Case report *Olgu sunumu*

Bilateral giant spermatocele mimicking an intrascrotal mass

İntraskrotal kitleyi taklit eden iki taraflı dev spermatosel

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Summary

Spermatocele is a rare condition causing a large scrotal mass, pain, and disturbance. A 45-year-old patient had complaints of scrotal pain, tenderness, and swelling of three-year history. On palpation, there were multiple bilateral, firm masses. Scrotal ultrasonographic examination showed fluid-filled cystic masses in multilocular spaces measuring 57x30 mm on the right, and 84x59 mm on the left. Bilateral scrotal exploration was performed and 11 spermatoceles on the left side, and six on the right side were completely excised. The patient was discharged on the first postoperative day. At one-month follow-up, no complications or recurrence were observed.

Key words: Diagnosis, differential; spermatocele/surgery.

Özet

Spermatosel, iri skrotal kitle, ağrı ve rahatsızlığa yol açan nadir bir hastalıktır. Kırk beş yaşındaki hasta, üç yıldır var olan skrotal ağrı, hassasiyet ve şişlik yakınmalarıyla kliniğimize başvurdu. Palpasyonda iki tarafta da çok sayıda sert kitleye rastlandı. Skrotal ultrasonografik incelemede, multiloküler boşluklarda, sağ tarafta 57x30 mm, sol tarafta 84x59 mm ölçülen sıvı dolu kistik kitleler görüldü. Hastaya iki taraflı skrotal eksplorasyon yapıldı ve sol taraftan 11 adet, sağ taraftan altı adet spermatosel tümüyle çıkarıldı. Hasta ameliyattan sonraki gün taburcu edildi. Bir aylık izleminde komplikasyon ya da nüksle karşılaşılmadı.

Anahtar sözcükler: Tanı, ayırıcı; spermatosel/cerrahi.

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Spermatocele is a rare condition causing a large scrotal mass, pain, and disturbance in men. Prior to treating the spermatocele, hydrocele, intrascrotal tumoral masses, and other scrotal pathologies should be excluded.

We present a case of giant bilateral spermatocele mimicking a hydrocele or a mass.

Case report

A 45-year-old patient with complaints of scrotal pain, tenderness, and swelling was evaluated in our urology outpatient clinic. The duration of his complaints was three years. Physical genital examination revealed multiple bilateral, firm masses on palpation. The testicles and epididymal structures were not fully palpable. Infection could not be excluded. There was no history of trauma, inguinal or other surgery, and nothing special was determined in his drug history. Urinary analysis, hematocrit and creatinine levels were normal. Testicular tumor markers were normal. Scrotal ultrasonographic examination showed fluid-filled cystic masses in multilocular spaces measuring 57x30 mm on the right (Fig. 1a) and 84x59 mm on the left (Fig. 1b). Both testicles and epididymes were pushed by the masses anteriorly.

Bilateral scrotal exploration was performed with a midline raphe incision. Eleven spermatoceles on the left side, and six on the right side were completely resected and excised (Fig. 2). Testicles, epididymes, and vasa deferentia were normal on both sides. Infective hydrocele fluid was aspirated and repair was performed with the Winkelman procedure. The patient was discharged on the first postoperative day. At one-month follow-up, no complications or recurrence were observed.

Discussion

Spermatocele is an intrascrotal lesion that can be easily confused with other intrascrotal pathologies. Testicular or paratesticular tumors must be excluded with physical examination and detailed scrotal ultrasonography. However, in some cases, surgical exploration is required for the diagnosis. Yeh et al.[1] reported a case of giant spermatocele that mimicked a hydrocele, in which scrotal exploration and pathologic examination

