

# Idiopathic scrotal calcinosis: The extensive case of a young adult

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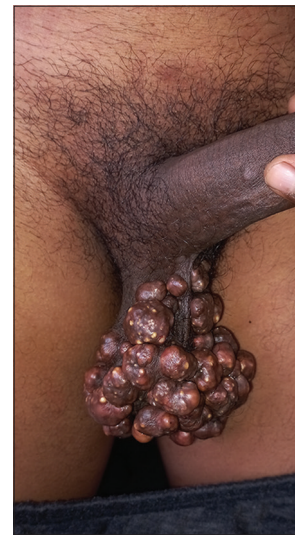
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Idiopathic scrotal calcinosis (ISC) is a rare benign condition, first described by Lewinski in 1883 [1]. Its etiopathogenesis remains controversial and has not yet been fully elucidated. ISC is characterized by the presence of multiple calcified nodules within the scrotal wall. The condition predominantly affects young adults, most commonly between 20 and 40 years of age, although the majority of reported cases involve patients aged 20 to 50 years [2,3]. Due to the benign nature of the symptoms and the slow progression, the interval between the onset of the first lesions and therapeutic intervention is often prolonged.

Clinically, the nodules gradually increase in size, eventually forming tumor-like masses that may ulcerate and discharge a whitish, chalky material. No extra-scrotal involvement is observed. Laboratory investigations, including serum and urinary calcium-phosphate levels, uric acid, alkaline phosphatase, parathyroid hormone, calcitonin, and vitamin D, are typically within normal ranges. Histological examination confirms the diagnosis by demonstrating intradermal calcium deposits. Surgical excision is the treatment of choice and is curative in most cases, with recurrence being uncommon.

Herein, we report the case of a 39-year-old patient, followed in psychiatry for schizophrenia under treatment, who presented with painless scrotal nodules that had been evolving for several years. The lesions had progressively increased in size and occasionally



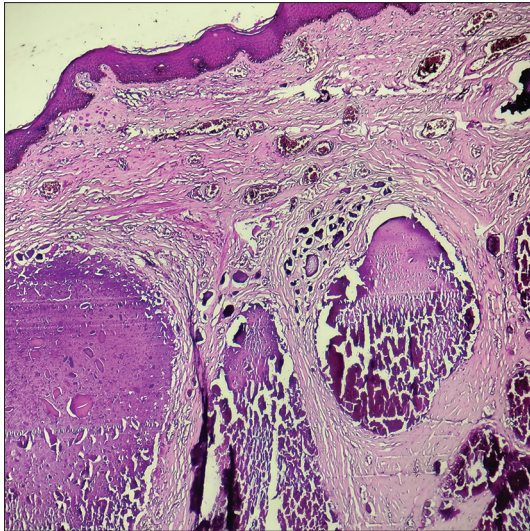
**Figure 1:** Multiple yellowish, confluent scrotal nodules, forming true tumor-like masses.

ruptured, discharging a chalky white material. Clinical examination revealed multiple yellowish, calcified, hard, stone-like nodules, sometimes clustered into tumor-like masses occupying nearly the entire scrotum (Fig. 1). The nodules were firm but mobile relative to the underlying planes. The testes and epididymides were clinically normal. Laboratory tests were normal. Histopathological analysis of a skin biopsy showed a regular epidermis overlying dermal calcium nodules, with a focal foreign body granulomatous reaction, confirming the diagnosis of ISC (Fig. 2). Complete surgical excision was performed, and no recurrence was observed after twelve months of follow-up.

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**Figure 2:** Histopathological examination revealing a normal epidermis with dermal calcium deposits and a focal foreign body granulomatous reaction.

## Consent

The examination of the patient was conducted according to the Declaration of Helsinki principles.

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