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.

Contributors

AJN contributed to concept and design of the article, interpretation of the data and drafting the article as well as revising it critically for important intellectual content. SN was involved in final approval of the version to be published.

Competing interests

None.

Patient consent

Obtained.

Provenance and peer review

Not commissioned; externally peer reviewed.

REFERENCES