Chirurgia (Bucur). 2020;115(4):505-510
http://dx.doi.org/10.21614/chirurgia.115.4.505

Left Spermatic Vein Thrombosis – An Uncommon Diagnosis: A Case Report

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Abstract
Introduction: Spermatic vein thrombosis is a rare entity with poor clinical distinctive signs for the differential diagnosis, which raises numerous controversies about the appropriate management.
Case report: A 55 years old man presents at the emergency room for left scrotal pain and swelling evolving for two weeks. The patient denied any recent local traumatic event. Physical examination revealed an approximately 15 to 20 cm length mass from the posterior scrotum to the external inguinal orifice. The other genitals had a healthy appearance at the moment of the examination. An incarcerated hernia couldn't be excluded. The Doppler ultrasound evaluation of the scrotum confirmed the suspicion of left testicular vein thrombosis with complete cessation of blood flow. Both testicles appeared to have regular blood flow. CT scan established that the thrombus extended up to the left external inguinal orifice. Surgical treatment was preferred to address an eventually incarcerated hernia. The left testicular vein was excised from the external orifice. Postoperative management consisted of apixaban for 30 days, and the cardiology department thus conducted the treatment.
Conclusion: Doppler ultrasound evaluation of the scrotum represents the gold standard diagnostic test for spermatic vein thrombosis. There are still controversies about the management approach of this pathology, conservative or surgical.
Key words: spermatic vein thrombosis, varicocele, testicular pain, scrotal ultrasound