

**CASE REPORT: SIMPLE CYST OF TESTIS (TESTIS SPARING SURGERY)**

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**ABSTRACT**

**Introduction:** Simple cysts of the testis are rare benign lesions with uncertain etiology. In this report we present a simple testicular cyst which was treated by testis sparing cyst excision. A 55 year-old man was admitted with pain and swelling in the right testicle for 6 months. Scrotal ultrasonography revealed 36x30 mm anechoic cystic mass with suspicious irregularity in right testis. We explored the testis. The cyst was enucleated and the testis was spared. Pathology revealed simple cyst. Intratesticular simple cysts are benign lesions. The management of simple cysts includes, orchidectomy, enucleation of the cysts, or conservative surveillance. While most of the small, asymptomatic cysts are treated with conservative surveillance, it is suggested that enucleation of cyst should be performed if the cyst symptomatic or palpable as in this case.

**Key words:** Testicular cyst, Benign, Sparing surgery

**ÖZET**

Testisin basit kistleri ender görülen, etiyolojileri tam olarak bilinmeyen lezyonlardır. Biz, testis koruyucu kist eksizyonu uyguladığımız basit testis kisti olgusunu sunduk. 55 yaşındaki erkek hasta kliniğimize 6 aydır süren sağ testiste ağrı ve şişlik şikayeti ile başvurdu. Skrotal ultrason incelemede duvar düzensizliği olan 36x30 mm boyutunda anekoik kistik kitle izlendi. Testis explore edildi ve testis korunarak, kistin enükleasyonu gerçekleştirildi. Basit testis kistinde tedavi seçenekleri radikal orşiyektomi, kistin enükleasyonu veya izlem şeklindedir. Küçük asemptomatik kistlere izlem uygulanırken, özellikle olgumuzdaki gibi semptomatik ve ele gelen kistlerde enükleasyon önerilmektedir.

**Anahtar kelimeler:** Testis kist, Benin, Koruyucu cerrahi

**INTRODUCTION**

Simple cysts of the testis are generally diagnosed incidentally and seen rarely. The diameter of the cysts varies from 2 mm to 2 cm. These lesions are usually solitary but they can be multiple. Most of them occur in men older than 40 years. Intratesticular cysts can occur anywhere in testis but usually located adjacent to the mediastinum testis and they are associated with spermatoceles. This association with spermatoceles suggests post inflammatory or post traumatic obstruction of the testicular tubular system as a possible etiology<sup>1</sup>. Cysts may arise from secretions of intratesticular epithelial cells<sup>2</sup>. However, in most of the cases the etiology of cysts are unknown.

In this report, we present a simple testicular cyst which was treated by testis sparing cyst excision.

**CASE REPORT**

A 55 year-old man was admitted to our clinic with pain and swelling of right testicle for 6 months. There were no history of trauma and infection. On physical examination we found 3 cm non-tender, non-firm mass in right testis. Mass can not be separated from the testicle. Left testis was

normal in palpation. Scrotal ultrasonography (USG) revealed 36x30 mm anechoic cystic mass in right testis. Since the scrotal USG reported suspicious irregularity at the cyst wall, we had scrotal magnetic resonance imaging (MRI) which showed 3x3 cm smooth cystic mass in the testicle (Figure 1).  $\alpha$ -fetoprotein and beta-human chorionic gonadotrophin levels were normal. PSA value was 0.257.

Exploration of right testis through an inguinal incision revealed a 3x3 cm cystic mass which was palpated under the tunica albuginea (Figure 2). We decided to spare the testis. Tunica albuginea was opened, the cyst was enucleated by blunt dissection. Tunica albuginea was then closed. No complication was seen. Pathology revealed simple cyst. The wall of the cyst is lined with a simple cuboidal epithelium.

**DISCUSSION**

Intratesticular simple cysts are benign lesions. They have been reported in all age groups, and must be distinguished from other testicular tumors. Takihara et al stress this distinction should be possible by ultrasound<sup>3</sup>.

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Figure 1. Magnetic resonance imaging of the testis

The management of simple cysts in adults is still controversial; few cases are reported and experience of management is limited. There are three treatment choices: Radical orchidectomy, enucleation of the cysts with testicular parenchyma preservation or conservative surveillance by ultrasonography. According to followers of the first choice, in the presence of simple cysts, small foci of malignancy cannot be excluded, and therefore the safe option would be radical excision. However, several publications advocate removal of the cysts and hence sparing the testis. Many surgeons and radiologists advocate a 'watch and wait' policy. Hobarth and Kratzik consider that as ultrasonography permits a clear differentiation between neoplastic and non-neoplastic cysts, conservative management is justified<sup>4</sup>.

Hamm et al stress the importance of palpability and claim that palpable intratesticular cysts should be removed<sup>5</sup>. This recommendation would include simple cysts if they were palpable.



Figure 2. Intra-operative appearance of the right testicular mass

In this case because the cyst was palpable we performed enucleation of the cyst.

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