

Scrotal Swelling in a 40-Year-Old Man

Case Presentation

- 40-year-old man
- From Morocco
- Type 2 diabetes, recent diagnosis
- Mother with liver cysts (etiology?)
- Truck driver
- 02/01 mild testicular trauma > progressive pain and scrotal swelling

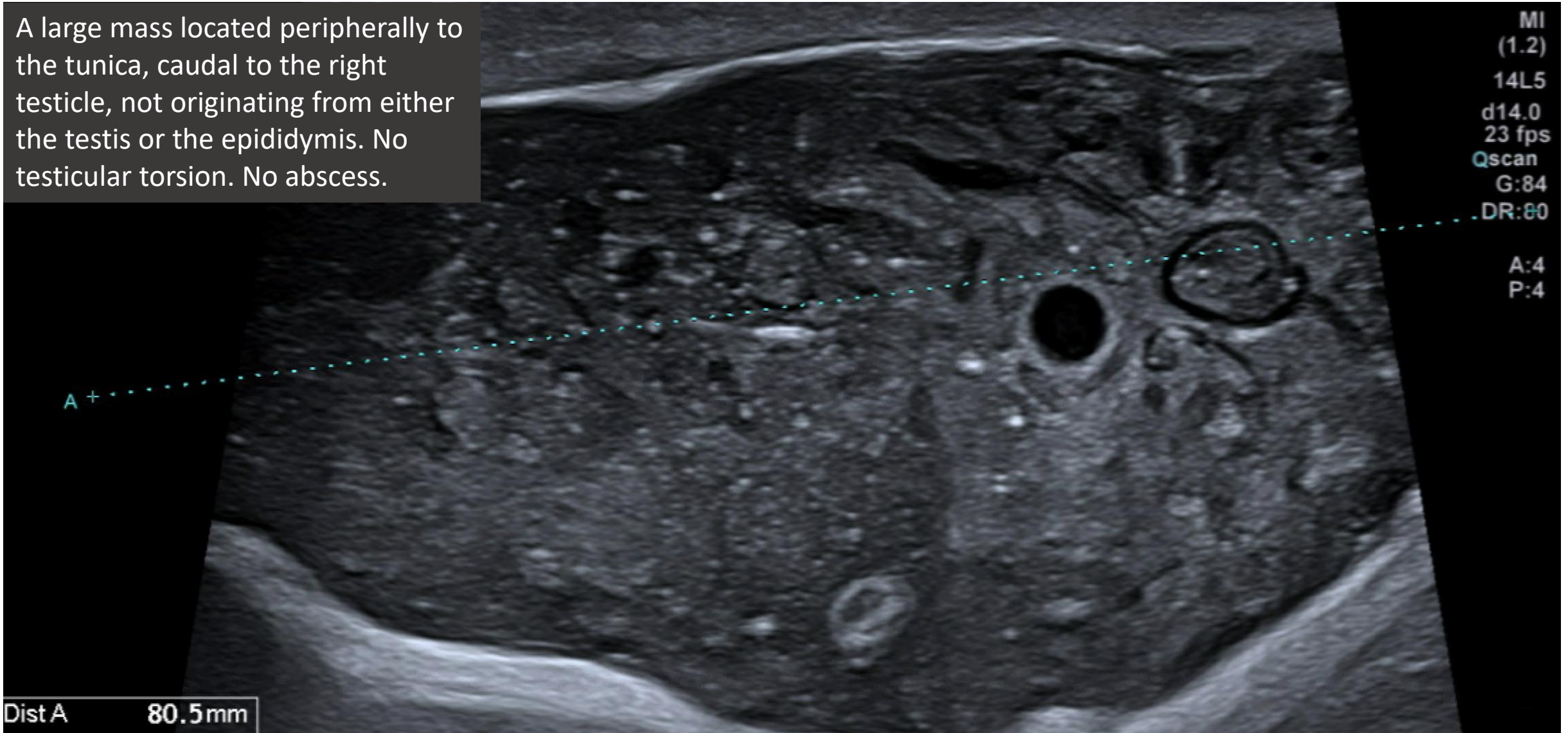
Physical examination

- Abdominal examination unremarkable
- Scrotal swelling
- Tenderness on palpation
- No skin erythema
- No signs of testicular torsion

