Varicocele due to a biliary cystadenoma

Aditya Jayesh Nanavati, Sanjay Nagral

DESCRIPTION

A 45-year-old man presented to us with a history of upper abdominal fullness, early satiety and decreased appetite. He also had a history of symptoms suggestive of left-sided portal hypertension. CT scan (figure 1) demonstrated a large cystic lesion arising from the left lobe of the liver, compressing the stomach, splenic vein and left renal vein, and a left-sided varicocele.

The varicocele may have been caused due to compression of the left renal vein (figures 2 and 3). The features suggestive of left-sided portal hypertension could be explained by pressure on the splenic vein. The extensive peri-gastric collaterals seen provided the evidence of left-sided portal hypertension (figure 4). Mechanical deformation of the stomach may have been responsible for early satiety.

A laparoscopic cyst fenestration followed by cyst wall biopsy was performed. Biopsy showed evidence of benign biliary cystadenoma. A completion cystectomy was planned and performed. After the operation all features of portal hypertension as well as the left-sided varicocele regressed. The patient was doing well at the last follow-up.

Biliary cystadenoma is a rare liver tumour in male patients. We have not come across a single case report with similar findings. There has been one case where a post-traumatic hepatic cyst led to a right-sided varicocele. Several abdominal lumps may manifest with varicoceles, some may be common, such as renal tumours, while others are
rare, such as pancreatic pseudocysts. Finding a varicocele on examination should lead to an extensive search to rule out intra-abdominal tumours or mass lesions.

Learning points

▸ Discovery of a varicocele should lead to an investigation that rules out an intra-abdominal tumour and/or mass lesion.
▸ Biliary cystadenomas are rarely seen in men and manifest with pressure symptoms.
▸ CT with reconstruction may be used to demonstrate effects of mass lesions in the abdomen.

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REFERENCES

1 Chen WL, Tsao YT. Varicocele secondary to giant posttraumatic hepatic cyst. J Trauma 2011;70:E54.