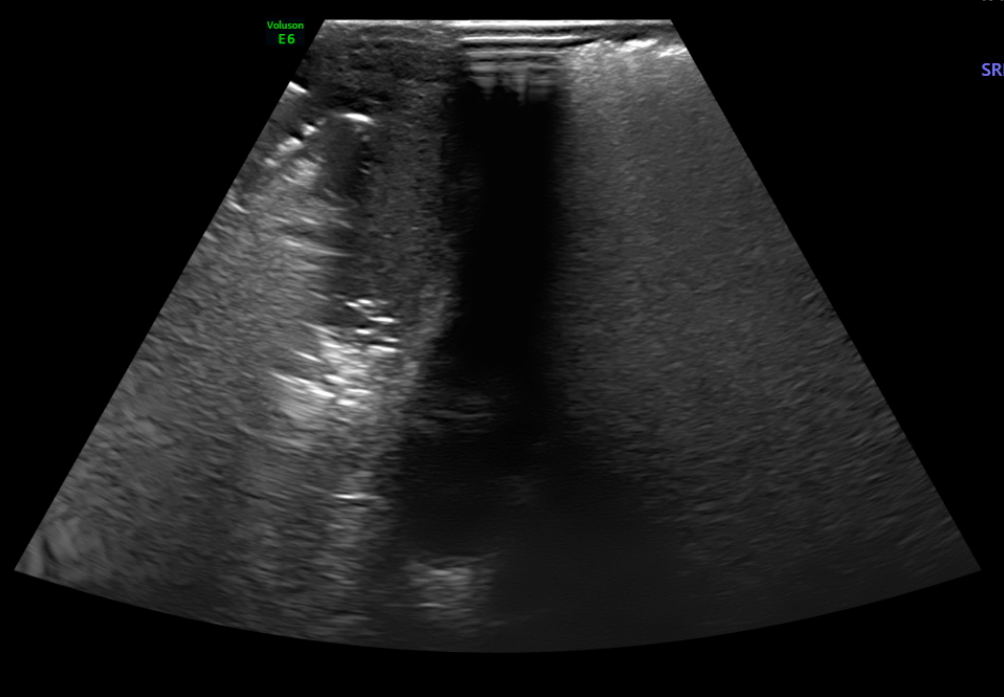
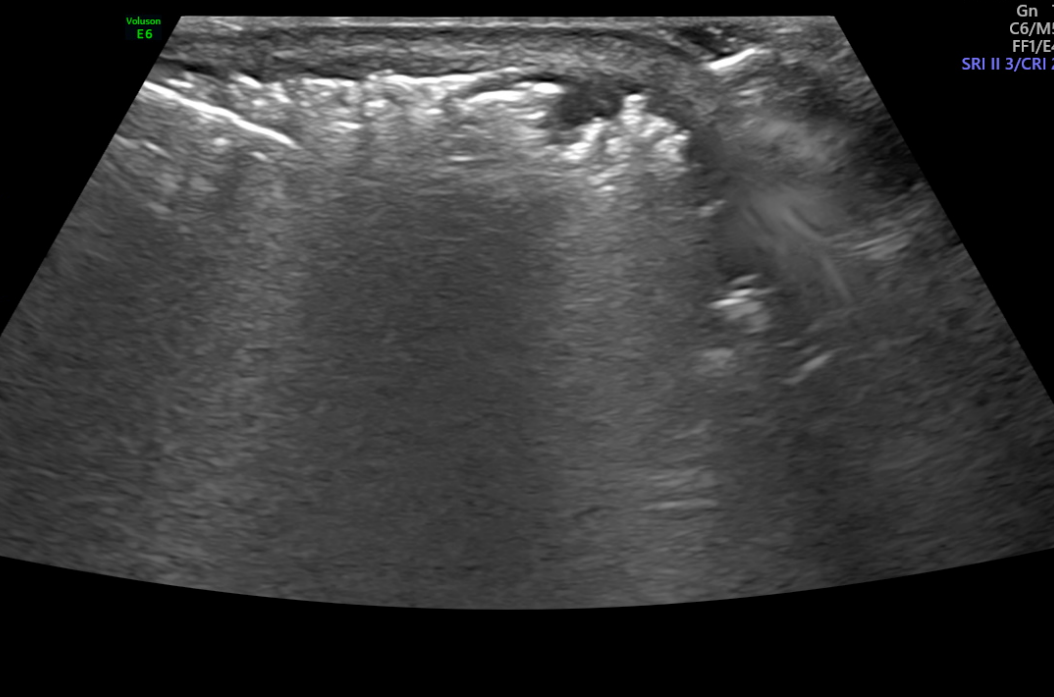
On USG

