

General Medical Case 2

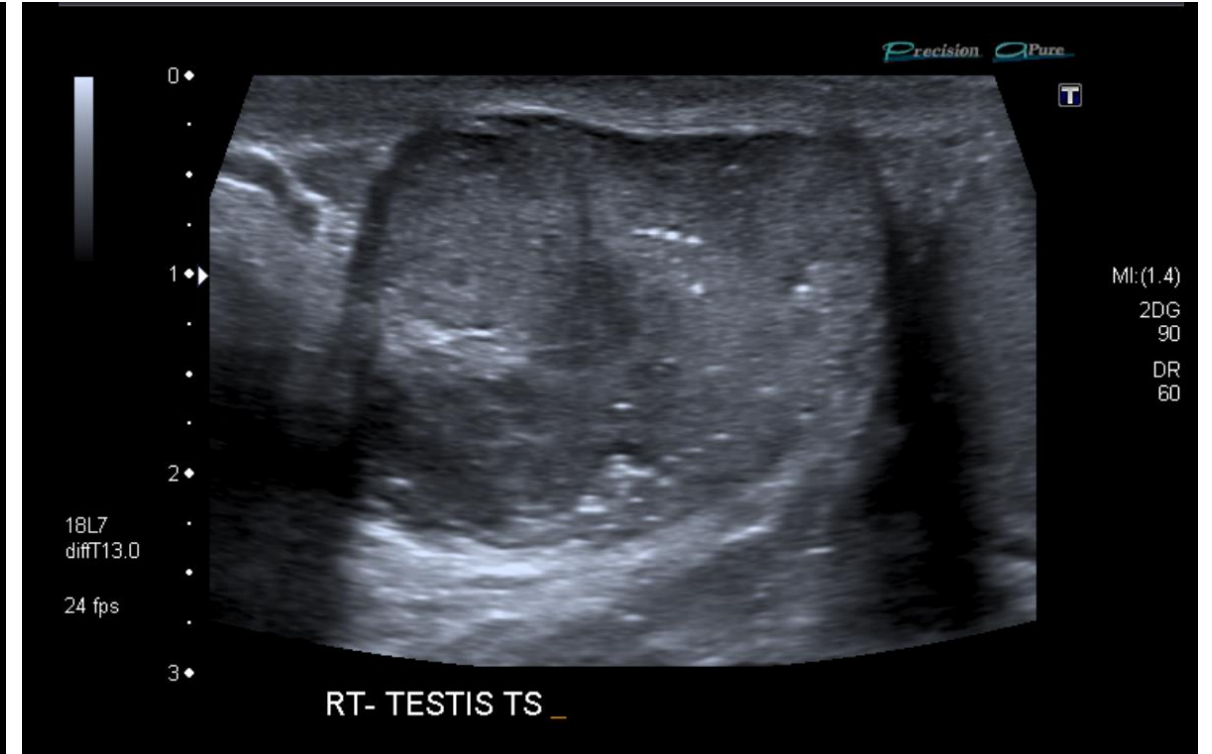
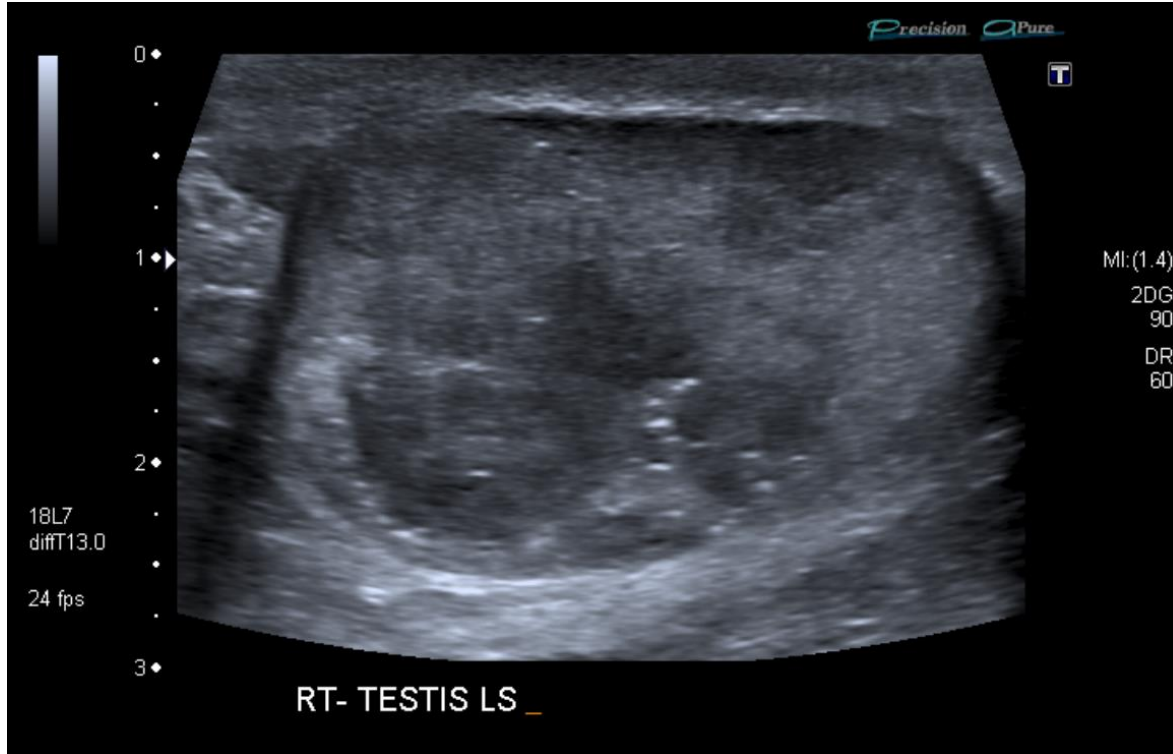
June 2021

