

Scrotal mass

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Rationale

In children and adolescents, scrotal masses do not always require treatment; other times, urgent treatment is required. Although a scrotal mass in adults is likely to be benign, it is important to recognize when it is a malignant tumor.

Causal Conditions

(list not exhaustive)

- Cystic (e.g., hydrocele)
- Solid
 - a. Benign (e.g., hematoma)
 - b. Malignant (e.g., seminoma)
 - c. Inflammatory or infectious (e.g., orchitis, scrotal abscess)

Key Objectives

Given a patient with a scrotal mass, the candidate will diagnose the cause, severity, and complications, and will initiate an appropriate management, in particular, differentiate malignant testicular tumors from other types of scrotal masses.

Enabling Objectives

Given a patient with a scrotal mass, the candidate will

- list and interpret critical clinical findings, including
 - a. history and physical examination results, in particular to diagnose an urgent case (i.e., right-sided varicocele, malignant testicular tumor, and torsion);

- list and interpret critical investigations, including
 - a. laboratory and radiological studies, in particular, tumor markers, Doppler ultrasound, or computed tomography (CT) scan, as appropriate;
- construct an effective initial management plan, including
 - a. in the case of a young patient, counsel and educate him about regular testicular self-examination;
 - b. determine whether the patient requires an urgent or a non-urgent referral;
 - c. counsel, educate, and reassure the patient with a benign scrotal mass.