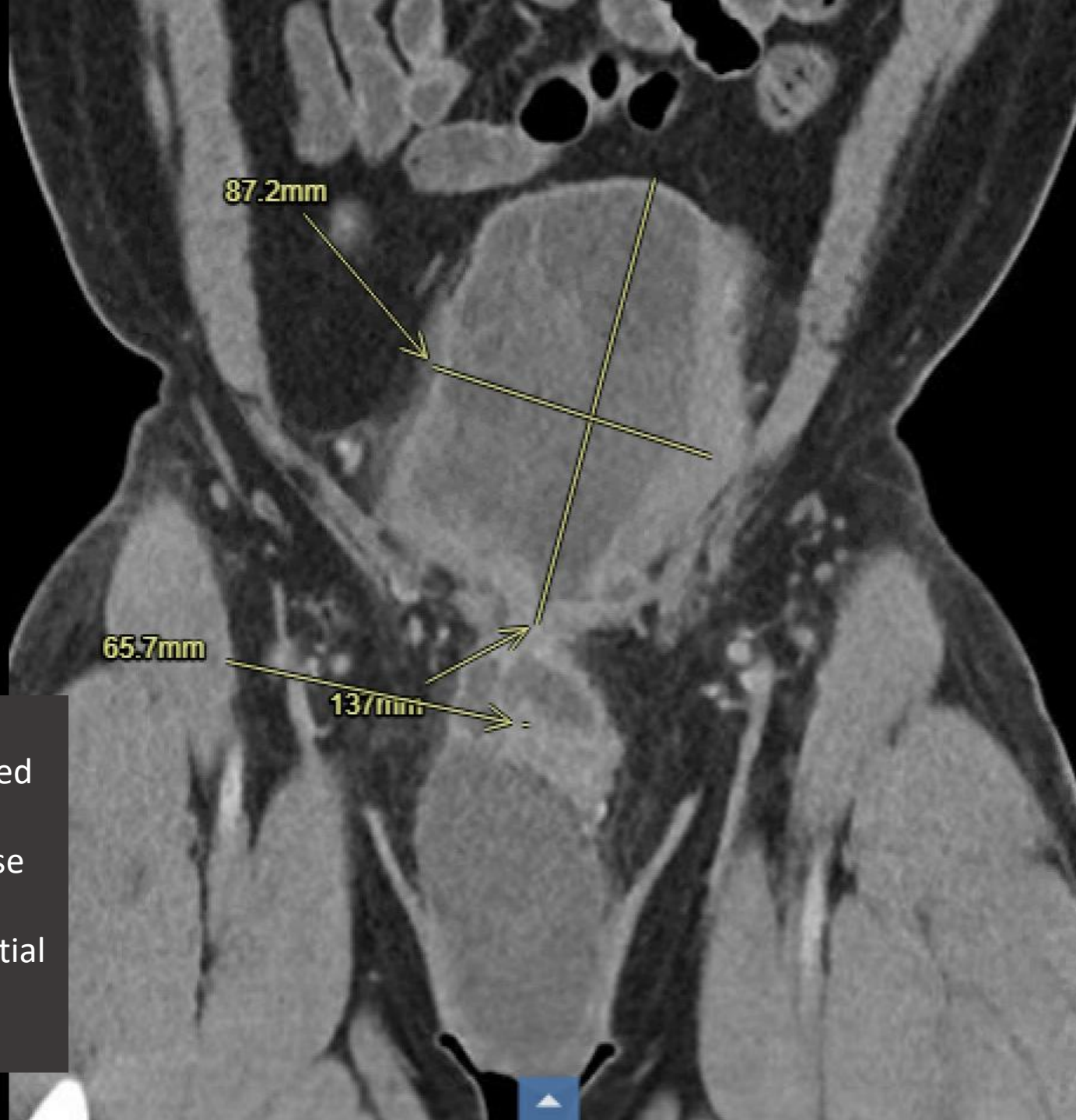
**Admitted to the Urology
Department**

Scrotal ultrasound

A large mass located peripherally to the tunica, caudal to the right testicle, not originating from either the testis or the epididymis. No testicular torsion. No abscess.



Abdominal CT



Three masses, most likely in continuity with each other, located anteriorly in the lower abdomen and cranial and caudal to the base of the penis. Chronic infection (consider tuberculosis)? Differential diagnosis includes another infiltrative mass or lymphoma.

