

Introduction

Chronic orchialgia can be difficult to treat as its etiology is often idiopathic. Hip pathology is a possible cause, but hip physical examination is not routinely performed in the urologist's office. This study aimed to identify hip pathology in patients presenting with orchialgia.

Study Objective

To evaluate for abnormal hip physical examination and radiographic findings in men presenting to the urologist with orchialgia.

Methods

Men presenting to the University of Iowa Men's Health Urology Clinic with a duration of orchialgia > 3 month were offered study participation.

These patients were given hip-specific patient reported outcomes (PRO's; HOOS Jr, VAS, PROMIS, UCLA Activity Score), underwent hip-specific physical examination performed by a non-orthopedic provider, and completed hip-specific radiographs to evaluate for markers of femoroacetabular impingement, developmental hip dysplasia, osteoarthritis, and/or acetabular retroversion.

Electronic medical records were reviewed for follow-up to determine the outcome of referrals for hip treatment to physical therapy and/or orthopedic surgery clinic.

Results

32 patients (64 hips) were included.

	Mean	Range
Age	39 years	18 – 71 years
BMI	29 kg/m ²	19 – 53 kg/m ²

Physical Exam	Frequency (Hips)	Percent of Cohort
Flexion ($X < 90^\circ$)	3	5%
Internal Rotation ($X < 30^\circ$)	18	28%
External Rotation ($X < 40^\circ$)	8	13%
Abduction ($X < 40^\circ$)	1	2%
Flexion Contracture	9	14%

Provocative Exam	Frequency of Positive Exam (Hips)	Percent of Cohort
Impingement Test	21	33%
Patrick's Test	20	31%
Stinchfield Test	15	23%
Straight Leg Raise	1	2%

Results

Radiographic Analysis	Frequency (Hips)	Percent of Cohort
Tonnis Score		
0	34	53%
1	23	36%
2	6	9%
3	1	2%
LCEA ($X < 25^\circ \cap X > 50^\circ$)	35	55%
Tonnis Angle ($X < 0^\circ \cap X > 10^\circ$)	14	22%
Crossover Sign	17	27%
Alpha Angle ($X < 60^\circ$)	15	23%

Based on **presenting symptoms, physical examination, radiographic findings, and shared decision making** between members of the testicular pain team:

- 16 patients (50%) were referred to orthopedic clinic
- Of these, 4 patients (13%) have had an identifiable orthopedic diagnosis with resolution of symptoms after hip-directed intervention

Discussion

- In our study of 32 patients (64 hips), we found abnormal range of motion in 39 hips, positive provocative testing in 57 hips, and abnormal hip radiographs in 145 hips.
- The study lacks statistical power to conduct a multivariate analysis regarding outcomes or predictors for risk of an underlying hip etiology of orchialgia.
- Our study does, however, provide data showing that hip pathology can cause orchialgia and that hip-specific interventions can improve orchialgia symptoms.