Case Report

Idiopathic scrotal calcinosis

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ABSTRACT

Idiopathic scrotal calcinosis is a rare scrotal benign disease. Its distinct features are painless, non-pruritic, semi-soft palpable calcific transdermal nodules. We report a 42-year-old-man with asymptomatic multiple calcified scrotal skin nodules for 10 years. Under spinal anesthesia, the affected scrotal skin was excised and the nodules removed. We aim to explain the etiology, pathophysiology, diagnosis, and treatment modalities of this rare disease.


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Discussion. Idiopathic scrotal calcinosis (ISC) is a benign scrotal lesion that commonly occurs between the third and fourth decades of life. It can affect both the adult and pediatric age groups, with an age range between 9-85 years reported in the literature. These lesions are usually firm and asymptomatic, although itching or pain, episodes of infection, and chalky white exudative material have all been reported. It can affect the patients quality of life. Many theories on the pathogenesis of ISC have been proposed. Some investigators suggest that ISC is truly a late presentation of epidermal inclusion cysts that have undergone...
dystrophic calcification.\textsuperscript{6} Ito and colleagues\textsuperscript{7} proposed that scrotal calcinosis originates from eccrine epithelial cysts and the pathogenic mechanism seems to be the excessive discharge and accumulation of material debris in the lumina. Recently, it has been suggested that the lesions are the result of dartos muscle necrosis and degeneration with resulting dystrophic calcification of the dartos muscle.\textsuperscript{8} Despite its rarity, unknown etiology, and benign behavior, the risk of recurrence is controversial. Some clinicians believe that all patients with ISC should undergo surgical intervention, while others disagree with surgical excision given the high probability of ISC recurrence.\textsuperscript{9}

In conclusion, although the pathogenesis and origin of ISC are unclear and remain controversial, currently, surgery is the only treatment choice that cures not only the aesthetic problem, but also enables confirmation of diagnosis of scrotal calcinosis on histologic evaluation.

References