- Right testes and epididymis appears normal in size heterogeneous in echo texture with mild increase in internal vascularity - S/o right epididymoorchitis
- Right spermatic cord appears mildly thickened





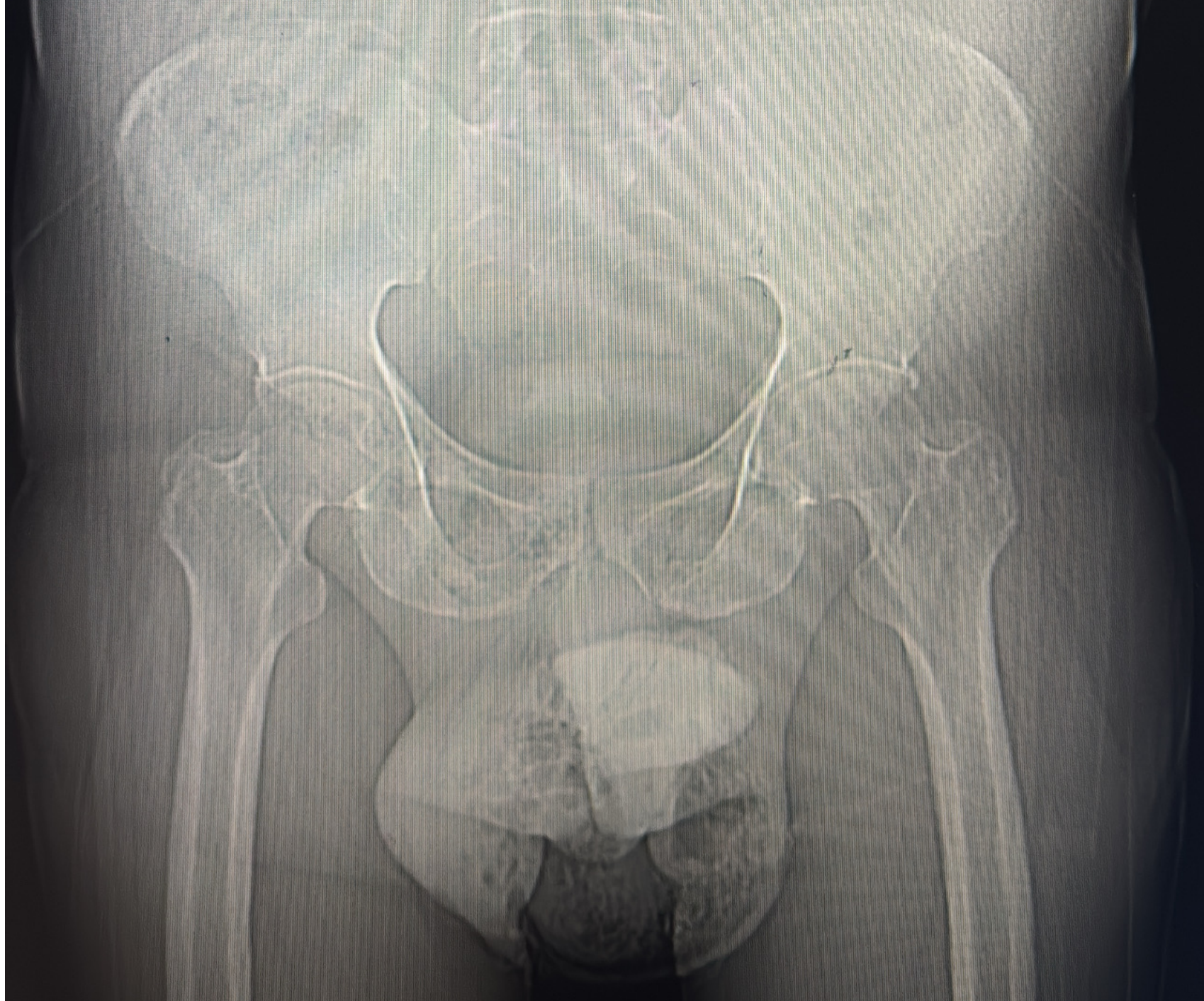
- **Left testicle normal in position ,size , echo texture and vascularity. Left side epididymis appear normal. Left side spermatic cord appear normal.**
- **Left mild degree turbid hydrocele noted.**



- thickened scrotal wall
- Punctuate hyper echoic inclusions giving posterior acoustic shadowing and reverberation artefact noted in scrotal wall - gas
- scrotal wall fluctuant collection+.

