

Lithiasis in spermatic veins

Spermatik venlerde taş

Güven Yiğit¹, Fahri Sümer², Celalettin Yüksel³, İlker Gündü⁴

¹Gümüşsuyu Military Hospital, Department of General Surgery, İstanbul, Turkey

²Gümüşsuyu Military Hospital, Department of Urology, İstanbul, Turkey

³Gümüşsuyu Military Hospital, Department of Radiology, İstanbul, Turkey

⁴Gümüşsuyu Military Hospital, Department of Anesthesiology and Reanimation, İstanbul, Turkey

Abstract

Calculi in spermatic veins is a very uncommon clinical entity reported only one case as "varicolithiasis" in the literature. Here we present our second case as "lithiasis in spermatic veins" that was diagnosed during an inguinal herniography operation.

Keywords: Calculi; lithiasis; spermatic vein

Özet

Spermatik venlerde taş oluşumu çok nadir görülen ve şu ana kadar literatürde "varikolityazis" olarak sadece bir olguda karşımıza çıkan klinik bir durumdur. Biz burada inguinal herniorafi operasyonu esnasında karşılaştığımız spermatik venlerde taş olgumuzu sunuyoruz.

Anahtar kelimeler: Taş; lityazis; spermatik ven

Introduction

Lithiasis in varicocele veins named as "varicolithiasis" was formerly published (1). This is our second case showing calculi formation in spermatic veins. Up to date, no similar case has been reported regarding calculi formation in spermatic veins.

Case

A 20-year-old male underwent left inguinal hernia repair in General Surgery service. During the hernia repair, multiple solid lesions were palpated in the spermatic veins intraoperatively and urology consultation was retrieved. Left spermatic cord was explored during the operation. A normal vas and testis but multiple solid lesions were palpated in the spermatic veins. Incision of a spermatic vein segment revealed a 0.5x0.5 cm brownish colored stone (Figure 1). The calculus was subjected to chemical analysis using Fourier transform infrared (FTIR) spectroscopy and found to be a "weddelite" stone composed of 90% carbonate apatite and 10% calcium oxalate. A blood sample was drawn in order to measure serum electrolytes, creatinine, calcium, phosphorus, magnesium, potassium, and uric acid. Metabolic work up consisted of 24-hour urine collection (analyzed for pH, calcium, uric acid, oxalate, citrate, sodium magnesium and potassium) as well as urinalysis and urine culture. They were all normal. The patient was asked about his family history of stones, past medical history related to stone disease and were non-contributory. Computerized tomography revealed the stones in the

internal spermatic veins (Figure 2). Written consent was obtained from the patient for publication.



Figure 1. Intraoperative view of the excised spermatic vein and stone.



Figure 2. Arrows showing the nodular hiperdensities in a spermatic vein

Correspondence: Fahri Sümer, Gümüşsuyu Military Hospital, Department of Urology, İstanbul, Turkey
Tel:+90 532 3960306 fahrisumer@hotmail.com

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Discussion

The etiology of our case is not clear but it may be speculated. It is thought to be anatomical and may be related to stasis due to the obstruction of the spermatic venous drainage related with the patient's inguinal hernia. However, more patients and further studies are warranted to obtain more knowledge on the pathogenic mechanism of the stone formation in spermatic veins to explain the pathophysiology.

Reference

1. Kılıçlar M, Sağlam M, Sümer F, Özgök Y, Soydan H, Erduran D. Lithiasis in varicocele veins: "varicolithiasis". J Urol 2002;168(2):630.

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