



Scrotal Calcinosis or Calcification of Multiple Sebaceous Cysts – What’s in a Name?

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Abstract

Scrotal Calcinosis (SC) is a sporadic approachable disease distinguished by appearance of multiple pulmonary nodules within the standard scrotal corium. A 34 year old Bengali (Indian) man presented with six month chronicle of scrotal growth that swiftly increased in size and number. Examination of skin divulged pain-free multiple growths (1 cm to 2 cm in size) below the scrotal corium. Histological enquiry showed no epithelial interlining. Serum and Urinary volume of calcium and phosphates were within usual limitations. Pathogenesis of scrotal calcinosis is not distinctly familiar. In our manifestation no confirmation of cystic formation was found around indurate medium. This proposed that SC might be ascendant in genesis. Therapy of disease is postoperative but foremost methodology is yet to be decided.

Keywords: Scrotum; Calcium; Sebaceous cyst

Introduction

Scrotal Calcinosis (SC) is a sporadic approachable disease distinguished by appearance of multiple small nodules within the standard scrotal corium. The pathogenesis has not been fully explained. These nodules usually occur at premature virility and infancy. Some wordsmith thinks that scrotal calcinosis is the consequence osteodystrophic calcification of preexisting composition such as column tegument and tubal cysts. Others think this state as a disordered solitary. We announce the case of a victim with scrotal growth and debate the calcification behind our recognition. In our occurrence, a 34 year old Bengali (Indian) man dispensed with six month chronicle of scrotal growth that swiftly expanded in magnitude and numeral. He has no ancestry record of homogeneous category of bruises. Examination of skin divulged pain-free multiple growths (1 cm to 2 cm in size) below the scrotal corium.

These are pain-free, non-prickling in personality and creamy in shade. Physical examination did not reveal any malformation. Serum and Urinary volume of calcium and phosphates were within usual limitations. Sole nodule was excised. No proof of cystic formation was established around calcified medium. Histological enquiry showed no epithelial interlining. Nodule was surrounded by a fibrous formation. It looks like a homogenous stack correlate with accumulations of calcium. Subtotal excision of scrotal corium was done with good aesthetic conclusion. Even if SC is ascendant or it may be a conclusion of calcification of preexisting sebaceous cysts, SC remains a theme of parley.

Discussion

Lewinski narrated SC as an affectionate and infrequent state in 1883. Men aged between 20 to 40 years are commonly pretentious. Normally they are asymptomatic. But sometimes they can cause itching and may eject some adhesive substance. In most cases evolution of scrotal nodules take few years and there is no related calcinosis elsewhere. But in our case solitary scrotal involvement materialize within 6 months [1-4]. Song et al. identified 51 scrotal lesions in the same patient and 37 cysts with intact cyst walls. The calcification of the keratin was perceived in about partly the cases. Among 37 cysts word ships identified 3 epidermal cysts, an indurate pilar cyst and a calcified hybrid cyst. Other hypothesis connection SC to the calcification of teratomas, fibromas, or gonadoblastomas [5,6]. Ito et al. [7] reported a case of SC related with eccrine epithelial cysts. This eccrine genesis was located via immunohistochemical education using antiserum perishes against Carcinoembryonic Antigen (CEA), Epithelial Membrane Antigen (EMA) and gross cystic disease fluid protein-15 (GCDPF-15). In precise reports, as well as in our case, no cystic formation was found around calcified materials, Wright et al. [8] who examined 63 lesions in nine patients was unable to find

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any epithelial construction around the calcified nodules even after staining with the anti keratin monoclonal antibodies. This proposes that SC might be idiopathic. After considering all things, our diagnosis was revolved around calcification of multiple sebaceous cysts, pilar cyst, dermoid cyst and milia. Big size and absence of keratineous white kernel ruled out milia whereas area of involvement, absence of lesion at the midline and absence of rancid odor exclude out dermoid cyst. Absence of epithelial structure in histopathological section, and rapid onset of the lesions ruled out calcification of multiple sebaceous cysts and pilar cyst. Our view suggests that SC is not always a secondary phenomenon. Rapid onset of the calcified scrotal nodules within a six month period and failure to identify remnant epithelial structures in histo-pathological studies tilted our diagnosis in favor of idiopathic scrotal calcinosis. The condition is benign. Treatment is only recommended for aesthetic reasons surgical excision must be limited to scrotal skin since calcified nodules are localized within the dermis [9].

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