Chlamydia trachomatis infection mimicking testicular malignancy in a young man

A M Ward, J H Rogers, C S Estcourt

A 36 year old Chinese man presented with a 2 day history of a sore scrotal lump. He had no urethral discharge or dysuria, and no history of sexually transmitted diseases. He denied any extramarital sexual partners since his marriage 5 years ago, but acknowledged four or five female partners before that. The couple had one child and were using condoms for contraception.

Examination revealed left sided scrotal swelling and a mildly tender mass, inseparable from the lower pole of the left testis, with an irregular surface and rock hard consistency. It did not transilluminate. There was no meatal discharge and no polymorphs on Gram stain of a urethral swab. An STD screen was performed. Trimethoprim was prescribed for a provisional diagnosis of non-sexually transmitted epididymitis secondary to a testicular tumour.

Urgent scrotal ultrasound revealed a 23 mm mass with a ragged margin and increased vascularity, located in the tail of the left epididymis. Urgent urological review was sought to obtain a histological diagnosis.

Urine chlamydia polymerase chain reaction (PCR) was positive. Urethral culture for gonorrhoea, a midstream urine sample, and tumour markers were all negative. The patient again denied other sexual partners in the past 5 years. Doxycycline was added.

Fifteen months later the patient was asymptomatic with normal examination and ultrasonography, and negative urinary chlamydia PCR. He declined semen analysis.

Discussion

Longstanding, subacute epididymitis, presenting with a painless scrotal mass, and without evidence of urethritis, is an unusual complication of chlamydial infection.1

Two cases of orchidectomy for presumptive cancer, in which the final diagnosis was epididymitis, have been reported.2 3 One report described a case of chlamydial epididymitis in a 29 year old man, diagnosed by PCR on testicular tissue, after unilateral orchidectomy for a scrotal mass inseparable from the testis at surgical exploration. Contralateral epididymitis ensued 2 weeks later, responding to doxycycline treatment.

Cases such as these indicate it is preferable not to operate on a non-acute scrotal mass until results, including an STD screen, are available. This is particularly relevant in young men in whom sexually transmitted causes of epididymitis are common, and testicular malignancies are most prevalent. Had the chlamydia PCR result not been available quickly, this patient may have undergone an unnecessary surgical procedure for suspected malignancy.

Keywords: testicular malignancy; Chlamydia trachomatis; epididymitis
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