

DIAGNOSTIC AND MONITORING OF TESTICULAR HAEMATOMA BY MAGNETIC RESONANCE (MR)

Horacio A. Caviglia*^{1,2}, Juan P. Ghisi³, Sebastian Lescano³, Ana L. Douglas Price²,
 María E. Landro², Daniela Neme¹, Roberto Bacigalupo⁴

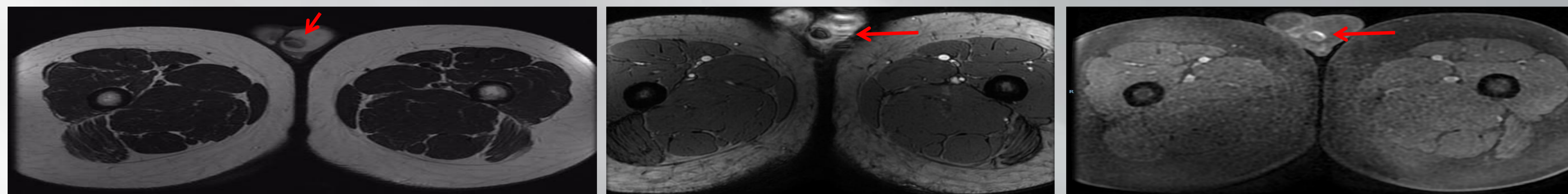


1- General Hospital Dr. Juan A. Fernández Department of Orthopaedic and Traumatology. 2- Foundation of Haemophilia. 3- General Hospital Dr. Juan A. Fernández Department Magnetic Resonance. 4- General Hospital Dr. Juan A. Fernández Department of Urology. Buenos Aires, Argentina

Introduction: Testicular haematoma in PWH, on more than one occasion, diagnosed doubt leads to removal of the testicle unjustifiably. PWH with testicular enlargement can be suspected of an underlying condition such as an abscess or malignancy. To the history of trauma and blood test (β -chain chorionic gonadotropin and α -fetoprotein) with negative results the suspicion was dismissed. Testicular sonography has become the imaging modality of choice not only for differential diagnosis of a variety of pathologic processes with similar clinical manifestations but also for diagnosis and monitoring of testicular trauma.

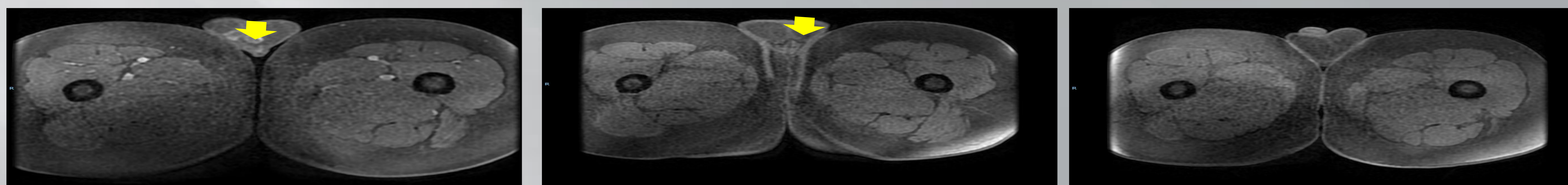
Objective: The purpose of this work is to show a case of testicular haematoma after an intense sexual intercourse, diagnosed and follow by Magnetic Resonance (MR), that allows the detection of the hemosiderin in the hematoma and confirms the diagnosis.

Methods: A 24-year-old male patient with haemophilia type A, after an intense sexual intercourse begun with testicular enlargement and pain. On the day of initial consultation, testicular sonography (Philips® HD 15) and MR (General Electric® HDXT 1.5 Tesla) were performed. In the MR images demonstrate an intratesticular mass, which low signal intensity on T2-weighted images, had high signal intensity hypointense on the T1-weighted image, and shows a low signal- intensity with gradient-echo T2, loss of signal intensity caused by the presence of hemosiderin. The lesion was of low echogenicity, measuring 20 x 10 mm. It contained debris and multiple thin septa and was surrounded by a hypoechoic halo.



A 24-year-old man with left-sided haematoma (arrow), correctly localized and characterized with MRI. Coronal T2-weighted (left), GRE sequence (center), and T1-weighted fat-suppressed (right).

Results: After a positive sonography, an organized intratesticular hematoma was strongly suspected. MR was performed to dismiss out other possibilities, allowing continued monitoring the haematoma until resolution. The follow-up images showed decrease in size of the lesión in the MR images. Years ago at the Foundation of Haemophilia, three patients were treated of the same pathology and were diagnosed by sonography. Biopsy were not definitive and removal of the testicle injured were performed. Pathology results later informed a haematoma.



A follow-up.MRI study has been obtained in 1 to 8 months. Axial and T1-weighted fat-suppressed show progressive reduction in size and signal of de lesions.

Conclusion: This work shows that with a correct diagnostic and suitable studies images like sonography and also MR, haematoma of the testicle can be resolved with conservative treatment.