

IDIOPATHIC CALCINOSIS OF SCROTUM

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A 33-year-old male had a slowly increasing hard nodule on the lower part of the scrotal skin, for the last 10 years. Histopathology revealed calcified masses without any inflammatory reaction.

Key words : Calcinosis, Idiopathic.

Four forms of calcinosis cutis have been described, (1) metastatic calcinosis, (2) dystrophic calcinosis, (3) idiopathic calcinosis, and (4) sub-epidermal calcified nodule.¹ Idiopathic calcinosis of the scrotum is described as a special manifestation of idiopathic calcinosis cutis. One case of this entity is being reported.

Case Report

A 33-year-old male had a gradually increasing nodular swelling of the scrotal skin of 10 years duration without any history of preceding or accompanying symptoms except for a feeling of heaviness of the scrotum. There was no past history of trauma, inflammation, skin disease involving the scrotum or pre-existing systemic disorder. However, he admitted having had sexual exposures to different females but without any following symptoms. Examination revealed a single, non-tender, hard, non-inflammatory, skin-coloured, non-discharging nodular swelling of lower reaches of scrotal skin. It was firmly attached to the skin. Examination of the skin elsewhere was unremarkable. General and systemic examination revealed no abnormality.

Serum calcium, phosphate, alkaline phosphatase and urinary calcium values were normal.

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Renal functions were normal. Standard tests for syphilis were negative. Excision biopsy of the nodule showed polysized calcific masses without any surrounding reaction.

Comments

Reports of calcified lesions of scrotal skin were extensively reviewed by Shapiro et al.² The lesions of idiopathic calcinosis of scrotum are usually multiple, asymptomatic nodules which appear in childhood or early adult life, increase in size and number and at times break down to discharge chalky contents. Such lesions may give the impression of a calcified cyst at the first glance. However, except for the clinical resemblance, these are distinct entities. Some cases may resemble dystrophic calcinosis cutis but show no underlying disease.³ Asymptomatic onset and progression, clinical features, absence of any clinical evidence of conditions leading to dystrophic or metastatic calcinosis and the microscopic findings support the diagnosis of idiopathic calcinosis of scrotum which is not a very frequently diagnosed entity.

References

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