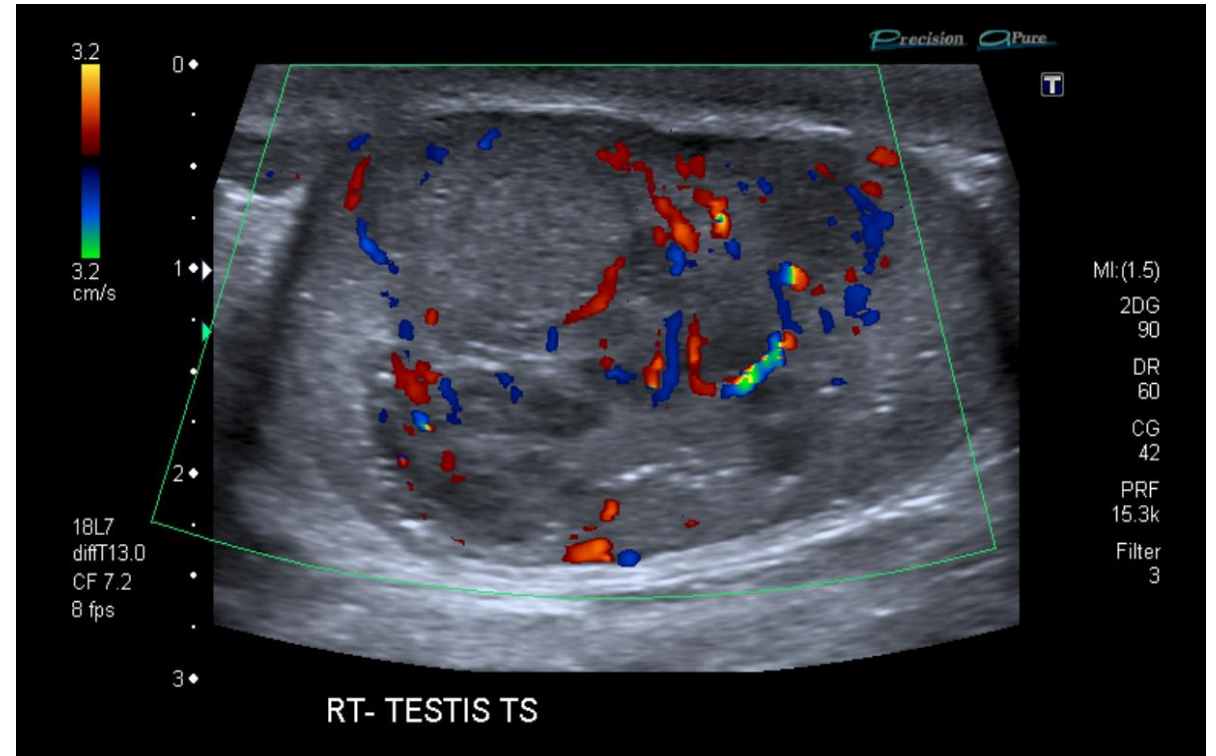
