Images In...

Post-traumatic intra-testicular haematoma may mimic a neoplasm or abscess on ultrasound

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DESCRIPTION

We report a case of a 33-year-old man who presented with progressive painless testicular swelling. The patient reported a history of blunt testicular trauma 3 weeks prior to presentation, which resulted in minor pain and a sensation of 'popping' at the right groin. Physical exam revealed an enlarged non-tender right hemiscrotum. Labs, including chem10, white blood cells and lactic dehydrogenase were normal. α -fetoprotein and human chorionic gonadotrophin were pending at the time of imaging.

Ultrasound examination revealed a 5.4×3.2×5.6 cm intra-testicular heterogenous lesion with a peripheral hypoechoic rim (figure 1) and prominent peripheral flow with an area of minimal internal flow in the medial aspect of the right testis (figure 2–3).

Differential considerations for these imaging findings include subacute post-traumatic haematoma and fibrosis, complicated abscess, testicular carcinoma or epidermoid tumour.¹

Figure 1 Longitudinal grey-scale image of the medial right testicle shows a 5.4×5.6 cm intra-testicular heterogenous focus with a peripheral hypoechoic rim.

Figure 2 Longitudinal colour Doppler image of the medial right testicle shows prominent peripheral flow with minimal internal flow along the lateral aspect of the lesion.

Given these findings, malignancy could not be excluded and our patient proceeded with an elective orchiectomy. Histological evaluation revealed no malignant cells with extensive fibrotic reaction, white cell infiltrate, and a large necrotic and haemorrhagic cavity.

An important factor in interrogating an indeterminate intra-testicular lesion is colour Doppler signal. In any lesion with internal flow, testicular carcinoma must be placed high on the differential. These lesions should at the very least be subject to excisional biopsy.²

Although malignancy cannot be fully excluded, tumours 2 cm or larger are typically hypervascular and absence of internal flow is a reassuring finding.² Some authors advocate short-term interval follow-up for lesions of this size with no colour Doppler flow and negative tumour markers.^{2,3}

Competing interests None.

Patient consent Obtained.

Figure 3 Transverse colour Doppler image through the middle of the lesion demonstrates peripheral flow with no appreciable internal flow.

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