

TESTICULAR ANGINA ON DIALYSIS: A NOVEL
PRESENTATION WHILE ESTABLISHING DRY WEIGHT,
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Establishment of dry weight is limited by the development of cramps or hypotension during dialysis. We present a case of testicular angina that developed while trying to attain dry weight.

The patient is a 68 year old male with hypertension, type two diabetes mellitus and end-stage renal disease on hemodialysis. His surgical history is significant for ischemic colitis with sigmoid resection and abdominal aortic aneurysm repair. He presented initially with volume overload and while attempting to readjust his dry weight on dialysis, he complained of testicular pain occurring peculiarly toward the end of his dialysis session. A few months earlier, he was treated for possible epididymitis and although his symptoms had initially improved with antibiotics they recurred over the last month. He denied any history of sexually transmitted diseases. On examination, he had atrophic and very tender testes particularly on the right although externally the scrotum appeared normal. No swelling, hydrocele, or prostatic tenderness was noted. A CAT scan revealed severe atherosclerotic disease involving nearly every vessel of the pelvis including the spermatic cord vessels. Doppler evaluation and color-flow analysis then showed no flow to either testicle. He underwent bilateral simple orchiectomy for testicular angina with testicular atrophy. Pathology of the resected testes showed extensive atrophy with fibrous parenchyma suggestive of chronic ischemia with evidence of chronic epididymitis.

The two commonest mechanisms involved with scrotal pain include decreased blood supply and infection. In a unique presentation, the patient had testicular angina toward the end of dialysis when his blood pressure and intravascular volume were relatively low. This may have aggravated the underlying ischemia. It is believed that the chronic ischemia may have predisposed to a smoldering epididymitis.