AB157. SOH21AS133. A case of segmental testicular infarction masquerading as a testicular neoplasm

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Background: Testicular infarction is rarely encountered, with fewer than 70 case reports in the literature. Complete infarction of the testis is mainly associated with testicular torsion. However, segmental testicular infarction is infrequently seen and is idiopathic in up to 70% of cases. Other etiologies of segmental infarction include trauma, iatrogenic insult and co-morbid hypercoagulable disease states such as sickle cell disease and vasculitis.

Methods: We present this unusual case of segmental testicular infarction in a healthy 45-year-old man to address the diagnostic challenges that affect clinicians in such cases which can be mistaken for other testicular pathologies. This gentleman had a four day history of sudden onset, severe left testicular pain. He reported no preceding testicular trauma, abscess, infective symptoms or relevant past medical or haematological history. Examination yielded a differential diagnosis of an infective process or testicular neoplasm.

Results: Tumour marker analysis was negative and inflammatory markers were elevated. Initial ultrasound was suggestive of a testicular tumour with a 1.8-cm solid hypo-echoic lesion noted in the mid-lower pole of the left testis. Interval imaging one week later following a course of antibiotics reported stable appearances of the previously noted lesion. This patient proceeded to left radical orchiectomy with pathological examination revealing a segmental infarction of the left testis and the presence of a varicocele.

Conclusions: As demonstrated in our case, these testicular infarcts can present diagnostic radiological and clinical challenges and often masquerade as testicular neoplasms. Raising awareness of this uncommon differential can help to more promptly diagnose testicular infarction in patients presenting with acute scrotal pain.

Keywords: Acute scrotal pain; idiopathic; segmental infarction; testicular infarction; testicular neoplasm

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Footnote

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