IMPRESSION

- **Right epididymo orchitis with funniculitis**
- **Left mild degree turbid hydrocele**
- **Scrotum wall abscess with air - s/o Fournier gangrene**



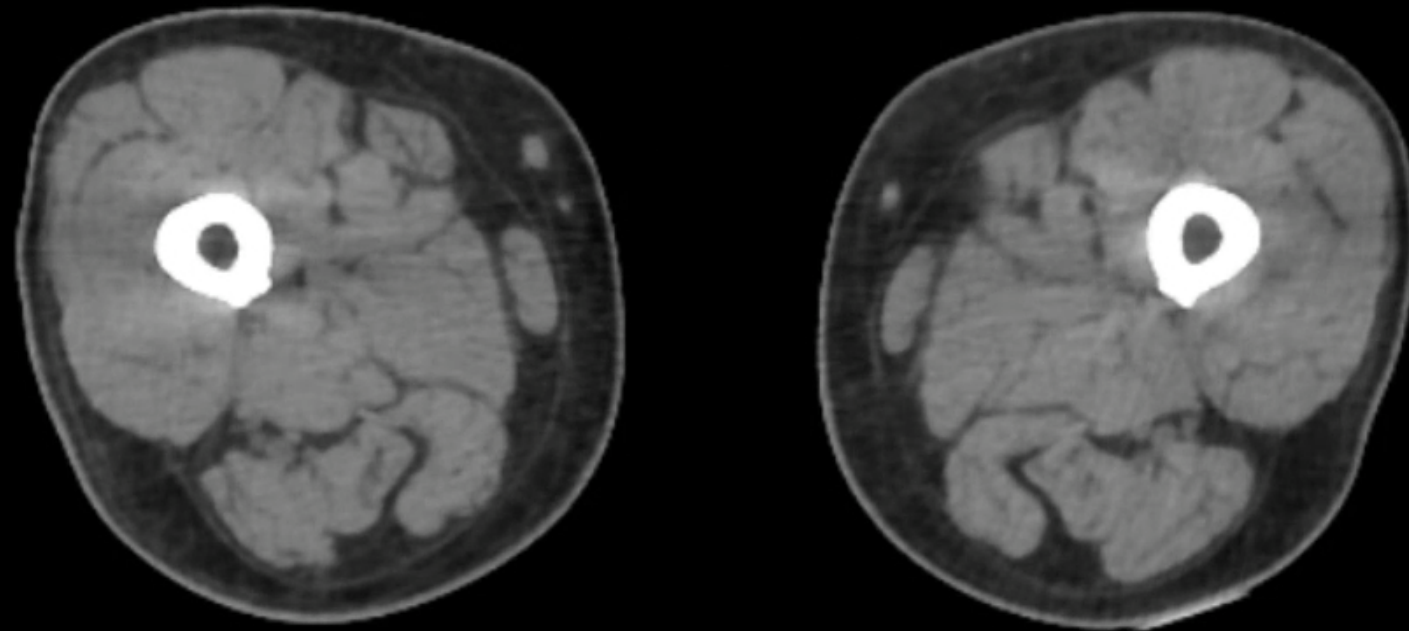
Radiograph

CT

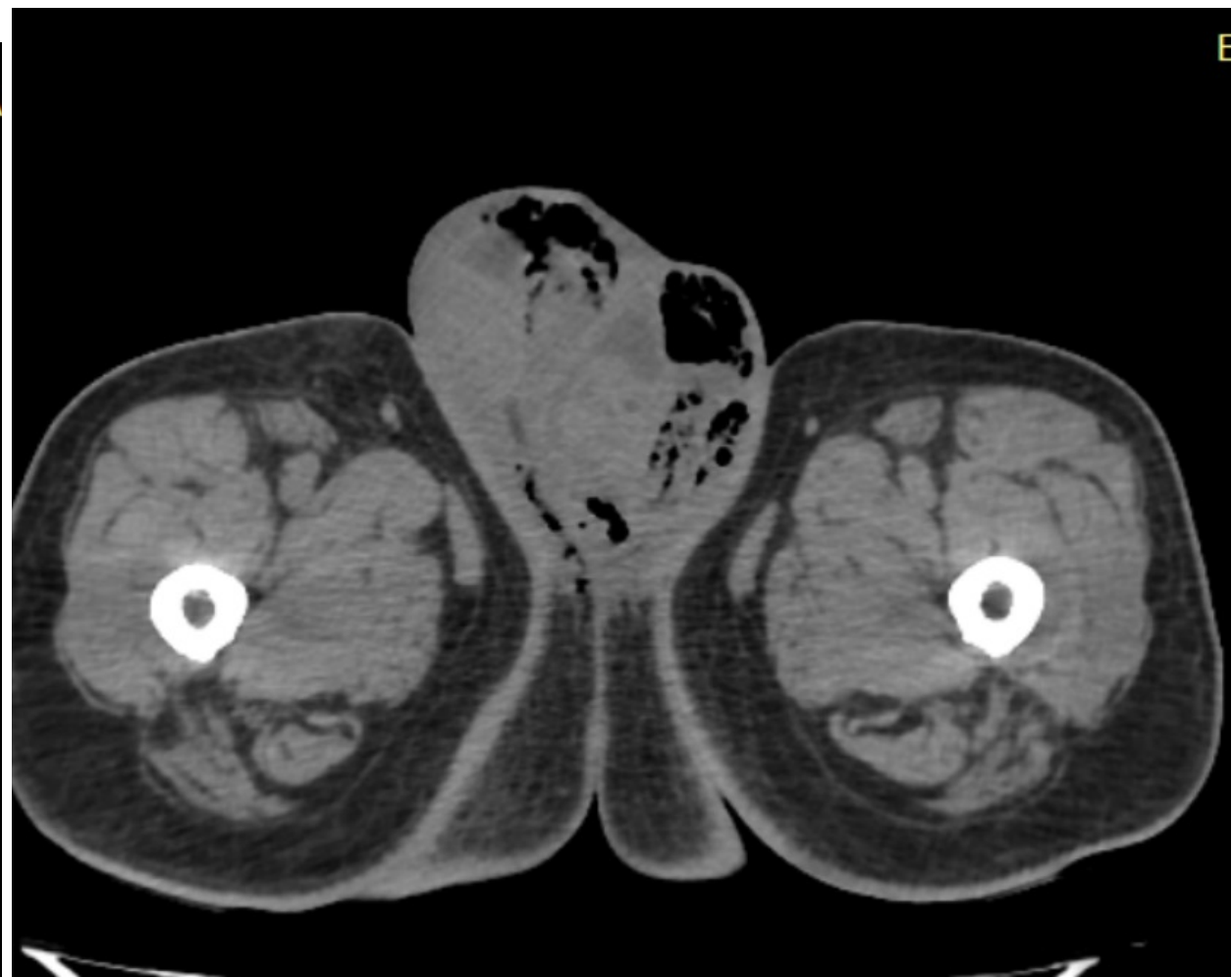
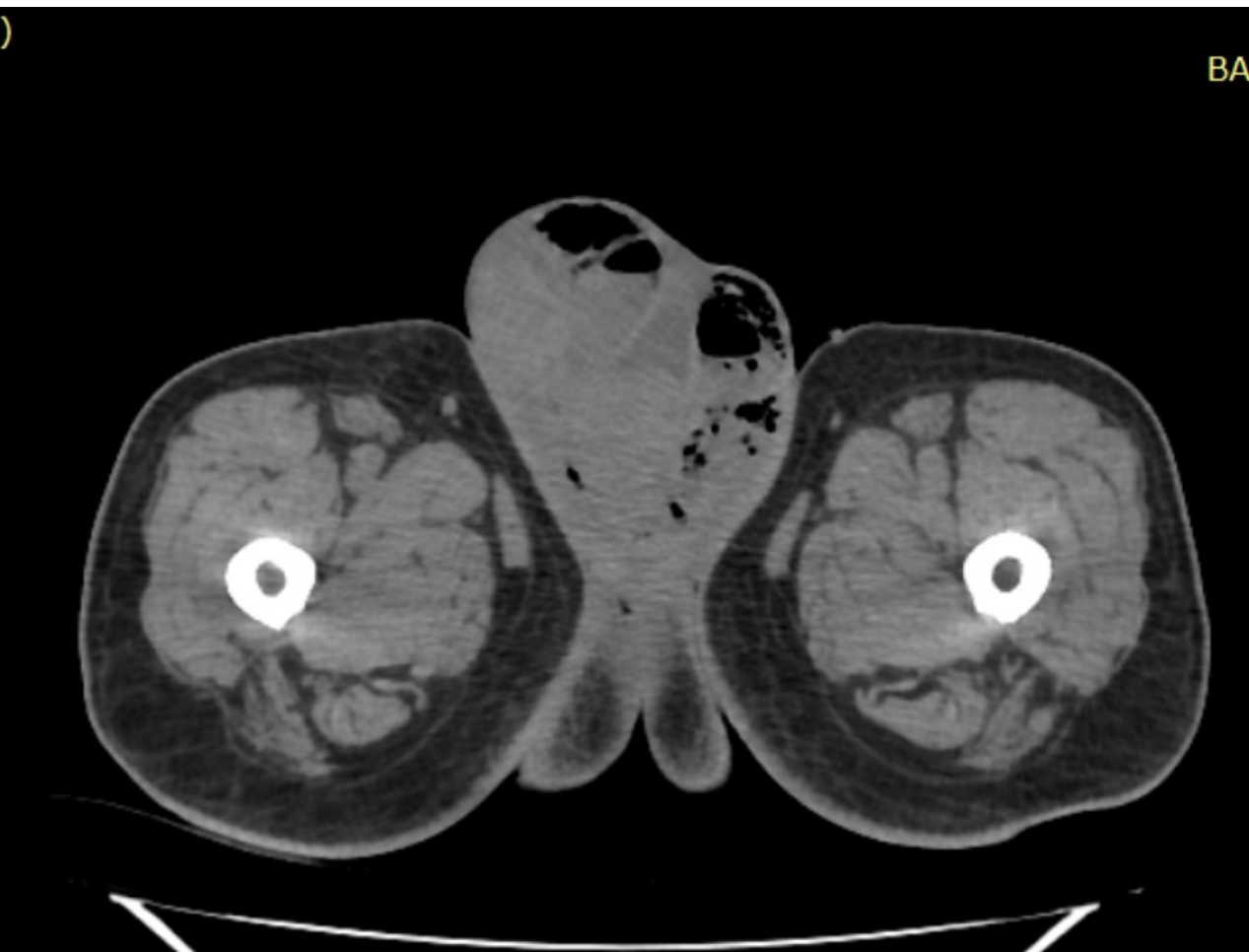
A

