

TUBERCULOUS SCROTAL ULCER SECONDARY TO TB EPIDIDYITIS

Abstract:

Introduction: Tuberculosis scrotal usually presented as painful scrotal swelling with ulceration and discharging sinus. **Case Report:** A 28 years male with 2 months history of swelling and pain over left scrotum. Developed ulcer over the scrotal region with multiple sinus associated with pus discharge. **Conclusion:** The clinical presentation of TB scrotal ulcer can be atypical and a high index of suspicion is required for early diagnosis. Diagnosis is by using ultrasonography, microbiology, and biopsy. Treatment requires prolonged ATT for 6 months.

Keywords: Tuberculosis; scrotal swelling; biopsy.

INTRODUCTION:

Tuberculosis Scrotal usually presented as painful scrotal swelling with ulceration and discharging sinus. Epididymal involvement is usually seen in TB scrotal ulcer. Ultrasound and excision & biopsy of scrotal ulcer confirm the diagnosis. ATT is the treatment to ensure the complete resolution of the lesion. Here, we report a case of left sided TB scrotal ulcer in a 28-year-old male patient.

CASE REPORT:

A 28 years male with 2 months history of swelling and pain over left scrotum. Developed ulcer over the scrotal region with multiple sinus associated with pus discharge [fig1]. Laboratory tests revealed no abnormalities. USG scrotum show left chronic epididymo-orchitis [fig2]. Patient planned for excision and biopsy. Intra op sinus tract identified and excised all around and removed and sent for HPE and GENE EXPERT. Intra and post-operative period uneventful. HPE showed GRANULOMATOUS LESION-TB [fig3]. GENE EXPERT showed M-TB presence. Advised ATT drugs for 6 months. patient started ATT drugs.

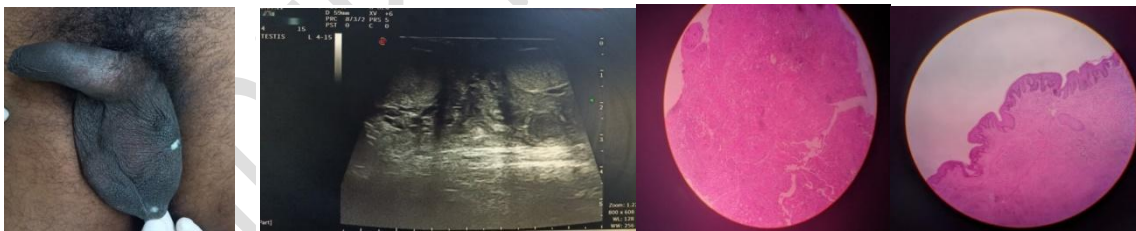


FIG: 1-3: Tuberculous Scrotal Ulcer

Discussion: The most common site of genital TB is the epididymis in men, followed by the seminal vesicles, prostate, testis, and the vas deferens. Epididymo-orchitis, scrotal swelling with discharging sinus are other manifestations of TB scrotum [1]. USG of scrotum is very useful investigation in the diagnosis of TB epididymo-orchitis [2]. Finding of GENE EXPERT, HPE of excision biopsy obtained from the scrotal swelling confirms the diagnosis of TB scrotal ulcer. Six-month regimen of ATT is effective to ensure the complete resolution of the TB lesion of the scrotum.

CONCLUSION: The clinical presentation of TB scrotal ulcer can be atypical and a high index of suspicion is required for early diagnosis. Diagnosis is by using ultrasonography, microbiology, and biopsy. Treatment requires prolonged ATT for 6 months. Follow-up for 1 year is advised.

COMPETING INTERESTS DISCLAIMER:

Authors have declared that no competing interests exist. The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

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