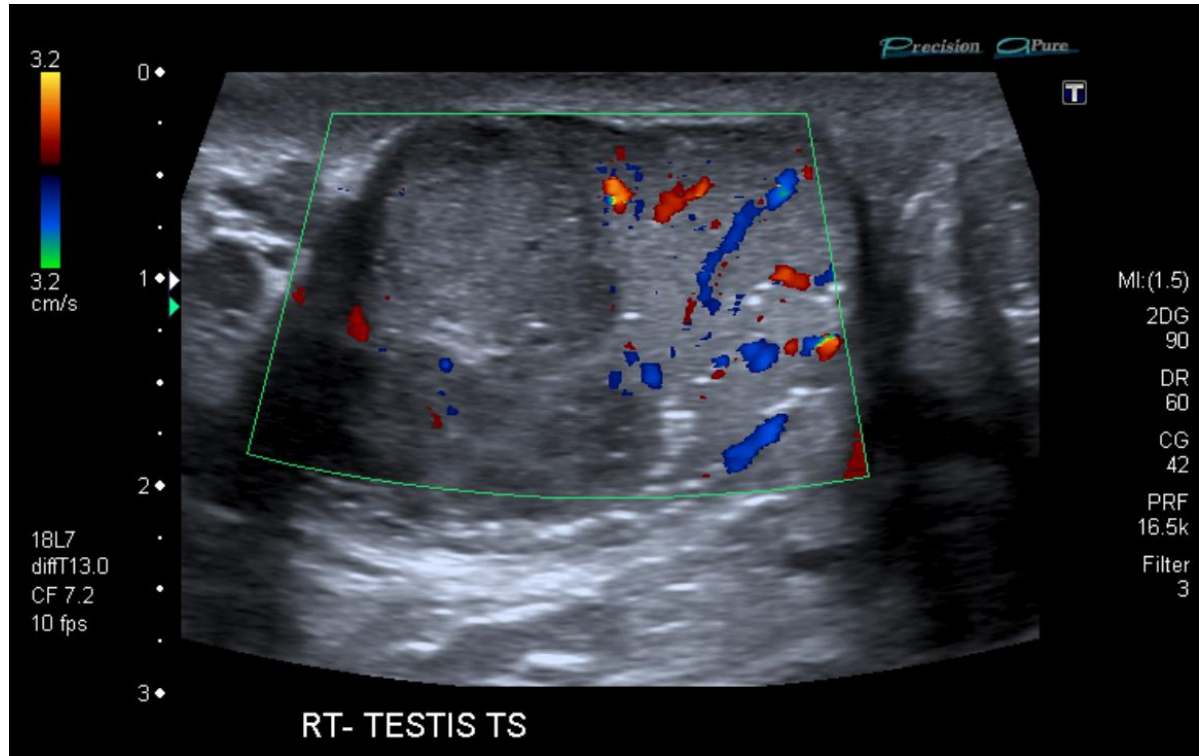
Clinical details:

