

## CASE REPORT

# Idiopathic chronic hematocele mimicking as testicular neoplasm

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Received: 13 February, 2025

Accepted: 28 February, 2025

Published: 25 March, 2025

### ABSTRACT

This case report describes a rare idiopathic chronic hematocele that mimicked testicular neoplasm in a 17-year-old male with a two-year history of right scrotal swelling and discomfort. Clinical examination suggested a testicular mass, while sonography indicated an encysted hydrocele with a differential diagnosis of scrotal hydatid cyst. Surgical exploration revealed a large hematocele with the testis incorporated into its wall. Histopathology confirmed chronic inflammation without malignancy. This case report highlights the importance of considering idiopathic chronic hematocele in the differential diagnosis of scrotal masses.

**Keywords:** hematocele, malignancy, hydatid cyst, testicular neoplasm

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### INTRODUCTION

Chronic hematoceles are rare scrotal swellings which may be confused with testicular neoplasms over clinical examination and sonography findings. we present a case of an idiopathic chronic hematocele which on clinical examination mimicked features of a testicular swelling and on sonography giving an impression of a scrotal hydatid cyst.

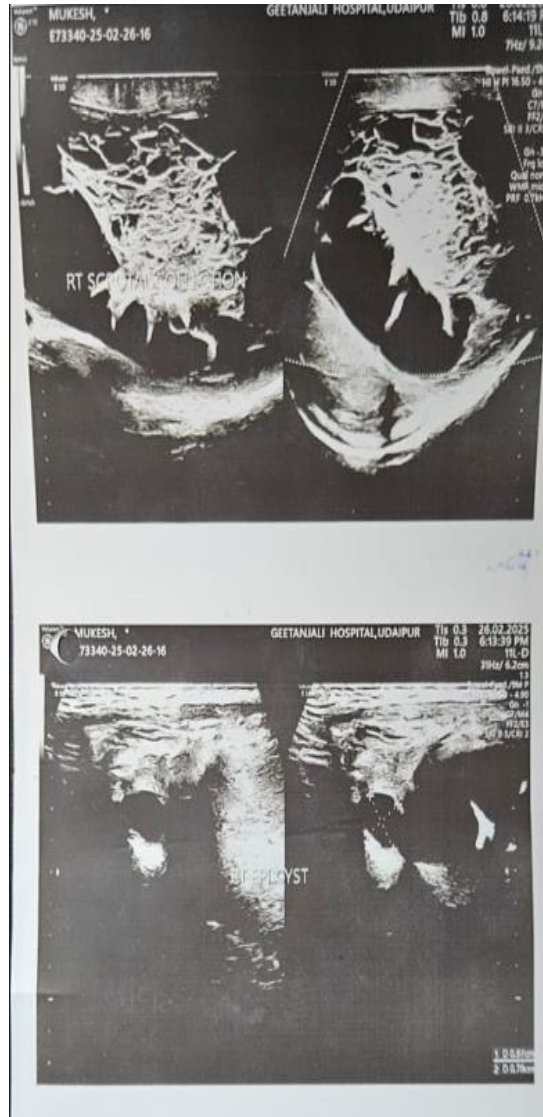
### CASE REPORT

A 17 year old male presented with a scrotal swelling for 2 years. patient had dragging sensation and discomfort due to swelling from 30 days. patient had no history of any surgical procedure, no history of trauma. On physical examination patient had right side scrotal swelling which was painless, with no transillumination, right side testis was not palpable along with the swelling while the left testis and bilateral spermatic cords were palpable suggestive of ?testicular mass ?secondary hydrocele of right scrotal sac.

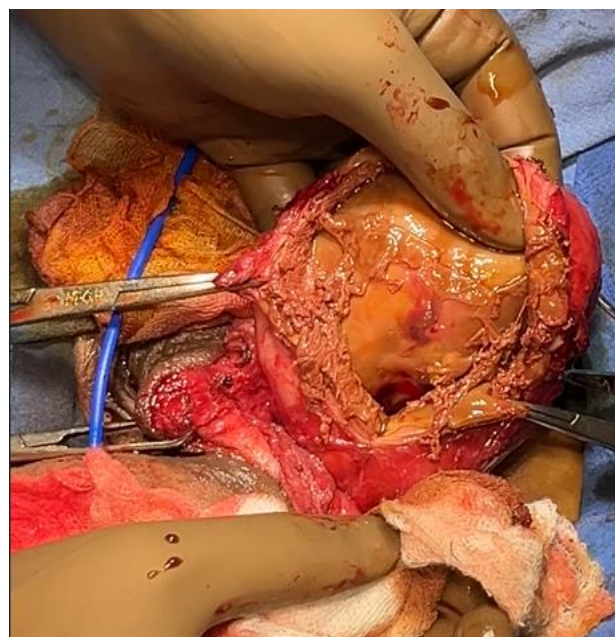
Scrotal ultrasonography gave the impression of "a

