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Spontaneous testicular infarction mimicking testicular neoplasm

Common causes of global testicular infarction are often testicular torsion, trauma, incarcerated inguinal hernia, epididymitis and even endovascular therapy for aneurysm involving coil embolization secondary to a thrombus in the testicular artery (1,2).

Idiopathic testicular infarction appears to represent a relatively uncommon phenomenon (3).

As its clinical and radiological presentation are not specific (3,4) and may closely resemble testicular tumors (5), the main question is whether we can preoperatively differentiate this entity from neoplasia in patients with no other signs of malignancy. For most authors, since testicular cancer or necrotic testicular tumor could not be entirely excluded, exploratory surgery is mandatory (3). The final diagnosis can only be established after surgery (5).

We present a case that was initially misdiagnosed as testicular cancer but correct diagnosis of testicular infarction was made after surgical exploration.

Case report

A 38-year-old man presented a swelling on the left testicular without pain 3 years before his first visit to our urology department. He had a history of infertility of 3 years, but denied having a recent history of trauma, dysuria, urethral discharge, or fever.

No abdominal tenderness or hernia was observed during physical examination. The left testis presents a 3 cm node, but without heat or redness.

Scrotal gray scale ultrasonography revealed a round, well circumscribed and hyperechogenic heterogenous lesion without acoustic shadow, about 2.5 cm in diameter located at the anterior face of the left testis. Scrotal Doppler ultrasonography showed an oval-shaped, heterogenous echogenic lesion without any blood supply (Figure 1). A hematoma, tuberculoma or cancer was considered. Tumor markers (lactate dehydrogenase, α -fetoprotein and β -human chorionic gonadotropin were normal) were all within the reference range. Urinalysis and chest x-ray were also normal.

Figure 1 : Sagittal view of left testis by color Doppler ultrasound: Heterogenous echogenic lesion measuring about 3 cm (arrow). Doppler studies showed no significant color flow.



Testicular cancer was most suspected. Subsequently, left high radical orchiectomy was performed through an inguinal incision. The operative findings were an ischemic whitish lesion of about 2,5 x 1 x 1.5 cm located in the left testis without torsion of the spermatic cord.

The subject had good recovery after surgery and was discharged on the second hospital day.

Pathologic finding were extensive necrosis and infarction of an atrophic testis without evidence of infection or malignancy.

Aetiological research (medical history, clinical examination and biology didn't reveal any abnormality in favour of vasculitis, dyslipidemia, protein S or antithrombin III deficiency.

Thus we concluded to an idiopathic testicular infarction.

Conclusion

Idiopathic testicular infarction is a rare cause of scrotum swelling. If diagnosis is still uncertain after clinical and sonographic evaluation, early surgical exploration is often suggested to confirm the diagnosis.

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