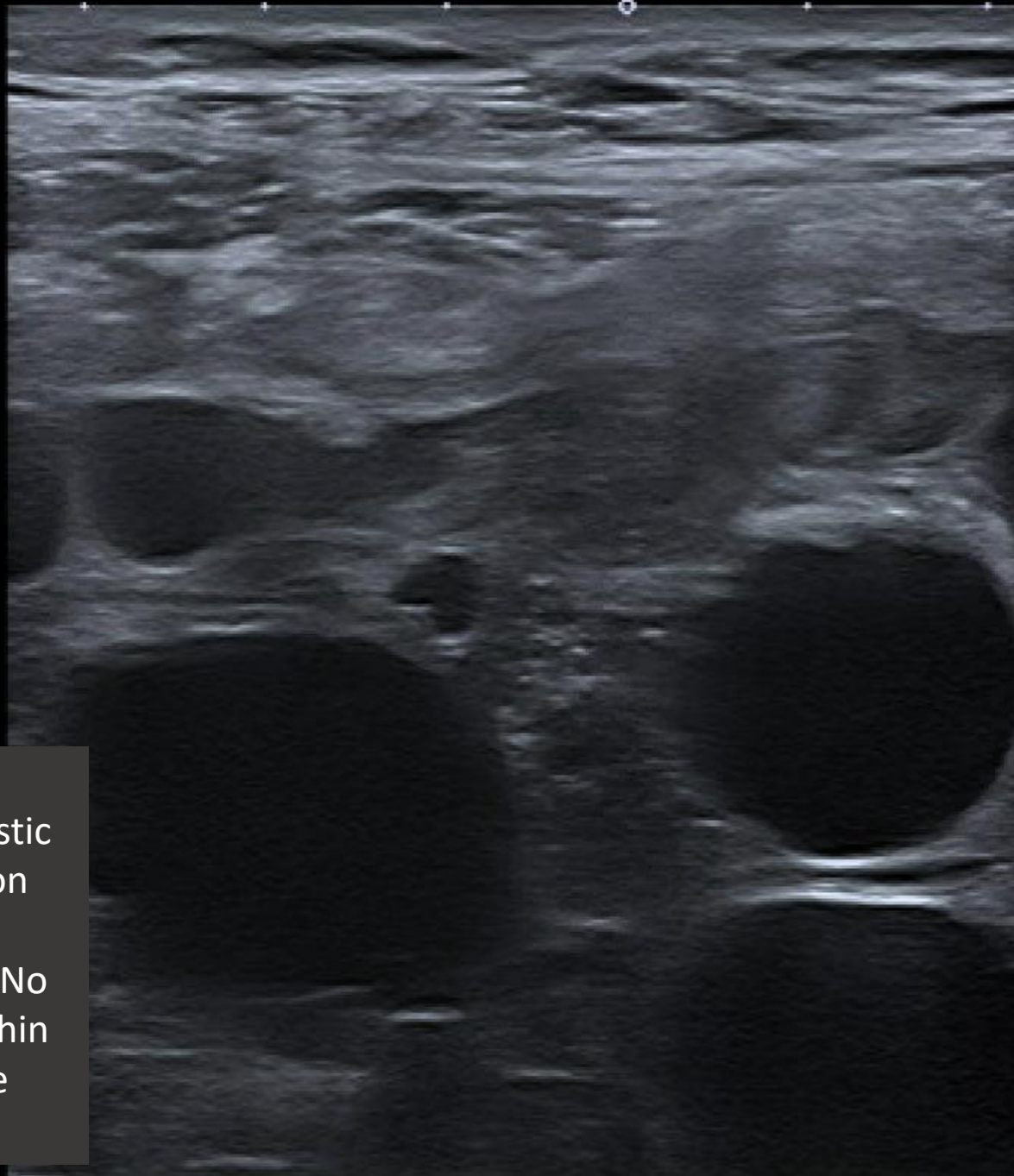
Abdominal CT

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Abdominal ultrasound

Partially cystic prevesical mass containing multiple spherical cystic components, with the impression of intervening loose connective tissue of isoechoic appearance. No hypervascularization is seen within the solid loose connective tissue component.



Laboratory Findings

- CBC
 - Hemoglobin 16 g/dL
 - Leukocytes 10300/mcL
 - Neutrophils 6800/mcL
 - Eosinophils 440/mcL
 - Platelets 202000/mcL
- Blood chemistry
 - Creatinine 0,58 mg/dL
 - Total bilirubin AST, ALT LDH within normal limits.
 - Normal electrolytes
 - CRP 67,8 mg/L

Laboratory Findings

- Serologies
 - HIV: negative
 - HBsAg: negative
 - Anti-HBs: negative
 - Anti-HBc: negative
 - Anti-HCV: negative
 - Syphilis: negative
- Quantiferon: negative

Further Diagnostic Workup

- 08/01 CT scan-guided aspiration and biopsy
 - Pathology: the specimen consists predominantly of striated muscle tissue with a minor component of loose connective tissue containing small vessels. Non-diagnostic findings.
 - No specimen was submitted to microbiology.
- 13/01 Ultrasound-guided aspiration and biopsy
 - Pathology: Only a small fragment of collagenous connective tissue was identified. No diagnostic classification could be made.
 - Microbiology: aerobic and anaerobic cultures negative. Fungal cultures negative. M tuberculosis complex PCR negative. Mycobacterium culture in progress.

Any thoughts?

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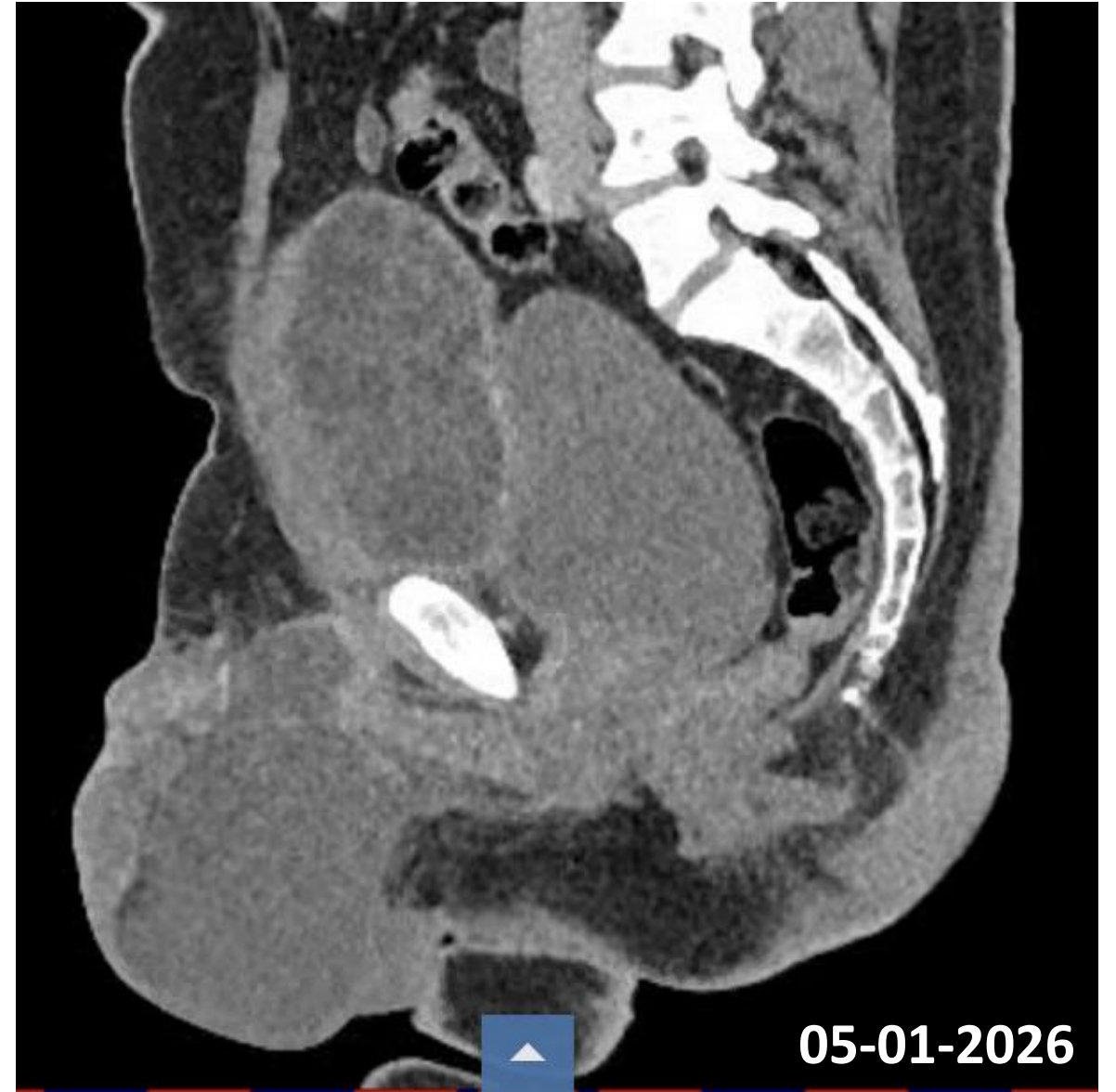
<u>SEROLOGIE</u>			
<u>WORMEN</u>			
* E. granulosus (ELISA)	↑ 1,98 Positief	Ratio	< 1,0 Negatief
E. granulosus (IHA)	↑ 1/1280		< 1/320
* E. multilocularis (ELISA)	↑ 1,09 Positief	Ratio	< 1,00