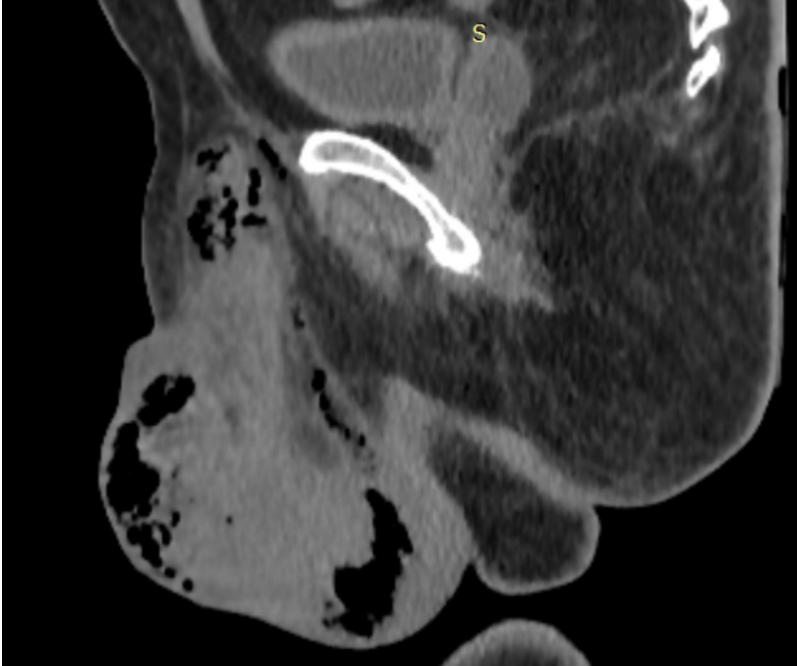
0)

