

PRIMARY CLINICAL TUBERCULOSIS OF SCROTUM – ALERT REPORT

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The manifestations of genitourinary tuberculosis can be variable and cause a variety of clinical patterns that mimic other diseases. Adrenal insufficiency, renal disease, obstructive uropathy, and chronic cystitis are not uncommon in patients with genitourinary tuberculosis. These patients may also have genital disease that simulates scrotal tumors. Furthermore, infertility can be caused by genitourinary tuberculosis.

A 50-year-old patient was present to our services with increasing redness and painless swelling of the scrotum with 6 months duration. In the end of the first 5 months of evolution, fistulation was observed. Clinical manifestation of previous tuberculosis was refused by the patient, though we have found radiological signs of possible anterior pulmonary tuberculosis. At physical examination it was described a scrotal abscess egg-sized, hard in consistency with inflammatory signs.

Fine needle aspiration of the testicular swelling turned possible the isolation of *Mycobacterium tuberculosis complex* and, naturally, the confirmation of testicular tuberculosis diagnosis. We furthermore evaluate drug susceptibility and find no resistances on the isolated strain. Conservative approach in the management of this case, with first line tuberculostatic therapy, gave, until now and after 4 months, satisfactory results.

This case alerts to the importance of considering testicular tuberculosis in the differential diagnosis of testicular enlargement, despite the absence of systemic pulmonary and urinary signs of tuberculosis. In the patients with scrotal abscess, tuberculosis should be discarded.