

Hip Pathology in Patients Presenting to the Urologist for Chronic Orchialgia

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Introduction and Methods

- Chronic orchialgia is difficult to treat and often has an unidentifiable etiology
- Underlying hip pathology is rarely assessed
- **Study Aim**
 - Evaluate patients with chronic orchialgia for hip pathology

- **Inclusion Criteria**
 - Male
 - Presenting to urology clinic
 - Unilateral/bilateral orchialgia
 - > 3 months
- Hip-specific questionnaires
- Physical examination:
 - Provocative testing and range of motion
- X-rays
 - AP Pelvis and Dunn Lateral

Straight Leg Raise



Stinchfield Test

Patrick's Test



Impingement Test

Alpha Angle:
-Cam Type Impingement



Lateral Center Edge Angle:
-Pincer Type Impingement
-Acetabular Dysplasia

Crossover Sign:
-Acetabular Retroversion



Tonnis Angle:
-Pincer Type Impingement
-Acetabular Dysplasia

Results and Conclusion

- 32 patients enrolled
- Mean age 39 years
- Mean BMI 29 kg/m²
- Based on **physical exam, radiographic findings** and **shared decision making** between members of the testicular pain team:
 - 16 (50%) referred to orthopedics
 - 4 (13%) had an orthopedic diagnosis or intervention relieving orchialgia symptoms

Conclusion

- Men presenting to a urologist with orchialgia may have **underlying hip pathology**
- Hip-specific **physical examination** and **radiographs** may help identify men in need of **hip physical therapy** and/or **orthopedic intervention**

Provocative Test	Positive Findings
Impingement Test	21 (33%)
Patrick's Test	20 (31%)
Stinchfield Test	15 (23%)
Straight Leg Raise	1 (2%)

Radiographic Analysis	Positive Findings
Mild/Moderate Osteoarthritis	29 (45%)
Severe Osteoarthritis	1 (2%)
Acetabular Dysplasia	35 (55%), 13 (20%)
Pincer Type Impingement	1 (2%)
Acetabular Retroversion	17 (27%)
Cam Type Impingement	15 (23%)