A 55-year-old man presented with an acute, painful groin mass with signs of sepsis.

On examination, it was difficult to tell whether this was a strangulated hernia or a testicular torsion.

Biochemical investigations revealed raised inflammatory markers and radiological investigations showed a rare inflammatory condition: vasitis, which could be mistaken for various other 'surgical' groin masses.

This case report summarises the importance of realising the vast differential diagnoses that come with acute groin masses and how imaging can prevent unnecessary surgery.

Vasitis can be either asymptomatic vasitis nodosa, or acutely painful infective vasitis.

Results from retrograde spread of urinary pathogens commonly *E. coli* and *H. influenzae*. Can be confused with other conditions such as an incarcerated, strangulated inguinal hernia, epididymo-orchitis or even a testicular torsion.

Treatment is usually conservative with antibiotics without the need for surgical exploration.

The patient was discharged after an inpatient stay of several days, where his bloods and general condition improved, with a WCC of 8.9×10⁹/L and a CRP of 12

At follow-up 2 weeks later he had made a full recovery, the mass in the groin had receded.

References