AN 84-YEAR-OLD LATINO MAN PRESENTED TO the emergency department with a recent 3-day history of pain over a preexisting left inguinal hernia, which had been present for the past 5 years. The patient had been obstipated for 3 days but denied any other obstructive symptoms. On examination, his vital signs were stable and he had a soft, nondistended, nontender abdomen. There was an irreducible left inguinal bulge and a 15-cm mass in his left scrotum, both of which were tender to palpation. There were no overlying skin changes. Laboratory studies revealed leukocytosis (white blood cell count, 13,800/µL, with 85% neutrophils). A computed tomography scan was performed (Figure 1 and Figure 2).

What Is the Diagnosis?

A. Scrotal abscess
B. Testicular torsion
C. Amyand hernia
D. Perforated diverticulitis

Figure 1. Computed tomography scan of the left scrotum shows a large structure with an air-fluid level.

Figure 2. Computed tomography scan of the left scrotum using lung windows to illustrate the air-filled compartments.