Testicular epidermoid cysts

Okwudili Emmanuel Muoka, Nazeer Dahar

DESCRIPTION
A 26-year-old man was referred by his general practitioner as an urgent referral based on a 2-week history of a hard right testicular mass. There was no history of trauma, sexually transmitted infections or previous testicular surgery. On examination, a hard 2 cm irregular mass was palpable at the lower pole of the right testis. It was separate from the epididymis and scrotal wall. There was no clinically detectable hydrocele. The left testis, epididymis and cord structures were normal. His serum α-feto protein, β-human chorionic gonadotropin and lactic dehydrogenase were normal. He had an ultrasound scan of the testis which revealed a 20 mm well-circumscribed ring-shaped intratesticular lesion in the lower pole of the testis with alternate hypoechoic and echogenic layers (onion skin appearance) and normal surrounding testis tissue.

Figure 1 Hypoechoic ring-shaped lesion with no evidence of Doppler flow.

Figure 2 A well-circumscribed ring-shaped intratesticular lesion in the lower pole of the testis with alternate hypoechoic and echogenic layers (onion skin appearance) and normal surrounding testis tissue in keeping with an epidermoid cyst.
There was no evidence of Doppler flow within the lesion and the lower pole of the right testis (figure 2). There was no hydrocoele or other abnormalities. The case was discussed at our multidisciplinary team meeting and the impression was that this could be an epidermoid cyst but a testicular malignancy was also likely. As such he was offered a right radical orchidectomy or referral to another centre offering frozen section for exploration. He opted for a right radical orchidectomy with insertion of a testicular prosthesis. The histology of the specimen was eventually reported as an epidermoid cyst of the testis.

Learning points

▸ It is possible to make a diagnosis of an epidermoid cyst from ultrasound imaging.
▸ If the diagnosis is in doubt then the use of frozen section at time of surgery should be considered.

Contributors OEM and ND were involved in the conception and writing of the article and also approved the final draft.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES