Correspondence

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, as the diagnosis of 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.

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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 a 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.

Notices

Oxford Regional Cytology Training School, John Radcliffe Hospital presents the Non-gynaecological & fine needle aspiration cytology course 5–9 June 1995

This one week course is suitable for trainee medical and MLSO staff. Some accommodation is available.

Course fees: Employees of ORHA—No charge for the course, but £10.00 is required to cover administration and hospitality costs. Others: £350. The FNA cytology component may be attended separately on 8–9 June. Fee: £100.

Course Organiser: Dr I D Buley, Consultant Pathologist, Histopathology & Cytology, John Radcliffe Hospital, Oxford OX3 9DU.

Further details from Miss Patsy King on 0865 220510.

South Thames West Regional Cytology Training Centre 1995 Training Courses

FNA Course for Pathologists: 9 May—Includes practical aspects and a microscopy session.

Non-Gynaecological Cytology Workshop for Pathologists: 11 May—Lectures and microscopy to include major organs.

Two day Pre-Certificate of Competence Course: 4 and 5 September—For MLSOs and cytoscreeners preparing for the Certificate of Competence exam.

Four week Introductory Gynaecological Course for MLSOs and Cytoscreeners: 2 to 27 October.

Gynaecological Update Cytopathology for Pathologists: 16th November.

One week Introductory Non-Gynaecological Cytology Course for MLSOs: 20 to 24 November.

One week Gynaecological Cytology Course for MLSOs: 27 November to 1 December.

Half day Breast Workshop (Regional EQA): 4 December—Lecture and microscopy.

Gynaecological Cytology Refresher Course for MLSOs: 7 December.

For further information, please contact: Dr Grace McKee or Mrs Jennifer Walker, Department of Cytopathology, Royal Surrey County Hospital, Egerton Road, Guildford, Surrey GU2 5XX. (tel: 01483 271122 ext. 4374/4373; fax: 01483 435615).

Shelffield Cytology Training School

Courses for Medical Staff 1995

An Introduction to Non-Gynaecological Cytopathology 17–19 May 1995

A three day course for junior medical staff providing both a practical and theoretical introduction to non-gynaecological cytopathology. Course tutors will include invited guest lecturers. Course fee (including refreshments): £250.

Cytopathology for Histopathologists 19–23 June 1995

An intensive five day course of lectures and practical instruction by local and visiting speakers suitable for the MRCPath or Diploma in Cytopathology or for established consultants requiring an update. This course is timetabled to run consecutively with the Autopsy and Diagnostic Histopathology Courses organised by the Sheffield University Department of Pathology. Course fee (including refreshments): £350. This course has been approved for the Royal College of Pathologists CME Scheme and course participants in career grade posts will qualify for 5 CME points per day.

Accommodation is available on site at a modest additional charge.

For further information, please contact: Mrs EM Hewer, Manager, Sheffield Cytology Training School, Northern General Hospital, Herries Road, Sheffield S5 7AU (tel & fax: 0114 271 5500).
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T Levine

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