Isolated testicular vasculitis mimicking a testicular neoplasm

I read with interest the case report by Warfield et al in which the authors state that "...presentation with clinical features suggestive of neoplasm is exceptional..." in an isolated vasculitis. I have recently reviewed five cases of testicular and epididymal vasculitis in which two patients presented with testicular swelling and associated signs and symptoms of systemic vasculitis. Three patients, however, had localised gonadal disease and, in these, the diagnosis of an isolated vasculitis is primarily made by the histopathologist after resection it is, perhaps, unsurprising that the associated testicular swelling was clinically mistaken for a neoplastic process.

The orchidectomy specimens from four of the patients and the epididymectomy from the fifth all showed a similar spectrum of histology in which the vasculitic process occurred mainly in medium sized and small arteries and veins and ranged from full thickness fibrinoid necrosis of the vessel walls to marked fibromuscular intimal proliferation. Interestingly, giant cells of both Langhans and foreign body type were identified within the vessel walls and scattered throughout the parenchyma in two cases. On comparing the isolated vasculitic patient group with those in whom gonadal disease was part of a systemic process, no histological differences were identified that could be used as prognostic indicators of disease progression. Consequently, as also suggested in the case report by Warfield et al, close clinical follow up should be advocated for all patients who present with a localised necrotising vasculitis of this region.

T LEVINE
St Mary's Hospital, Praed Street, London W2 1NY


Dr Warfield comments: We thank Dr Levine for her interest in our report. Two of Dr Levine’s cases do share similarities, showing isolated vasculitis confined to the testis without apparent epididymal or systemic disease, albeit in an older age group, but none exhibited evidence of recent testicular infarction. It was this aspect of our case, appearing cystic and heterogeneous on ultrasonography, which was taken as strong supportive evidence for the clinical diagnosis of a neoplasm.

We agree that presently there appears to be no histological difference which might enable reliable distinction between systemic vasculitis with testicular involvement and isolated testicular vasculitis. Whether the isolated cases merely represent an unusual site of presentation and carry a risk of subsequent progression to systemic disease, and what that risk might be, has yet to be determined. We would also like to stress again that careful follow up of such cases is therefore needed.
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T Levine

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