

Case Report

Scrotal Calcinosis – A Rare Entity

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A B S T R A C T

Introduction: Scrotal calcinosis is a rare benign condition. There are usually a few symptoms and the impact is mainly functional and aesthetic. Insoluble calcium salts build up in the skin or superficial soft tissue.

Case Report: A 33-year-old male patient came with complaints of multiple scrotal nodules. Preliminary examination showed multiple such nodules measuring 2–4 cm in diameter.

Conclusion: Epidermoid cyst, scrotal calcinosis, and scrotal abscess were all considered clinically as differential diagnoses. Histopathological examination helped to reach a final diagnosis of scrotal calcinosis which is a rare benign condition.

Keywords: Scrotal Calcinosis, Calcification, Scrotal Cyst

Introduction

Idiopathic scrotal calcinosis is a benign condition involving the scrotal skin defined as the presence of multiple calcified nodules confined to the dermis. Although it is believed to be idiopathic, dystrophic calcification of longstanding sebaceous cysts and degenerative changes of the dartos are postulated to be involved in the pathogenesis.¹

Case Report

A 33-year-old male patient came with complaints of multiple scrotal nodules. Such nodules measuring 2–4 cm in diameter were seen in the preliminary examination. After clinical evaluation, excision of the lesion was done and the resected specimen was sent to the Department of Pathology for histopathological examination.

Gross Examination

Received multiple tissue pieces measured 2.0 cm x 1.5 cm x 1.5 cm and 2.5 cm x 2.0 cm x 1.0 cm and were greyish white in colour. On the cut section, chalky white impacted material was present (Figure 1).

Microscopic Examination

Haematoxylin and eosin (H&E) stained sections showed many basophilic calcium deposits in the dermis and fascia (Figure 2). These calcium deposits were of variable sizes varying from pinpoint to large cystic spaces with an amorphous basophilic appearance. At places, calcium deposits were surrounded by histiocytes and foreign body giant cells. No granuloma or atypical cells were seen.



Figure 1. Cut Section of A Gross Specimen showing A Large Central Area of Calcification

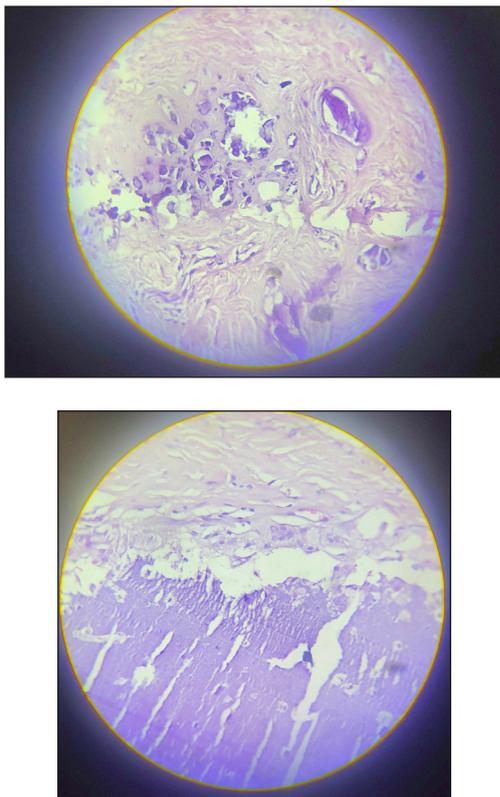


Figure 2.H&E Sections showing (a) Multiple Foci of Calcium Deposits in the Dermis and (b) Focus of Calcium Deposition Surrounded by Histiocytes

Discussion

Idiopathic scrotal calcinosis was first described by Lewinski in 1883. The condition usually begins in adolescence or early adulthood. It generally presents as yellowish-brown, firm, solitary, or multiple nodular lesions on the scrotal skin which increase in size and number. Usually, they are asymptomatic but sometimes produce vague pain, discharge or itching and may also develop complications (infections).¹ Although it involves calcium deposition, there is no association with abnormal calcium metabolism.² The nodules are usually asymptomatic and patients seek medical advice mainly for cosmetic reasons. However, in some cases, patients can present with heaviness, itching, or discharge from the calcified masses. The delay between the occurrence of the disease and therapy is often several years because of the benign course and negligible symptoms encountered by the patients.³ The only treatment recommended is surgery, either doing an elliptical incision or enucleation and it must be limited to the scrotal skin since the lesion is usually limited to the dermis. Recurrence has been reported in a few cases.⁴

Conclusion

Epidermoid cyst, scrotal calcinosis, and scrotal abscess were all considered clinically as differential diagnoses.

Histopathological examination helped to reach a final diagnosis of scrotal calcinosis which is a rare benign condition.

Conflict of Interest: None

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