Varicocele due to a biliary cystadenoma

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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

Figure 2 CT section showing compression of the left renal vein between the aorta and superior mesenteric artery (black arrow) due to pressure from the cystic lesion in the left lobe of the liver and the tortuous left renal vein (white arrow).

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.¹ Several abdominal lumps may manifest with varicoceles, some may be common, such as renal tumours, while others are

Figure 1 Coronal CT scan showing large cystic lesion in the liver (thick arrow) and contrast in the dilated venous channels in the left hemiscrotum suggestive of varicocele (thin arrow).

Figure 3 CT reconstruction showing a left-sided varicocele (bold arrow).

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Figure 4 CT section showing a cyst compressing on the splenic vein (bold arrow) and peri-gastric collaterals (thin arrow).

rare, such as pancreatic pseudocysts.² 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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