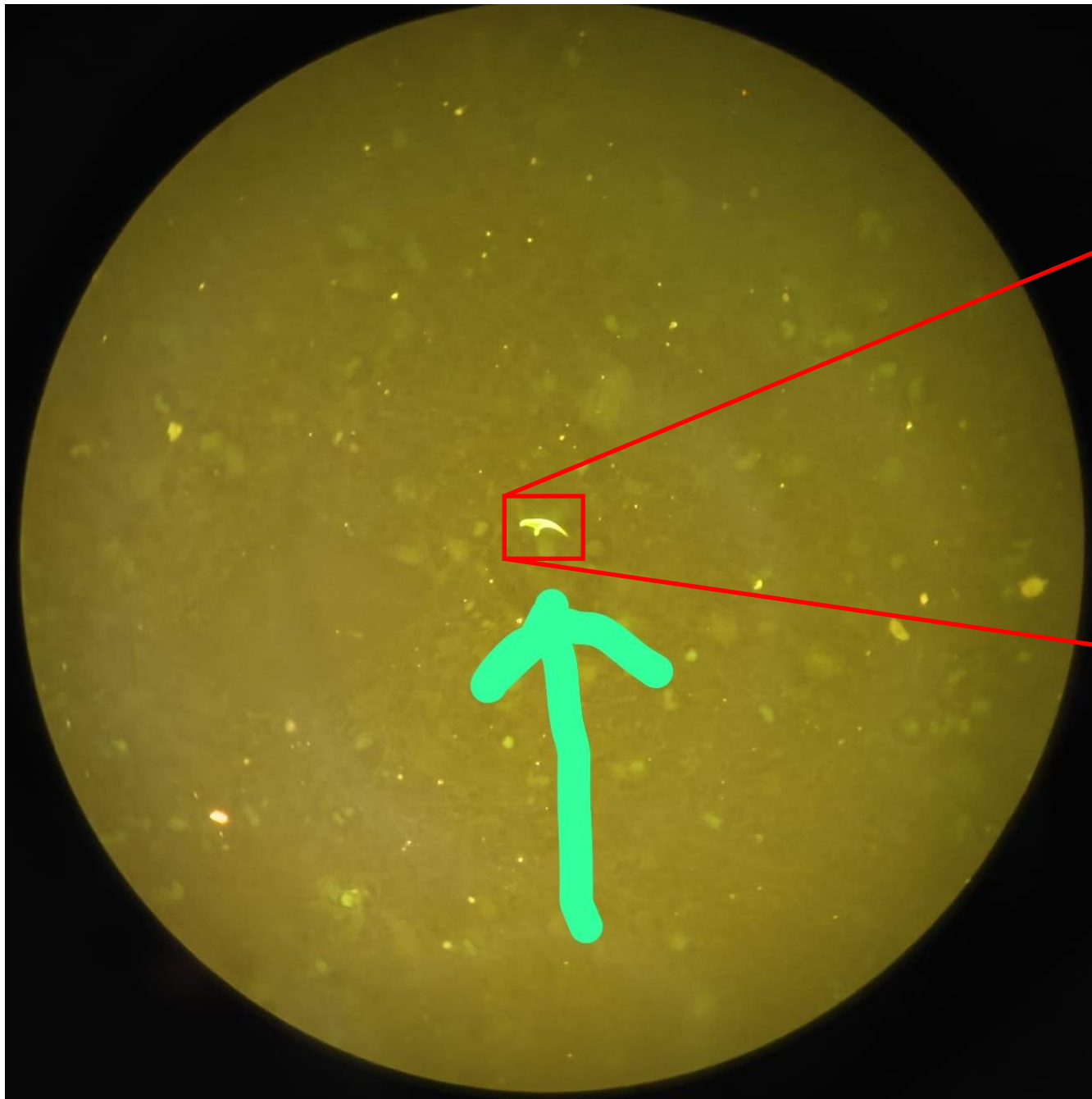
Clinical course

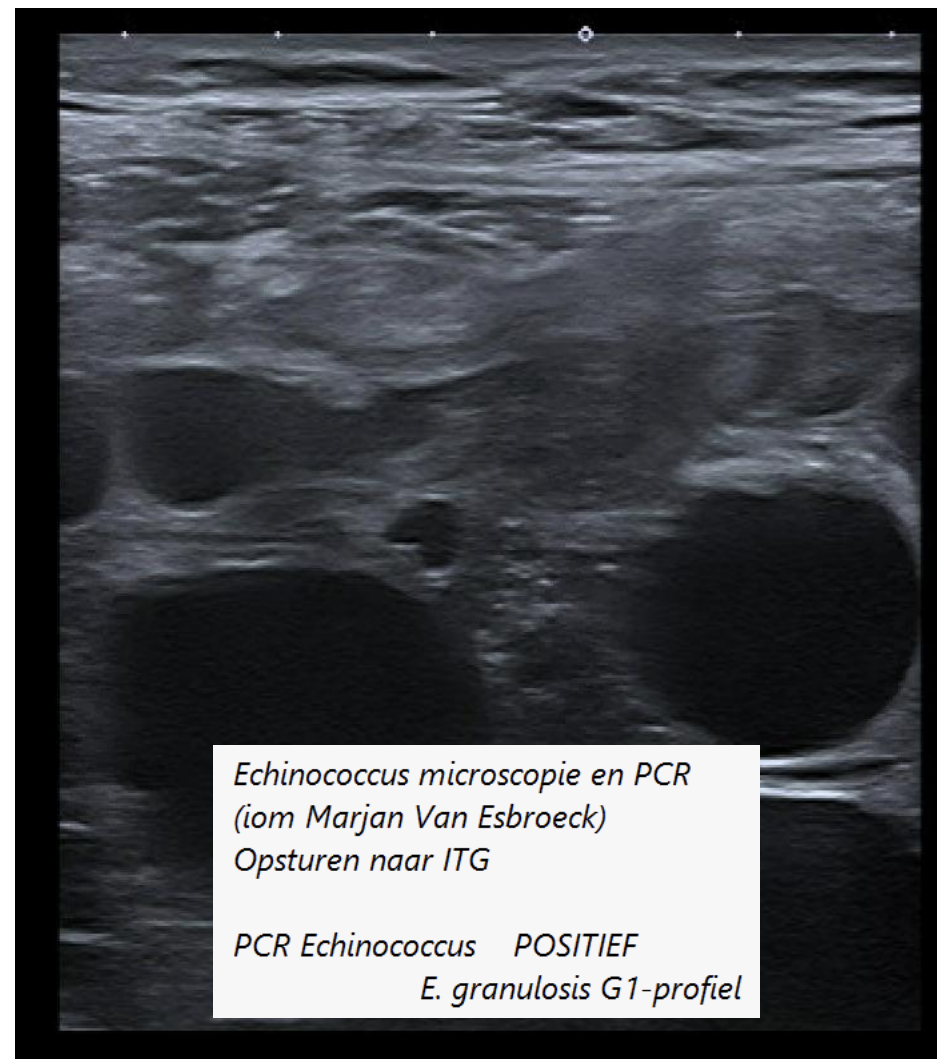
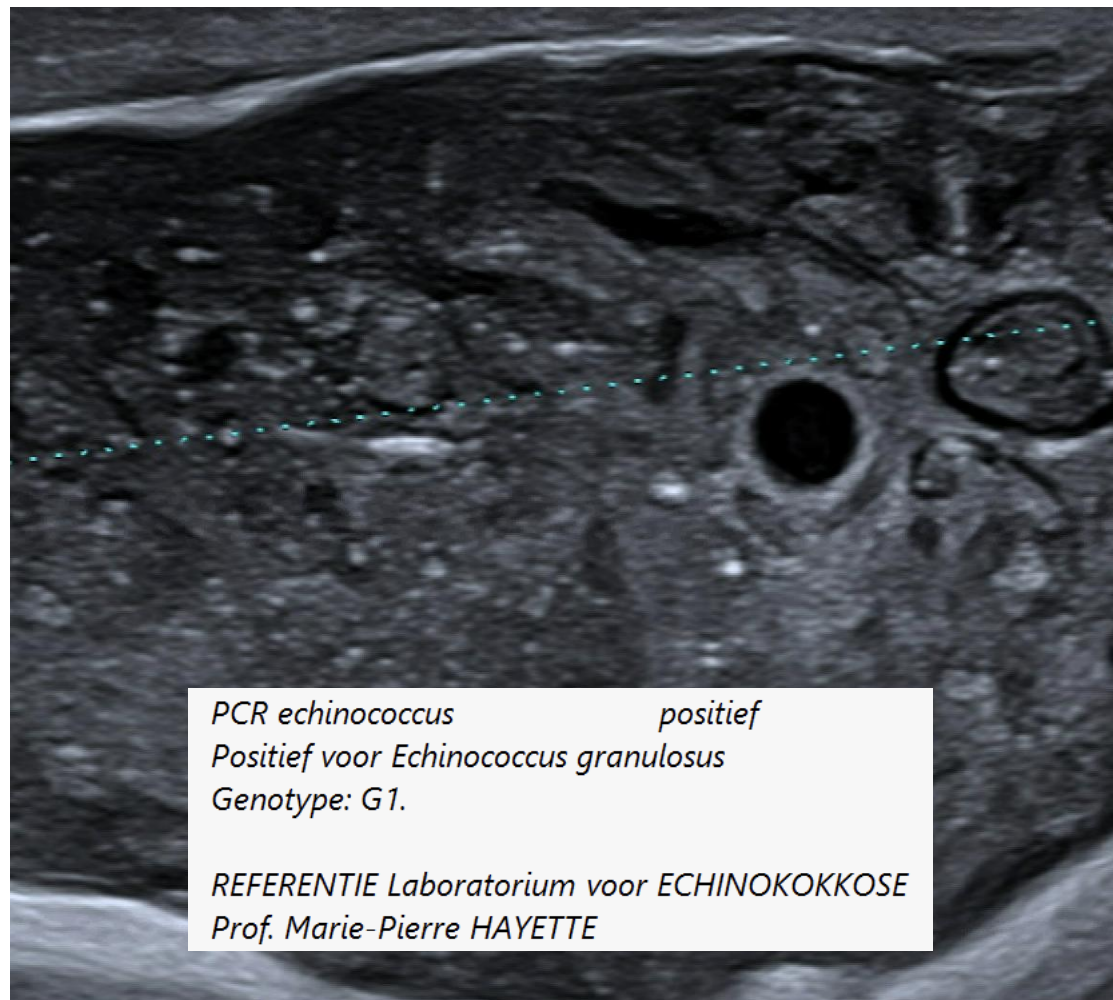
- Internal Medicine evaluation after positive *Echinococcus* serology
- Severe pain + inflammatory signs + cellulitis
- CT abdomen: stable findings, no rupture
- Suspected superinfection → hospital admission (29-01-2026)
 - Albendazole 400 mg BID
 - Antibiotics: Piperacillin–tazobactam
 - De-escalated to amoxicillin–clavulanate (7 days)
- Good clinical response
- Surgical cyst resection planned after 4 weeks of albendazole therapy