large well defined cystic structure/ collection in right scrotal sac shownig multiple internal septations suggestive of chronic encysted hydrocele (more likely), scrotal hydatid cyst included as differential diagnosis. Right en-mass orchidectomy was performed as testis was incorporated within the wall of the sac. Patient was discharged on post op day 2 with no remarkable events. the resected mass was 11\*8\*6 cms in dimensions with thickened tunica vaginalis filled with reddish-brown colored fluid.

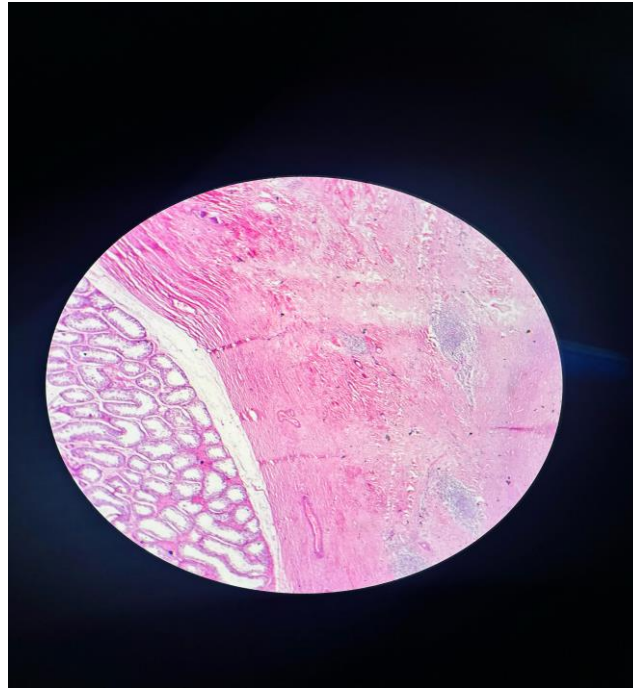
Biopsy revealed diffuse and dense collagenization in Tunica vaginalis with focal and dense nodular infiltration of lymphocytes, cholesterol clefts and myxoid degeneration along with stunted maturation (oligospermia) in seminiferous tubules giving impression of chronic inflammatory pathology. no signs of dysplasia or in situ/invasive malignancy seen. Fluid cytology showed TRBC 6400/cumm ,TWBC 03/cumm with 100% lymphocytes suggestive of scrotal cyst- with hemorrhage and degenerate material only with no atypical cells. Thus the final diagnosis was made of chronic hematocele.



**Fig 1 – sonography as described above**



**Fig. 2 Intra op finding**



**Fig. 3 Microscopic image of our excised specimen depicting thickened tunical vaginalis with seminiferous tubules (atrophic)**

## DISCUSSION

Hematocele is collection of blood within the layers of tunica vaginalis. Chronic scrotal hematocele is a rare condition with only 35 cases reported so far in the known literature.[5] According to etiology, hematoceles can be classified into idiopathic and secondary ones. Idiopathic or spontaneous hematoceles give a history of neither trauma to the testis, nor pain in the organ and seems to be more common in elderly patients.[1] Secondary hematoceles are usually associated with trauma, surgery or neoplasm, but sometimes can be caused by hematological alterations or vasculitis.[2] The etiology of the hematocele formation in our patient is unknown. Clinically, hematocele present as slowly progressing, usually non tender scrotal mass which is difficult to transilluminate, the duration of the swelling varies from few months to several decades.[5] Hematocele is difficult to diagnose preoperatively because its symptoms may mimic cysts or neoplasms.[4] At ultrasonography (U/S) hematoceles appear as complex cystic lesions with internal septations and loculations.[3]

In our case we were suspecting testicular neoplasm based on clinical examination, scrotal hydatid based on sonography as a differential diagnosis which led us to approach through scrotal incision

## CONCLUSION

Idiopathic chronic hematocele can be considered as a differential diagnosis for scrotal masses although their

presentation is highly uncommon.

## Conflict of interest

None for all authors

## Funding

No funding received

## Use of AI/AI assisted technology usage

No AI/AI assisted technology used to produce/edit data in this article

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