

CALCULUS IN THE EPIDIDYMIS FOLLOWING BILATERAL SYPHILITIC ORCHITIS*

A CASE REPORT

BY

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A man, aged 27, was seen in 1937 with a large painless swelling of the right side of the scrotum and an ulcer 3" in diameter. The swelling was due to a gumma of the right testis which had sloughed through the scrotum. The left testis was small, atrophic, and freely moveable, and there was no pain on firm pressure on the testis. The spermatic cord and epididymis were normal. His blood Wassermann reaction and Kahn test were strongly positive. It was noted that his facies strongly suggested congenital syphilis. As the result of an investigation of the other members of his family it was proved that he did in fact suffer from inherited syphilis.

He was treated by iodides, neoarsphenamine, and bismuth. The ulcer of the scrotum healed rapidly and the swelling of the right testis was greatly reduced within 3 months, so that only an atrophic insensitive organ remained. He then ceased attending for treatment.

In August, 1954, he returned on account of the swelling of the left side of the scrotum. This was diagnosed as a mild left epididymitis and it was noted that both testes were atrophic and insensitive. The left epididymis was hard and tender at the upper pole. The cord was not thickened or tender. The urine was free from pus and sterile on culture. Radiological examination showed the presence of a branched nodular calculus in the left epididymis (Figs 1 and 2).

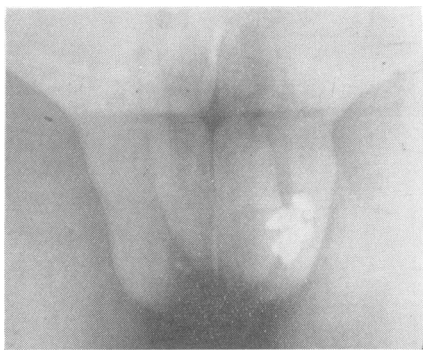


Fig. 1.—Antero-posterior view.

No spermatozoa were found in fluid expressed by

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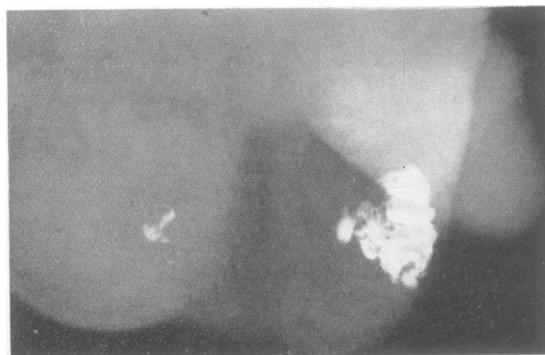


Fig. 2.—Lateral view.

prostatic massage. Testicular biopsy was not done.

His general health is now excellent. He has become somewhat obese, with fat deposits on the breasts and buttocks. The hair distribution is of feminine type over the pubis and axillary hair is absent. He has had complete absence of sexual desire for many years. His beard is very thin and soft and he scarcely needs to shave but does so about twice a week. No osteoporosis has been found and no voice change has been noted.

He married in 1933; his wife had one miscarriage in 1934 and a child was born the following year. As he separated from his wife in 1940, he cannot give any further information about his wife and child.

Serological tests for syphilis were again strongly positive in 1954 and are little altered by further specific treatment. The heart, aorta, and central nervous system are normal.

Summary

A case of congenital syphilis with bilateral syphilitic orchitis leading to testicular atrophy is reported. This was later complicated by calculus formation in one epididymis. The patient has mild signs of eunuchoidism.

Calculus formation in the epididymis is a rare lesion, none having been recorded in this department during the previous 30 years.