





**Figure 2.** Bilateral edema and pronounced hypervascular paratesticular scrotal soft tissues (fountain sign).

**Figure 1.** Bilateral acute idiopathic scrotal edema, thickened and hyperaemic skin.

A healthy 4-year-old boy presented to the emergency department for sudden onset of painless scrotal redness and swelling. There was no trauma, fever, or dysuria. On examination, he had generalized scrotal swelling with thickened, warm, and erythematous scrotal skin and with absence of scrotal pain on palpation (Figure 1). The emergency physician performed a bedside ultrasound showing edematous thickening, easy compressibility of the scrotal wall, and diffuse hypervascular paratesticular scrotal soft tissues on color Doppler images (Figure 2). The boy was discharged with anti-inflammatories and fully recovered within 4 days.

## **DIAGNOSIS:**

Acute scrotal idiopathic edema. This is marked edema of the scrotal skin and dartos fascia without involvement of the testes or epydidimis, typically seen in children 5 to 8 years of age. <sup>1-2</sup> Clinical presentation includes painless erythema and swelling of the scrotal wall, frequently spreading to the inguinal and perineal regions. Ultrasound is useful in ruling out more ominous pathologies. <sup>3</sup> The transverse view may show marked bilateral scrotal wall thickening, easy compressibility of the scrotal wall, and hyperemia resembling a fountain.

The condition is self-limited.

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