

Case Report

Bilateral Cystic Ectasia of the Rete Testis: A Case Report

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Article History

Received: 02.11.2020

Accepted: 13.11.2020

Published: 26.11.2020

Journal homepage:

<https://www.easpublisher.com>

Quick Response Code



Abstract: Cystic ectasia of the rete testis is a rare condition. The diagnosis is mainly based on ultrasound. We report a case of bilateral tubular ectasia, more marked on the left of a 31-year-old patient.

Keywords: Cystic ectasia - rete testis - ultrasound - testicular doppler - testicular tumor.

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INTRODUCTION

Rete testis cystic ectasia is a rare, benign testicular disease entity that must be differentiated from a testicular tumor, in order to avoid unnecessary investigations and harmful surgery. The diagnosis is mainly based on ultrasound and testicular Doppler.

CASE REPORT

We report a case of cystic ectasia of the rete testis in a 31-year-old patient, with no particular history,

presenting a discreet left scrotal swelling, painless, in an apyretic context, The testicular palpation found a large left bursa with beaded sensation of the wall testicular. The biological assessment is without notable abnormalities. This testicular swelling was clinically interpreted as a testicular tumor. The testicular ultrasound (Figure a and b), revealed multiple anechoic formations with thin walls, confluent, centered on the testicular hilum bilaterally, more marked on the left. A thin sheet of straight hydrocele is associated with it.

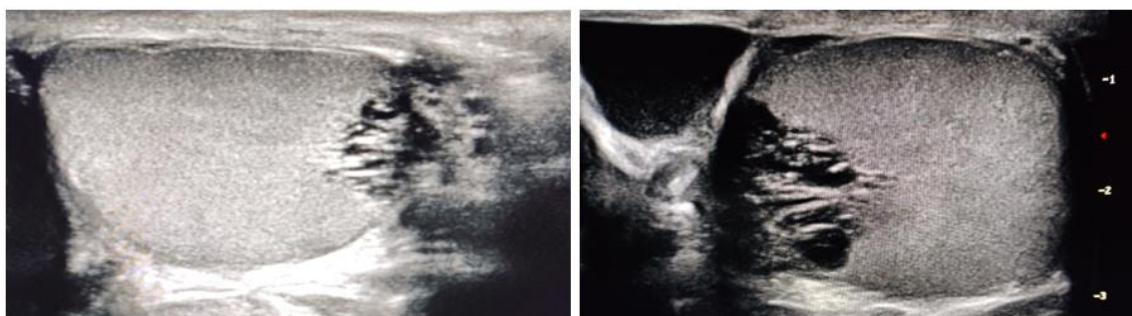


Fig- a and b: multiple anechoic formations with thin walls, confluent, centered on the testicular hilum bilaterally, more marked on the left with a thin sheet of right hydrocele

DISCUSSION

Cystic tubular ectasia of the rete testis of the testes is a benign condition that usually manifests in subjects in the sixth decade of life related to the reworking of the fibrous and connective component with age of the testicular supporting tissue [1]. In our case, the patient is younger (31 years old). Bilateral presentation exists in 45% of observations [2]. Anatomically, the rete testis is formed by a network of ducts originating from the seminiferous tubules in the mediastinum testis, and drains by the efferent canaliculi in the epididymis. Dilation of the rete testis is often acquired, occurring by obstruction of the seminal tract, usually of traumatic or infectious cause [1]. This pathology usually presents with asymptomatic scrotal swelling, as in our file. Sometimes this is diagnosed during the workup for male infertility, because tubular ectasia can be responsible for obstructive azoospermia, as it can have a normal spermogram, which is the case with our patient, father of two children. This can also be observed in patients who have had a vasectomy [3].

Diagnosis is based primarily on ultrasound and testicular Doppler, which shows tubular fluid structures, developing at or adjacent to the mediastinum testis, replacing it, often associated with epididymal abnormalities, such as spermatocele, or epididymal cysts. Unlike cystic testicular cancers, specific tumor markers are absent. The distribution of cystic lesions in

tubular ectasia of the testes is confined only to the mediastinum, unlike cystic teratoma of the testis, for example, where cysts are diffuse throughout the testis. Withholding treatment is the rule, but they can be treated surgically if they are symptomatic.

CONCLUSION

Rete testis cystic ectasia is a pathologically benign process with a complex and varied aetiology. It must be differentiated from testicular cancer according to the patient's age, mode of presentation, tumor markers and especially the characteristic ultrasound and testicular Doppler appearance. Diagnosis of this entity can prevent unnecessary surgery in these patients.

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