Clinical course









Clinical course

- Follow-up by the Urology Department (UZA)
- On March 27th, surgical resection through a perineal approach.
- The cyst wall in the prepubic region was not opened.
- The testis was preserved and remained intact.
- Macroscopically, complete resection.
- Albendazole therapy was continued.

Remaining Questions

- Optimal duration of albendazole therapy?
- Intact prevesical cyst: observe or resect?



CE 1



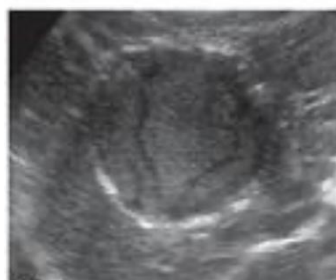
CE 2



CE 3b



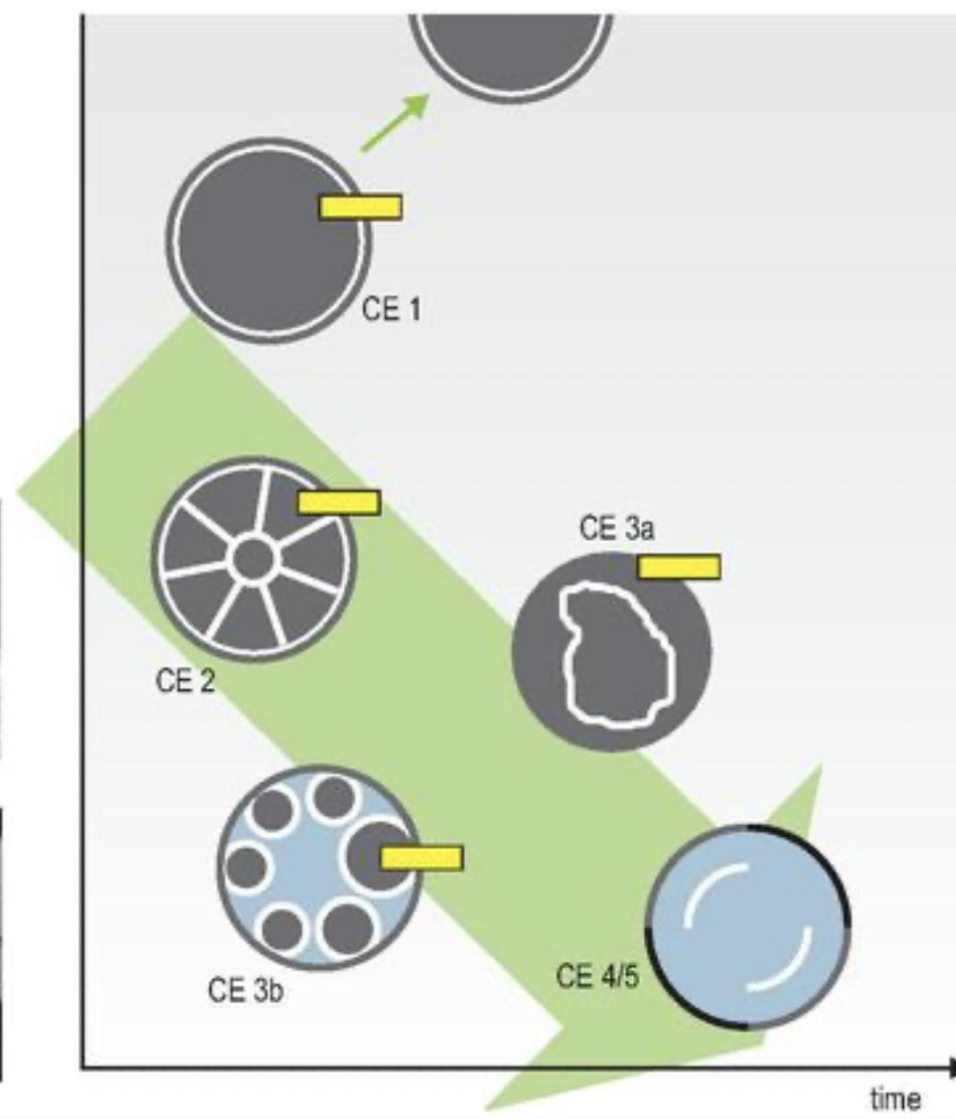
CE 3a



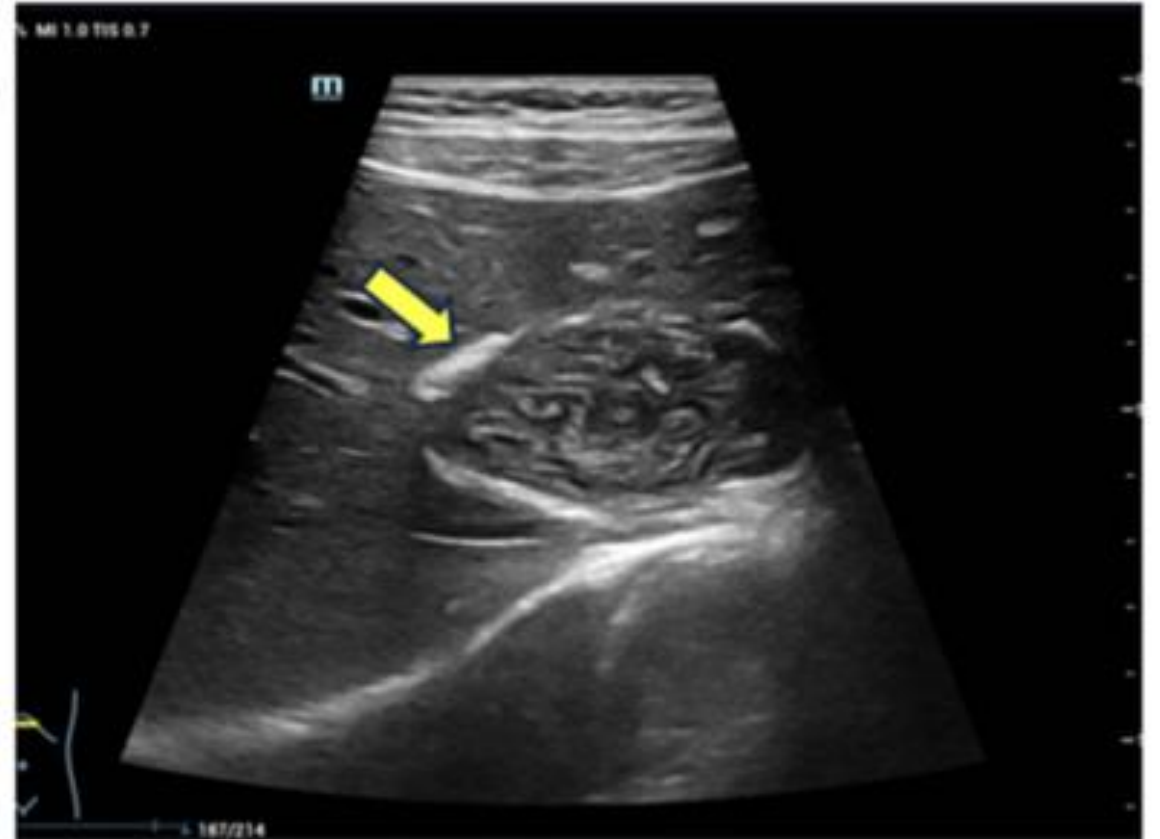
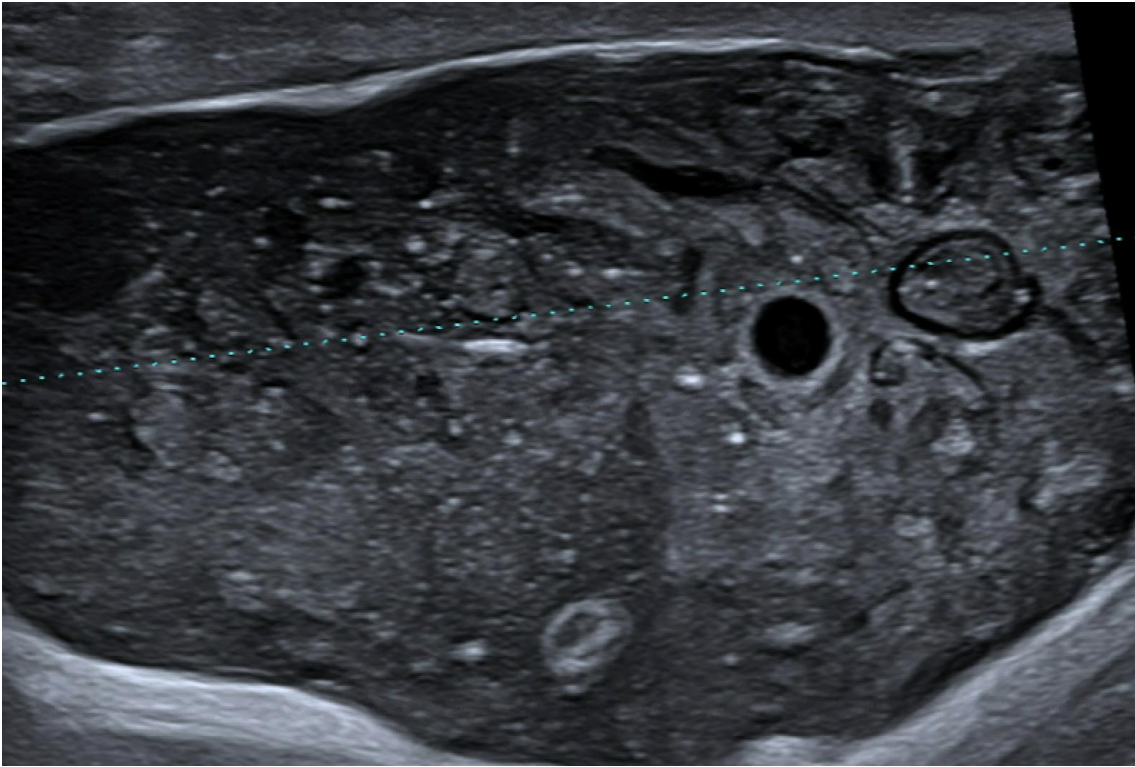
CE 4

