# Aspecific acute scrotal mass

Dr Hans G, Dr Pani M, Dr Saussez Th

*Cliniques Universitaires Saint Luc UCL*

## Case report

We report the case of a  83 Y. O. male and comorbid patient who present an aspecific acute scrotal mass since 21 days. This patient had remission operated rectal cancer, psoriasis, renal insufficiency and left hydrocele surgical treatment .

Medcations: Sintron hemodialyse, Emconcor mitis, Oméprazol Rocaltrol Nitroderm patch Paracetamol.

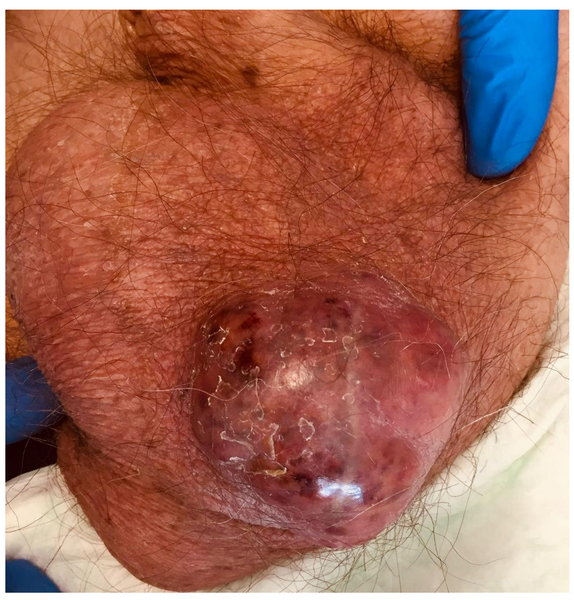
He complains about a rapid appearence of a scrotal mass for 21 days. Initially a desquamating cutaneous lesion in the left scrotal portion without any temperature and no systemic symptoms. The lesion's size was five centimeters in diameter with the appearance of a multilobed purple subcutaneous mass without any other symptoms.

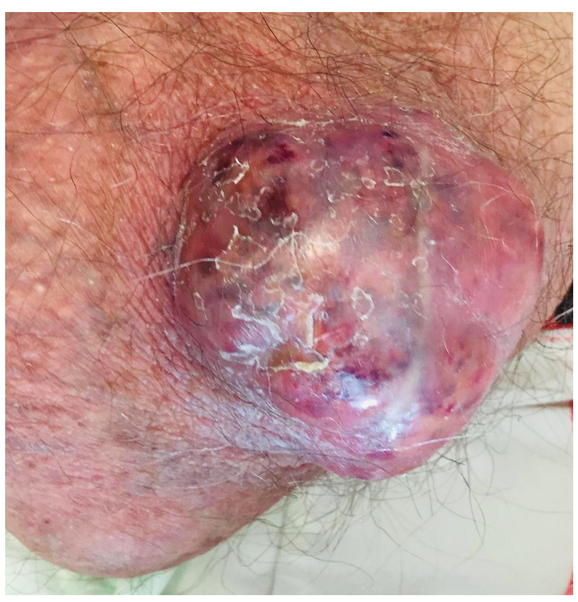
Clinical examination: scrotal skin painless mass (5cm) with palpated extension towards the tail of the epididymis, no inguinal lymph node found. No fever

Biologic markers : CRP 13.2 mg/L, WBC 6.77 10e3/MicroL, Neutro %age 83.4 %

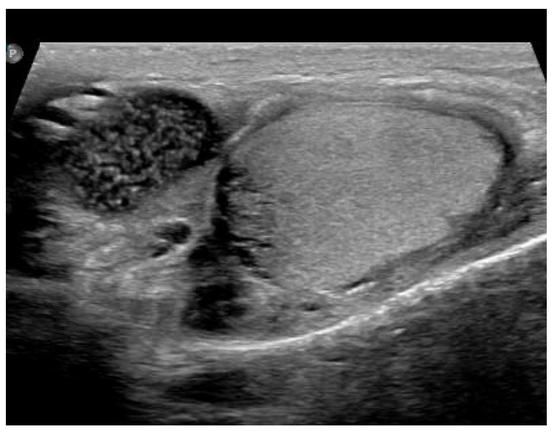
Uribe Culture :  no infection, BK negative

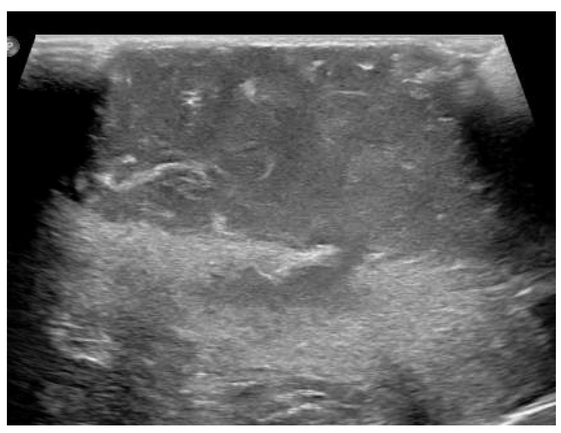
Clinical aspect





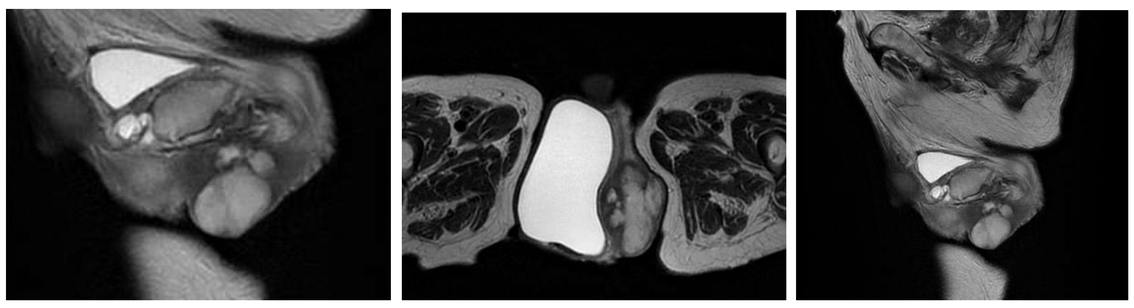
Ultra sound





At the level of left testis hypoechogenic formation with hyperechogenic structure measuring about 6 x 2.4 cm with a fistulous path deep to the tail of epididymis (non-identifiable) with traction aspect of the lower pole of the testicle which presents a hypoechogenic appearance. Consider MRI

MRI



Lobulated left scrotal mass of 36 x 58 x 40 mm. It is in intermediate T2 signal, T1 hyposignal and clear diffusion restriction. Left epididymitis with abcedation and cutaneous fistula as first hypothesis of subacute origin

## Treatment

Treatment was a surgical approach consisting of a scrotal approach with wide cutaneous resection, progressive dissection of the chimney connecting the mass to the epididymis. An epididymectomy was also performed.

Extemporaneous analysis of the surgical section slice showxs: on the testicular vaginal revealed a nonabsorbable suture wire responsible for an intense macrophage reaction against foreign body. No tumor was found

## Anatomopathology

Pathology shows macrophagic activation on non-resorbable foreign body (suture) with abscess and subcutaneous fistular tract. It is propitious that the abscess drains to the skin but the treatment remains surgical.

## Conclusions

Differential diagnosis of scrotal masses sometimes requires the help of imaging like MRI. In this particular case ultrasound was poor Clinical examination remains the gold standard but in this case a tumor seemed to be the most probable diagnosis. Imaging in special cases is therefore important for the treatment strategy