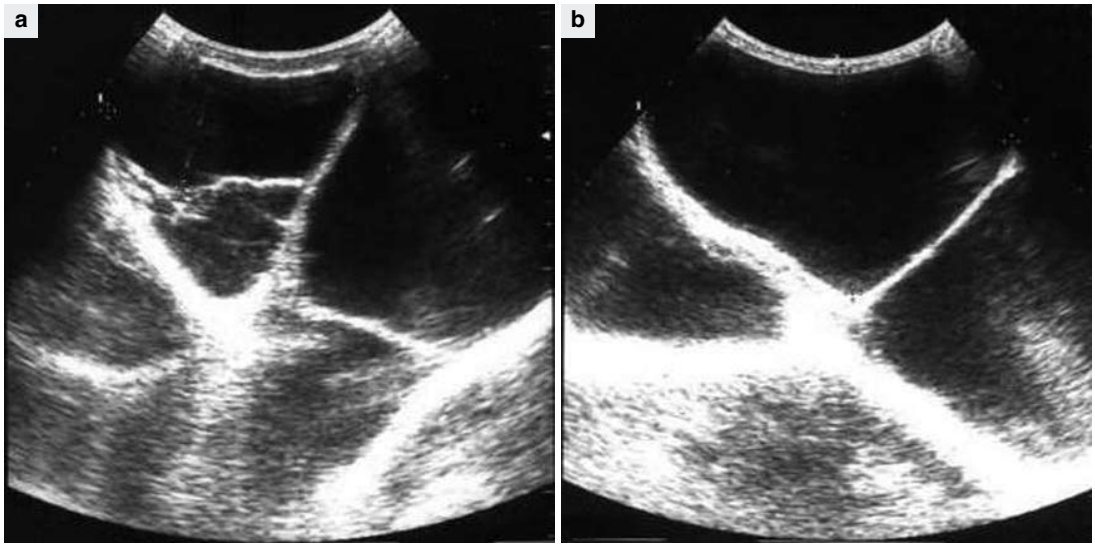

Figure 1 Scrotal ultrasonography showing multiple spermatoceles on the **(a)** right and **(b)** left.

provided the definitive diagnosis. In another report, a calcified spermatocele was diagnosed by surgical excision and pathologic evaluation because it mimicked a paratesticular neoplasm for which an unnecessary orchidectomy was performed.[2] Thus, careful assessment and differentiation of intrascrotal spermatoceles from other intrascrotal lesions are essential to avoid unnecessary treatment. Similar to our case, Başar et al.[3] reported a bilateral giant inguinoscrotal multilocular spermatocele that showed gradual enlargement. Yagi et al.[4] detected a multilocular spermatocele during exploration of the periepididymal area for suspicion of an epididymal tumor.

Although most spermatoceles are small in size and rarely cause clinical problems, larger spermatoceles may resemble other intrascrotal pathologies, especially testicular and paratesticular organ tumors. Spermatoceles have been reported to be located close to the epididymis, and to originate from paratesticular organs, as in our case. Mizuo et al.[5] reviewed Japanese literature from 1951 and found 22 spermatocele cases.

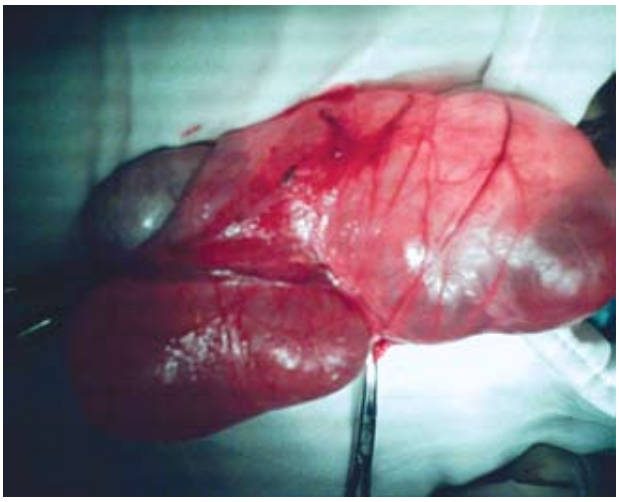

Figure 2 Intraoperative appearance of bilateral spermatoceles.

In conclusion, any tumoral pathology in the scrotum must be excluded for the diagnosis of spermatoceles. Although ultrasonography has very high sensitivity and specificity rates in detecting intrascrotal lesions, surgical exploration and confirmation of the pathology may be required for a definitive diagnosis.

References

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