key points

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Torsion can be difficult to assess, and so if it cannot be excluded or another diagnosis made, the patient should be seen by a specialist as an emergency referral.

If a mass is felt in the scrotum, which cannot be felt as distinctly separate from the testis, then an urgent outpatient referral for suspected cancer should be made.

Post-vasectomy pain may result from a sperm granuloma in the epididymis, or from the entrapment of nerve fibres in granulation tissue.

Psychological symptoms can also be present with chronic testicular pain. However, there have been no studies of the psychological aetiology in the development and continuation of chronic testicular pain, although there is an association with chronic testicular pain and depression.

Testicular examination should be conducted with the patient lying and then standing. If the results of a physical examination and urinalysis are normal, then scrotal ultrasound has been shown to have no diagnostic value. However, in practice an ultrasound is nearly always requested, as it serves to reassure the clinician and patient and may help the patient in their perception of their symptoms.

The recurrence rate of chronic scrotal pain after conservative treatment with antibiotics and NSAIDs is generally quite high. Chronic pain team specialists can provide invaluable help for patients to gain symptomatic relief.