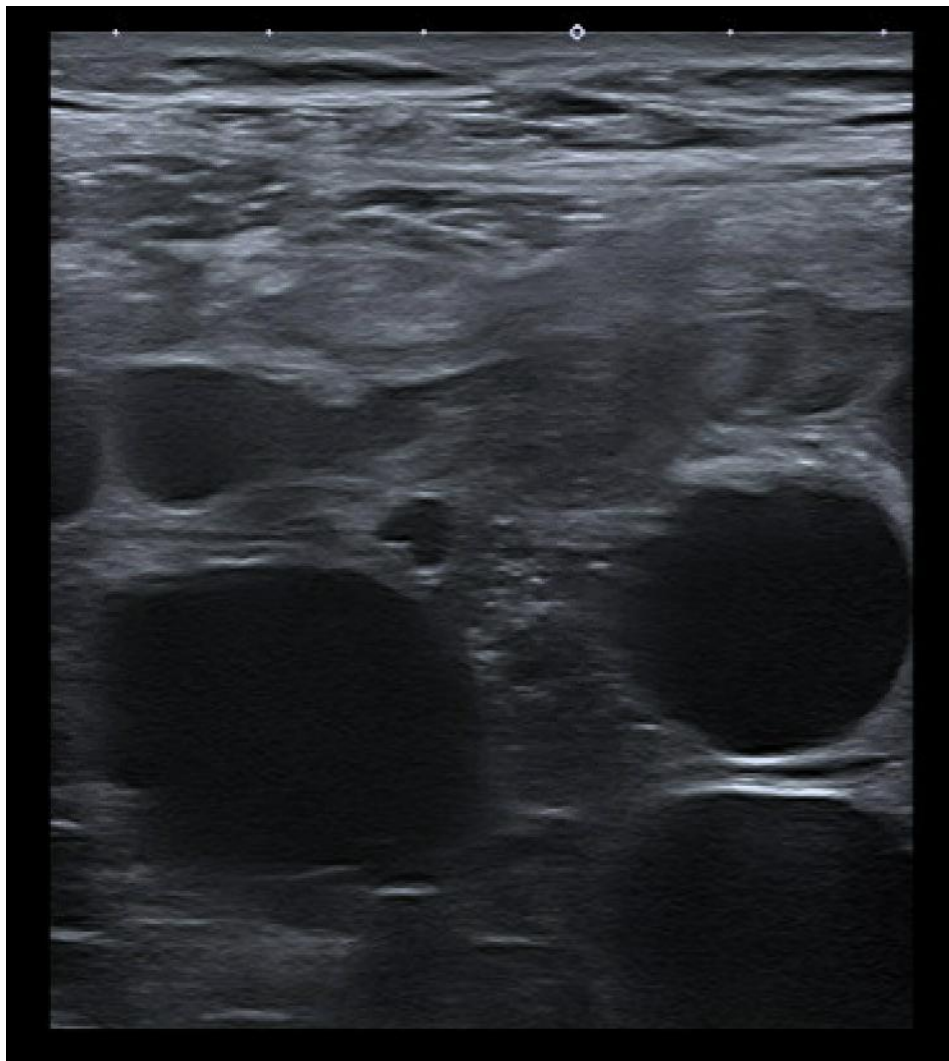


CE 5



CE 4





CE 3b

