

HSOA Journal of

Clinical Studies and Medical Case Reports

Case Report

Testicular Microlithiasis - The Need for Follow-Up in Pediatric Age

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Abstract

Testicular microlithiasis is characterized by the presence of micro calcifications in the lumen of the seminiferous tubules. Its natural course is not yet fully understood, particularly in pediatric age, which justifies the need for early detection and follow-up.

Keywords: Pediatric Age; Scrotal Pain; Testicular Microlithiasis; Testicular Ultrasound

Introduction

Testicular pain is one of the most common reasons for undergoing imaging exams for clarification in pediatric patients. Testicular microlithiasis is rare and it is typically an incidental finding in an ultrasound performed for another reason, particularly testicular pain. This condition is characterized by the presence of micro calcifications in the lumen of the seminiferous tubules [1]. It is predominantly bilateral, and can affect any age group. Although it can present as an isolated condition, it may also occur in association with benign or malignant pathology of the testicle [2].

In adults, it is reported an association between testicular microlithiasis and testicular cancer, as well as infertility and other conditions. [3] The natural course of the disease is not fully understood, and there are few studies in the pediatric age group.

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Citation: Preda A, Batista JE, Azevedo CB, Gonçalves JP, Rebelo A (2024) Testicular Microlithiasis - The Need for Follow-Up in Pediatric Age. J Clin Stud Med Case Rep 11: 221.

Received: January 18, 2024; Accepted: January 29, 2024; Published: February 5, 2024

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Annual clinical and ultrasound follow-up is recommended in cases of isolated testicular microlithiasis. If the patient presents risk factors (undescended testicle, testicular atrophy, or other testicular pathologies) or has a family history of testicular neoplasia, referral to pediatric surgery consultation is advised [4].

Case Report

A 12-year-old male adolescent, previously healthy, was admitted to the pediatric emergency department because of left-sided scrotal pain ongoing for eight hours. Fever, vomiting or nausea, and lower urinary tract symptoms were denied. The patient described improvement in pain after taking a non-steroidal anti-inflammatory drug.

There was no history of trauma, intense physical exertion or sexual activity.

The patient exhibited mild to moderate restriction on walking due to pain. On physical examination, the patient reported tenderness on palpation of the left testis. There were no signs of scrotal swelling or redness and the cremasteric reflex was present. No other relevant data was detected during the physical examination.

Scrotal Ultrasound with Doppler was performed and revealed thickening of the cephalic region of the left epididymis and testis as well as signs of hyper vascularization, which indicated epididymitis, along with apparent associated signs of orchitis. It was also described the presence of numerous echogenic micro foci consistent with microlithiasis. The urine analysis did not reveal signs of infection.

The patient was discharged with anti-inflammatory medication, rest and a follow-up appointment scheduled. There was a complete resolution of the orchioepididymitis.

Currently, this patient remains under clinical and ultrasound surveillance. Repeated ultrasounds continue to show microlithic foci on the left testis, which are also present on the right one. The patients is asymptomatic.

Discussion

Testicular microlithiasis is mostly an asymptomatic incidental finding on ultrasound. Its prevalence has risen due to the widespread use of ultrasound in patients with scrotal complaints.

The authors highlight the need for clinical and ultrasound follow-up because, although being a benign condition, there is a possible association with other pathologies such as testicular neoplasms, spermatic cord torsion and infertility.

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Citation: Preda A, Batista JE, Azevedo CB,	Gonçalves JP, Rebelo A (2024)	Testicular Microlithiasis -	The Need for I	Follow-Up in Pediatric	Age. J Clii	n Stud Med
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