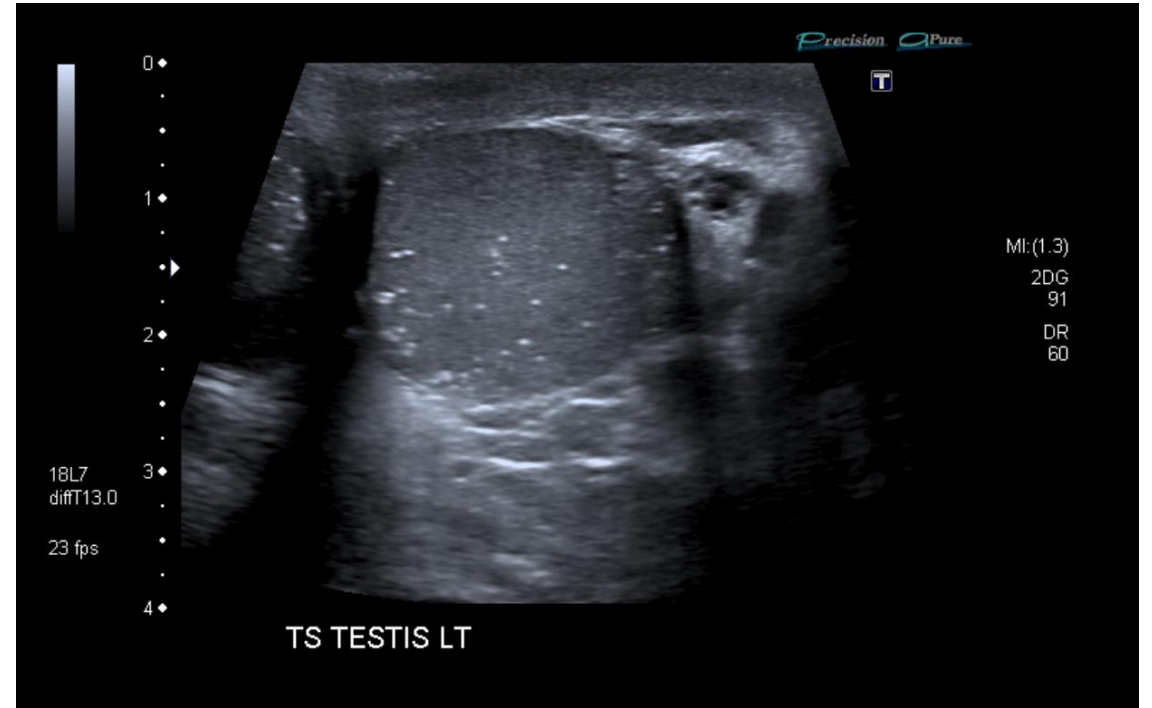
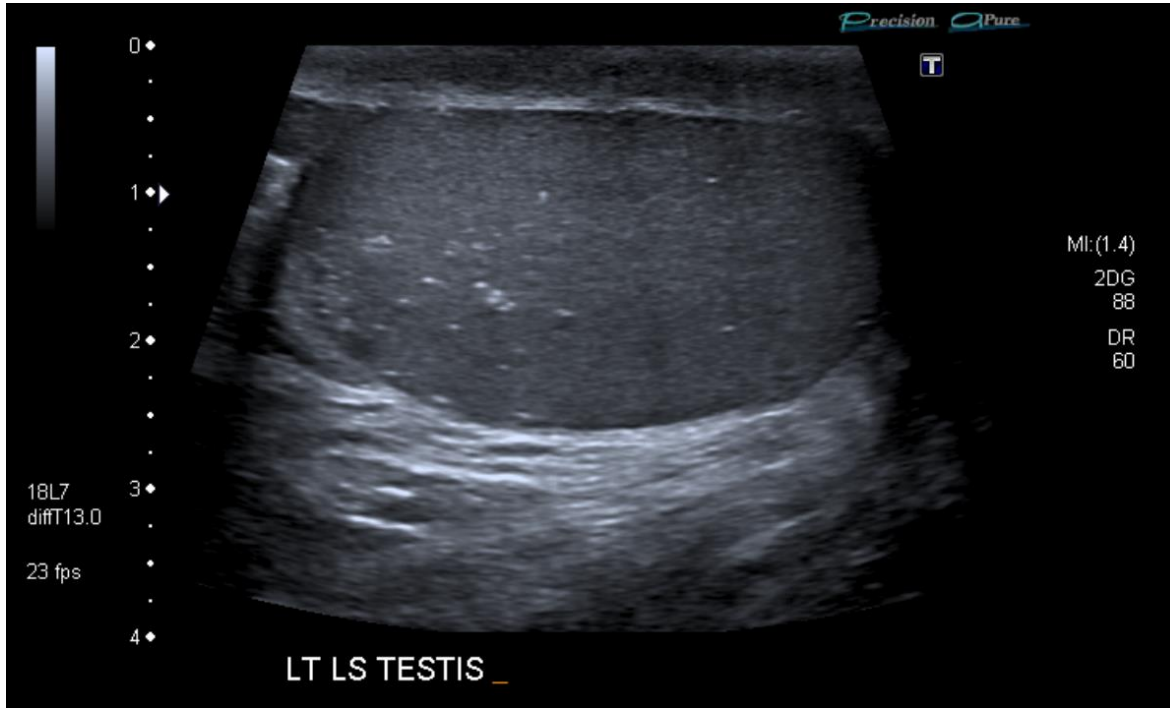
32 y/o male. Painful right testicular lump. ? size and location of lump