BAP

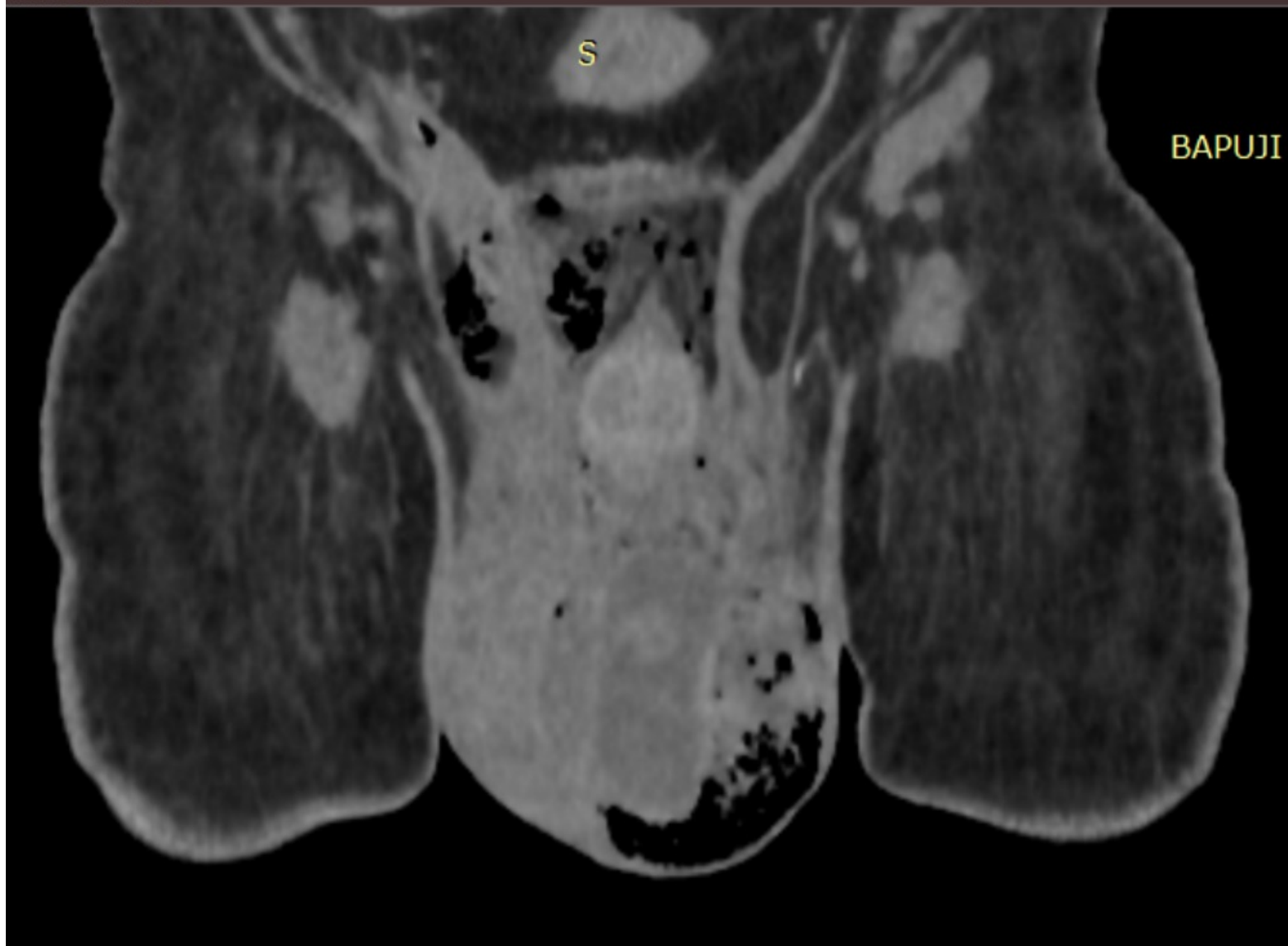


Yusuf 2018, level 1, evidence based

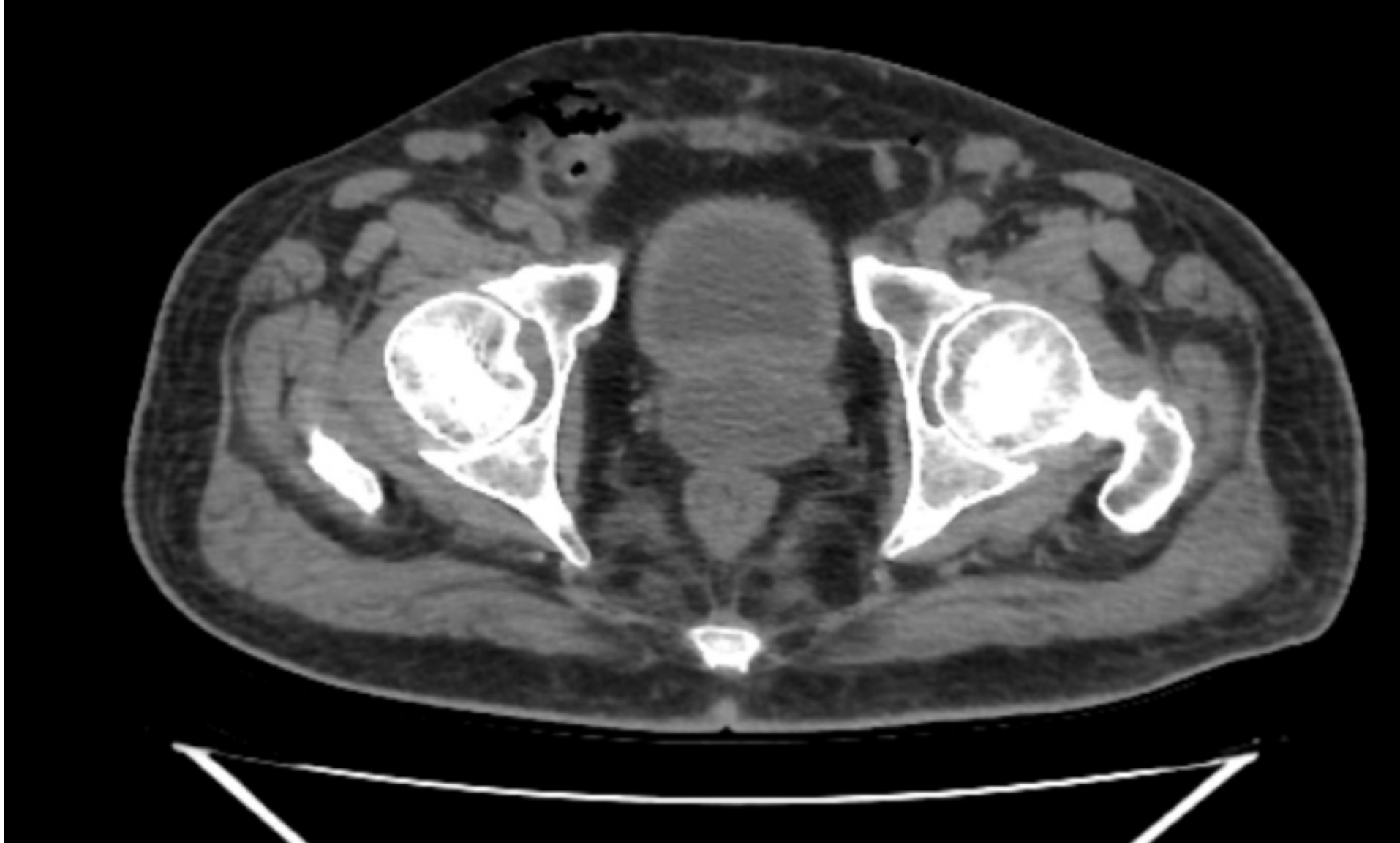




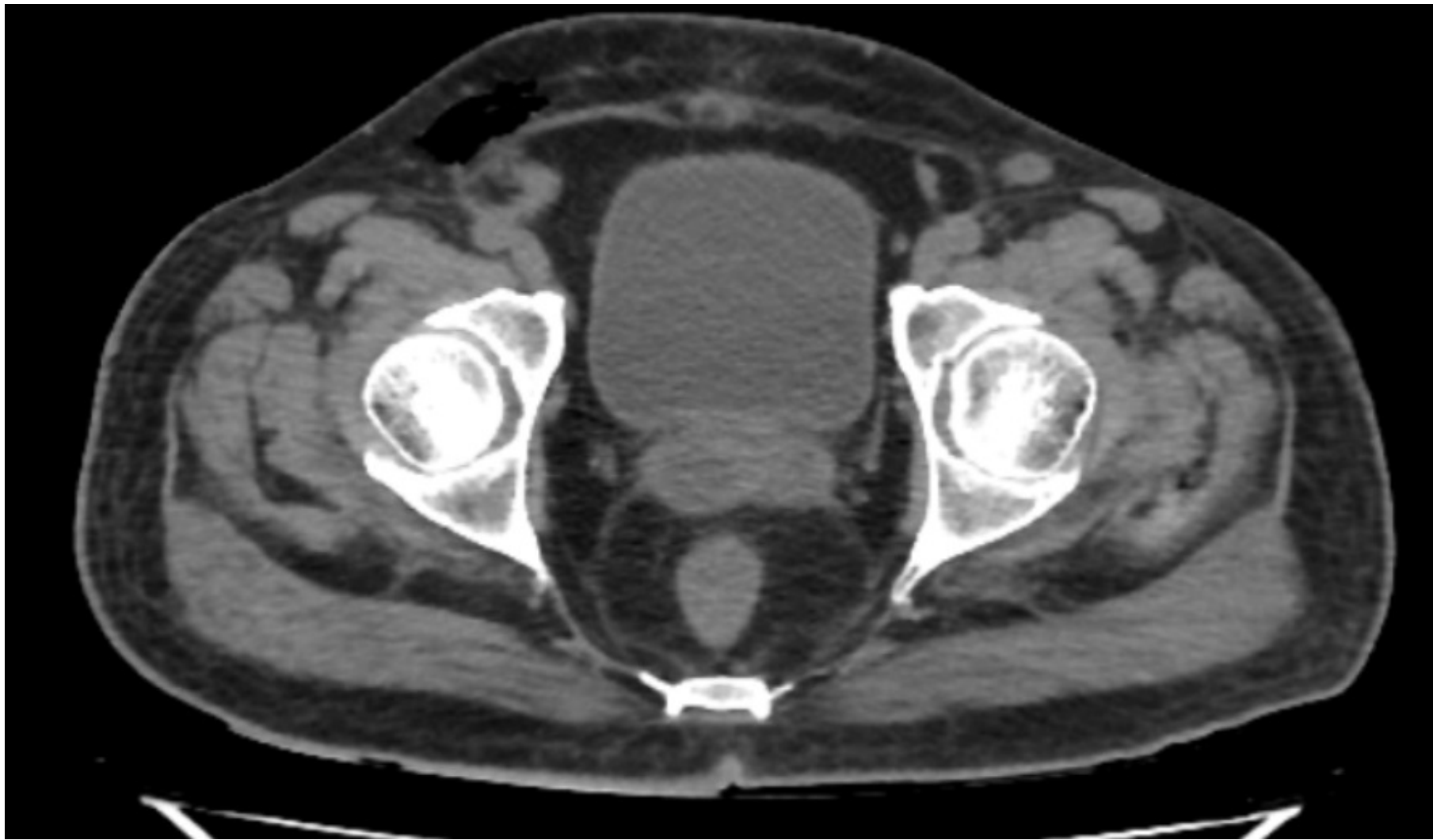
- **Scrotal wall appears thickened with multiple air foci and few hyperdense foci noted in the scrotal wall, bilateral tunica vaginalis, inguinal canals, lower anterior abdominal wall. (RL)**
- **Right spermatic cord appears thickened with fat stranding seen around.**
- **Free fluid noted in bilateral tunica vaginalis (left more than right)**
- **Mild free fluid noted in pelvic and peritoneal cavity - Minimal ascites**



Anterior abdominal wall defect noted in bilateral inguinal region with bowel and omentum as herniating content. The defect is lateral to the inferior epigastric vessels bilaterally. The defect measures on Right side: 18.9 mm, Left side: 16.4 mm - bilateral indirect inguinal hernia.



PROSTATE: Enlarged in size (Approx volume 37cc) with well-defined low attenuation (HI: 8) area measuring Approx volume 19cc-likely prostatic collection



Bilateral seminal vesicles appears prominent adjacent to the prostate with low attenuation (HI: 8) area measuring approx 23x20 mm on right side and 19x18 mm on left side with surrounding fat stranding noted

IMPRESSION:

- **Fournier's gangrene with extension of air foci into the anterior abdominal wall with bilateral hydrocele as described.**

Prostatomegaly with prostatic and bilateral seminal vesicle collections

Bilateral indirect inguinal hernia

Follow up

Patient underwent surgical debridement
and iv antibiotics treatment

THANK YOU