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Symptomatic scrotoliths in a child

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A 3-year-old boy presented with a 6-month history of a right scrotal mass causing intermittent pain. Inferior to the right testis were two hard, smooth, non-tender, mobile masses.

Ultrasound revealed two densely calcified masses inferior to the right testis, the largest being 7.4 mm in diameter (Figure 1). As the patient was symptomatic and the scrotoliths were increasing in both size and number, an uncomplicated trans-scrotal excision was performed. Histology revealed fibrous tissue with areas of calcification, confirming scrotoliths (Figure 2).

Scrotoliths are rare findings caused by calcification within the scrotum (Wasnik et al, 2012). The aetiology remains unclear (Artas and Orhan, 2007) but detachment of calcified torsed appendages has been postulated (Wasnik et al, 2012).

Scrotoliths are typically symptomless, benign (Ascaso Til et al, 2010), can measure up to 1 cm in diameter (Philips et al, 2012) and are associated with hydroceles (Rebik et al, 2019). If patients are symptomatic, elective excision should be offered for symptom relief and parental reassurance.

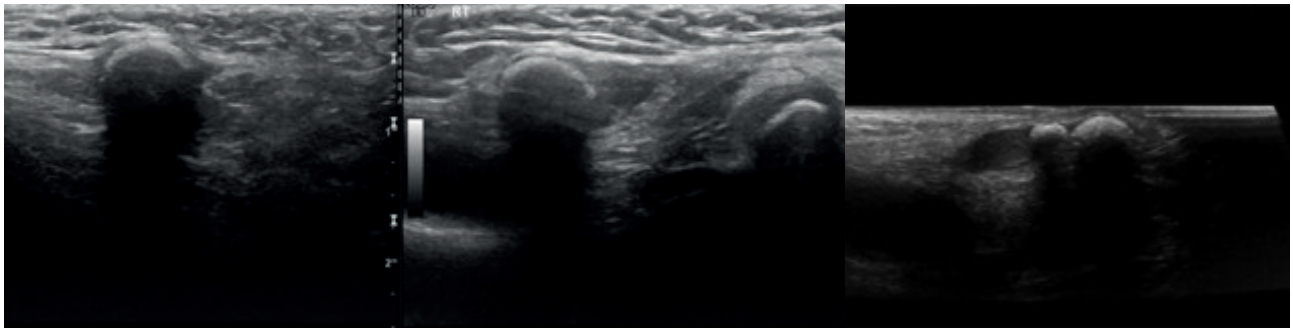

Figure 1. Ultrasound demonstrating two densely calcified masses inferior and separate from the lower pole of the right testis with the largest being 7.4 mm in diameter.

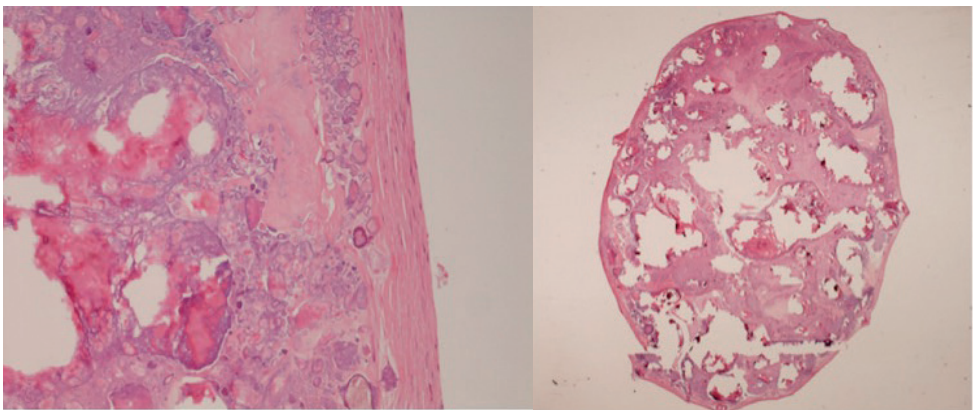

Figure 2. Histopathological appearance: fibrous tissue with areas of calcification confirming scrotoliths. No epithelial or adrenal tissue was present. Haematoxylin and eosin stain, original magnifications x100 (left) and x20 (right).

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