

IDIOPATHIC CALCINOSIS OF THE SCROTUM

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Idiopathic calcinosis of scrotum is a rare condition of unknown aetiology. It is often misdiagnosed as multiple sebaceous cysts. Three cases of idiopathic calcinosis of scrotum characterised by multiple hard nodules, variable in size and shape, discharging chalky white material over the scrotal skin are described. Histopathology showed irregular masses of calcium in the subepithelial area, with foreign body granulomatous reaction.

Key words : Calcinosis, Idiopathic.

Idiopathic calcinosis of scrotum is uncommon. The term idiopathic calcinosis was first described by Lewinski in 1883. Shapiro et al¹ reviewed 35 cases of idiopathic calcinosis of the scrotum. Thereafter, many cases have been reported in the literature.²⁻⁵ We are reporting the clinicopathological features of three cases of idiopathic calcinosis of scrotum seen by us.

Case Reports

The ages of the patients were between 45 and 65 years. All the cases had multiple nodules in the scrotal skin for 3-20 years. In the beginning, the nodules were pinhead size and few, but later on they increased in size and number to become multiple, nodular, irregular in size and shape non-tender and non-ulcerative. There was a history of pruritis, discharge of chalky material at times. The overlying skin was yellowish white and not freely mobile over the nodules. The surrounding skin was erythematous and deeply pigmented. The bisected specimen showed multiple, circumscribed and irregular chalky white areas underneath the skin with gritty sensation on cutting.

Sections stained with haematoxylin and eosin showed masses of amorphous basophilic material within the subepithelial tissue (Fig. 1). The amorphous basophilic material was surrounded by epithelioid cells, lymphocytes and

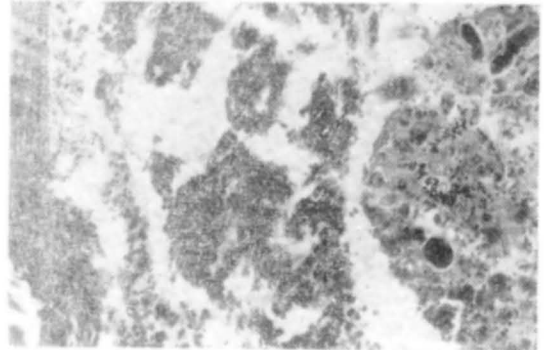


Fig. 1. Masses of amorphous basophilic material within the subepithelial tissue surrounded by foreign body granulomatous reaction (H & E stain $\times 80$).

foreign body giant cells. The amorphous material stained black with von kossa stain indicating the presence of phosphates, carbonates or both. In none of the cases, there was any evidence of residual cyst or epithelial lining.

There was no similar lesion elsewhere, nor was there any family history of calcification. Clinically, all the three cases were diagnosed as multiple sebaceous cysts. Serum calcium, phosphorus, alkaline phosphatase, blood urea, blood uric acid, WBC count, RBC count, haemoglobin and urinalysis were normal.

Comments

The term idiopathic scrotal calcinosis has been applied to a disorder characterised by solitary or multiple, firm to hard, painless nodules in the scrotal skin that usually appear in the

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second decade. However, our cases were older. The lesions are skin-coloured to yellowish white and vary from 1 mm to 2 cm in diameter. Although they are usually asymptomatic, sometimes, these may itch or drain a chalky white material.¹ They are unrelated to cysts and may not have any predisposing factor and calcification elsewhere. Interestingly, all our cases were misdiagnosed as multiple sebaceous cysts.

On electron microscopy, deposition of pleomorphic calcium phosphate was seen in the ground substance by Peagle,⁶ while Cornelius et al⁷ found them in the collagen fibres.

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