

APPENDIX 1 – Hydatid of Morgagni

The hydatid of Morgagni is a small embryological remnant at the upper pole of the testis. Occasionally, this can become torted and it may be palpable or be visible through the scrotal wall as a "blue dot" on the scrotum. Scrotal ultrasound may be able to show the enlarged appendage and a normal testis. If in doubt, the scrotum is explored to rule out testicular torsion and remove the infarcted hydatid. Hydatid of Morgagni can be treated with non-operative measures such as pain relief and anti-inflammatory drugs.

Of the 1,091 patients initially sampled for inclusion in this study, 264 patients were subsequently excluded. The main reasons for exclusion were that the patient was found not to have torsion during their procedure (n=219). This appendix summaries the findings from a review of 97 sets of case notes where the patient underwent an operation for hydatid of Morgagni torsion.

Demographic data

The majority of patients in this subgroup were between 11-17 years of age (53/95) with a median age of 11 years (Figure A1).

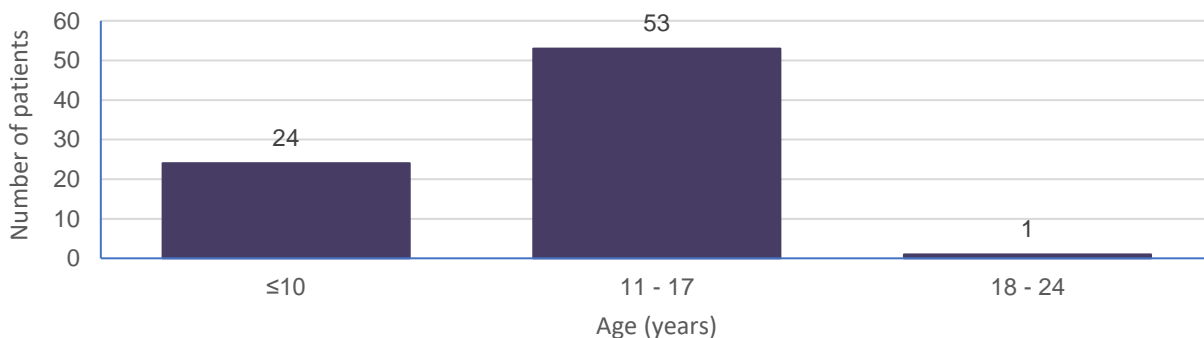


Figure A1. Age at admission

Patient assessment

Reviewers reported that the initial assessment of patients was satisfactory in 89/97 patients. The most common reason noted for unsatisfactory assessment was lack of urology documentation (5/6) and delay in review (1/6).

Doppler ultrasound use

There were 3/97 patients who underwent a Doppler ultrasound during the admission. Where this was performed reviewers reported that this was appropriate in all but one of the three patients and in those who did not have a scan, reviewers believed that two patients should have. The reasons reviewers reported that patients should have had a scan were likely alternative diagnoses undergoing unnecessary exploration.

Table A1 shows that the reasons for Doppler ultrasound not being used (appropriately) were because it was not clinically indicated in 47 patients, there was a high index of suspicion of testicular torsion for 25 patients and for eight patients it would have resulted in a delay to theatre.

Table A1 Reasons why it was appropriate not to undertake a Doppler ultrasound

	Number of patients
Not clinically indicated	47
Clinical suspicion of torsion/Appropriate scrotal exploration	25
Would have delayed time to theatre	8
Previous ultrasound	1
No reason	11
Total	92

Reviewer assessment form data

Review and operation

Reviewers reported that 26/74 patients were seen by a consultant (Table A2), and that 2/46 patients who were not seen by a consultant should have been.

Table A2 The patient was seen by a consultant

	Number of patients
Yes	26
No	48
Subtotal	74
Unable to answer	23
Total	97

Reviewers were of the opinion that 10/97 patients who went to theatre for exploration did not need to and in 8/10 the reason given was that clinically the patient had a hydatid of Morgagni torsion and was not offered conservative treatment.

Table A3 shows the reasons why 46/87 patients did undergo appropriate surgical exploration. In the remaining 41 patients the reasons were inability to rule out torsion (23), clinical suspicion of torsion (7) and other reasons (11). The correct operation was carried out in the majority of patients (94/97) with only one patient having unilateral testicular fixation which reviewers believed was inappropriate.

Table A3 Reasons why it was appropriate for the patient to undergo surgery

	Number of patients
Required exploration	44
Unable to rule out torsion	23
Clinical suspicion/indication of torsion	9
Other	11
Total	87

Reviewer comments

Where further information was given, the most frequent comments from reviewers regarding the overall care of patients operated on for hydatid of Morgagni torsion were lack of discussion of non-operative treatment (7), poor surgical documentation (6) and unilateral testicular fixation (6).