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# The treatment of puncture drainage decompression for patient with acute testicular epidermis secondary to cauda equina syndrome: A case report

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#### **Abstract**

**Objective:** To evaluate the additional value of early treatment of puncture drainage decompression for patient with acute testicular epidermis secondary to cauda equina syndrome. Methods: A patient with cauda equina syndrome was referred to our hospital with acute testicular epidermis. Results: Acute testicular epidermis was successfully treated by puncture drainage decompression. Conclusions: Our case demonstrates the necessity of early treatment of puncture drainage decompression for patient with acute testicular epidermis.

Keywords: puncture drainage decompression; testicular epidermis; cauda equina syndrome

#### **Introduction: Case report**

In September 2018, 50 years-old male patient with cauda equina syndrome was referred to our hospital with acute testicular epidermis (Figure 1). Up to the time of admittance, the patient only adopt using an indwelling catheter and refused any

urological treatment. A ureteral stent was inserted, antibiotic treatment was initiated. Moreover, the patient was successfully treated by puncture drainage decompression (Figure 2, 3). Then, he received bladder management such as clean intermittent catheter.



Fig 1: Subcutaneous abscess with the red and swelled skin of the scrotum



Fig 2: Subcutaneous abscess was punctured and drainaged.



Fig 3: The successful therapy of acute testicular epididymitis

#### **Discussion**

Acute epidermis is one of the most common complications of patient with neurogenic lower urinary tract dysfunction <sup>[1]</sup>. Recurrent Urinary tract infections are the main causes of death in such patients <sup>[2]</sup>. Early treatment of acute epidermis is most important <sup>[3]</sup>. Of interest is the finding that our case demonstrate antibiotic treatment and puncture drainage help restore the

patients to health and shorten the treatment time.

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## **Conflict of Interest Statement**

The authors declare no conflict of interest.

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