Further information:

No known history of TB, mumps, STIs or trauma to the testicles. No history of surgery to the testicles or groins. Patient feels well. No recent infections. No weight loss.







Do not progress to next slide until you have attempted to write your own report.

The right testicle is abnormal. There are multiple hypoechoic areas and a 10mm isoechoic lesion causing mass effect and vascular deviation. Appearances are highly suspicious for testicular malignancy. Urgent urological referral with light to tumour markers is advised.

Microlithiasis noted throughout both testicles. No focal lesions seen within the left testicle.

The epididymides appear normal bilaterally.

No focal lesions seen within the upper abdomen. Normal appearances of the liver, spleen, gallbladder, bile duct, aorta and both kidneys.

Conclusion:

Appearances in keeping with right testicular malignancy. Urgent urological referral with light to tumour markers is advised.

Patient has been advised to make appointment with GP tomorrow.

Epidemiology:

Peak incidence age 30-34. Accounts for less than 1% of cancers (rare) however, it is the most common cancer in young men. More common in white men from non-deprived (more affluent) areas.

Risk factors:

Cryptorchidism, family history, Klinefelter syndrome, HIV

Symptoms:

Firm testicle, enlarged testicle, dull ache and/or 'heaviness' in scrotum

Testicular Microlithiasis Fact File

Definition: five or more foci in any one plane

Very common but significance remains controversial

Its presence has been linked with an increased risk of seminoma

Management:

Annual ultrasound surveillance is ***no longer*** recommended for men with isolated testicular microlithiasis unless the deposits are very diffuse (self examination only)

Annual ultrasound surveillance up to the age of 55 yrs and regular self examination ***is recommended*** in men with microlithiasis in the presence of additional risk factors:

Previous germ cell tumour

History of germ cell tumour in first degree relative

History of maldescent

History of orchidopexy

Atrophy (less than 12ml volume)

Further Information:

[Testicular microlithiasis imaging and follow-up.pdf \(esur.org\)](https://www.esur.org/wp-content/uploads/2016/06/Testicular-microlithiasis-imaging-and-follow-up.pdf)