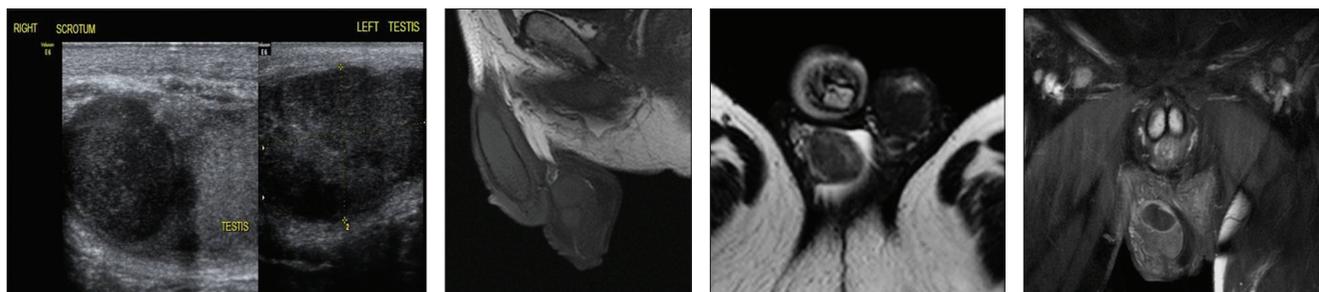


Tuberculous Epididymo-Orchitis MRI Appearance



A 46-year-old man presented with right scrotal swelling and bilateral dull pain since 4 months earlier. On physical examination, there was firm enlargement of the right testis and epididymis with hydrocele. Left testis was hard in consistency with lack of testicular sensation. Bilateral inguinal lymph nodes were enlarged.

Scrotal ultrasonography revealed few hypoechoic nodules involving the right testis and epididymis, and heterogeneous echopattern of the left testis and epididymis. Sagittal T1-weighted magnetic resonance imaging revealed mildly hyperintense nodular lesions in the right testis and epididymis. On axial T2-weighted images, the lesions were hypointense to the testicular parenchyma with markedly low-signal intensity of the entire left testis. Mild right hydrocele was also evident. Post contrast T1-weighted coronal image showed peripheral rim enhancement of the lesions and bilateral inguinal lymphadenopathy.

Fine needle aspiration was consistent with tuberculosis, showing caseous necrosis and epithelioid cell granulomas. Urinary system evaluation was normal. The patient was started on antitubercular therapy and has been kept on ultrasonographic follow-up.

Tubercular involvement of the scrotum is rare (7%) and usually occurs via retrograde spread from the urinary tract.⁽¹⁾ Ultrasonographic appearance can be non-specific. Magnetic resonance imaging, with its wide field of view, multiplanar capabilities, and superior soft tissue contrast, helps in accurate localization and characterization of scrotal lesions.⁽²⁾ As in this patient, iso to hyperintense signal on T1-weighted image, typical low T2 signal intensity (due to chronic inflammation, fibrosis, and calcification), and peripheral rim-like contrast enhancement helped to make a diagnosis of tubercular etiology.

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