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# Racial Disparities in Testicular Torsion

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## Introduction

- Testicular torsion (TT) is a surgical emergency requiring prompt intervention to preserve testicular function
- Conflicting data regarding the impact of race and insurance status on gonadal loss
- Goal: determine the effect of race on the treatment and outcomes of TT

## Methods

- Retrospective review; 12/2017-9/2019
- Patients <18 years presenting to 2 hospitals (H1 and H2) with acute scrotal pain
- Social vulnerability index (SVI) is determined by zip code; higher SVI denotes ↑ social vulnerability
- Demographic data, clinical history, imaging, diagnoses, and surgical outcomes recorded
- Primary outcome: diagnosis of TT

## Results

- 515 patients seen for acute scrotal pain (H1 85%, H2 15%)
  - 20% diagnosed with torsion (n=103)
  - 25% with torsion required orchiectomy (n=26)
- African American (AA) and Hispanic patients were more likely to have SVI >75<sup>th</sup> (see table 3)
- AA patients 4x more likely to diagnosed with torsion than white patients
  - Hispanic patients 53% less likely than AA to be diagnosed with torsion
- No relationship between SVI and torsion or orchiectomy

Table 1. Baseline characteristics of patients presenting with acute scrotal pain.

<b>Race (%)</b>	
1. African American (AA)	17.86
2. White	59.03
3. Asian	1.36
4. Hispanic	19.81
5. Other	1.94
<b>Age (years, [IQR])</b>	10.83 [6.76,14.38]
<b>BMI (kg/m<sup>2</sup>, [IQR])</b>	20.31 [17.29,24.44]
<b>Insurance (%)</b>	
1. Public	43.81
2. Private	37.67
3. Uninsured	6.21
4. Other	11.65
<b>SVI [IQR]</b>	0.46 [0.18,0.76]
<b>Confirmed testicular torsion (%)</b>	20.00
<b>Orchiectomy rate (%)</b>	5.05

Table 2. Characteristics between those with and without confirmed TT.

	Torsion (n=103)	No torsion (n=412)	p-value
<b>Race (%)</b>			
1. AA	34.95	13.59	<b>&lt;0.01</b>
2. White	42.72	63.12	
3. Asian	1.94	1.21	
4. Hispanic	20.39	19.66	
5. Other*	0	2.43	
<b>Age (years, [IQR])</b>	14.12 [12.13,15.69]	9.86 [5,13.05]	<b>&lt;0.01</b>
<b>BMI (kg/m<sup>2</sup>, [IQR])</b>	20.31 [16.82,23.86]	20.27 [17.29,24.92]	0.67
<b>Insurance (%)</b>			
1. Public	51.96	41.77	0.17
2. Private	43.14	51.60	
3. Uninsured	4.90	6.63	
<b>SVI [IQR]</b>	0.46 [0.10,0.74]	0.46 [0.20,0.76]	0.18

\*Other refers to those whose race was listed as American Indian (n=3), Pacific Islander (n=1), unknown, preferred not to answer, or was unavailable.

Table 3. Median SVI by race.

	Median Social Vulnerability Index (SVI) [IQR]	p-value
<b>Black</b>	0.624 [0.363,0.837]	<b>&lt;0.01</b>
<b>White</b>	0.408 [0.116,0.624]	
<b>Asian</b>	0.043 [0.001,0.485]	
<b>Hispanic</b>	0.728 [0.403,0.856]	
<b>Other (n=10)*</b>	0.342 [0.196,0.413]	

Table 4. Logistic regression analysis.

Outcome: Torsion	Odds ratio	95% Confidence Interval	p-value
Dichotomized SVI (> & <75 <sup>th</sup> percentile)	0.72	0.40-1.31	0.28
Race (African American as reference)			
1. White	0.25	0.13-0.47	<b>&lt;0.01</b>
2. Asian	0.33	0.03-3.29	0.34
3. Hispanic	0.47	0.23-0.93	<b>0.03</b>
4. Other*	-	-	-
Insurance (Medicaid as reference)			
1. Private	0.97	0.56-1.67	0.91
2. Uninsured	0.56	0.19-1.67	0.30
Age (years)	1.24	1.16-1.32	<b>&lt;0.01</b>

## Conclusion

African American patients were statistically more likely to be diagnosed with testicular torsion than white and Hispanic patients. Despite more African American and Hispanic patients having higher levels of social vulnerability, SVI was not associated with testicular torsion.