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Multiple scrotal swellings: a rare case of idiopathic scrotal calcinosis

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Abstract

We present a rare case of idiopathic calcinosis of scrotum. The patient presented with multiple scrotal swellings associated with on and off itching and without any other symptoms for 3 years. These swellings were clinically diagnosed as multiple sebaceous cysts of scrotum. Histopathological examination revealed calcinosis of the scrotum.

Key words: Multiple scrotal swellings, scrotal calcinosis

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A 36 year old male presented with a multiple scrotal swellings of 3 year duration. There was a history of on and off itching. On examination there were multiple nodular swellings (Fig 1). The swellings were white, hard and occupying anterior wall of the scrotum. There was no similar swelling elsewhere. Provisional diagnosis of multiple sebaceous cyst of scrotum was made.

The patient underwent en-bloc excision of involved scrotal skin under spinal anesthesia and primary closure was done. Histopathology revealed idiopathic calcinosis of the scrotum (Fig 2).

Discussion

Idiopathic calcinosis of scrotum is a rare and benign condition. It was first described by Lewinski in 1883¹. It is characterised by multiple hard swellings on the scrotum. Most of them are asymptomatic². Histologically it is characterised by amorphous, basophilic, calcium deposits within the dermis that are variable in size often surrounded by foreign body type of granulomatous reaction³.



Fig 1. Multiple scrotal nodules

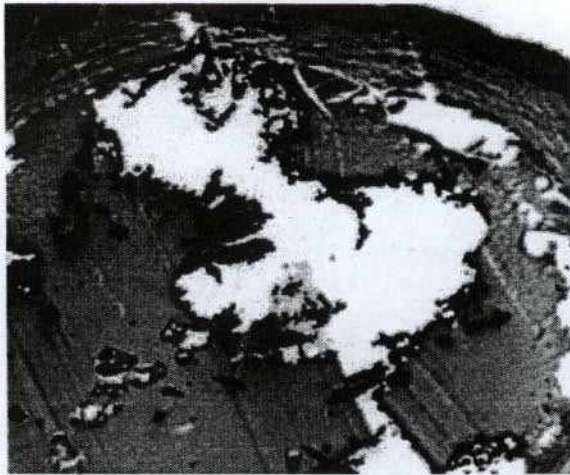


Fig 2. Amorphous calcium deposits with foreign body reaction (H&E, $\times 100$)

Song et al.⁴ suggested that it is due to dystrophic calcification of the scrotal cysts where as King et al.⁵ suggested that it is due to dystrophic calcification of the dartos muscles. Wright et al.⁶ and Fuzesi et al.⁷ failed to find any epithelial material around calcified nodules. Husain et al.⁸ and Pabaccuoolii et al.⁹ concluded the idiopathic nature of calcinosis of the scrotum.

Histopathology is the investigation of choice and treatment of choice is surgical excision. Our patient

underwent excision and primary closure with no complication and recurrence for 3 months of follow up.

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Conflict of interest: None

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