**Sarcoidosis Presenting as an Epididymal Mass**

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Sarcoidosis is a multisystem inflammatory disease that characteristically involves the lungs and lymph nodes. Involvement of the genitourinary system is rare. We report the case of a 39-year-old African American man who presented with an asymptomatic right-sided epididymal mass and underwent partial epididymectomy. Pathologic analysis revealed numerous noncaseating granulomas. Results from computed tomography imaging of the chest and lung biopsy were consistent with sarcoidosis.

**Report of Case**

A 39-year-old African American man presented to our office for evaluation of an asymptomatic right-sided epididymal mass. He noticed the lesion during a self-examination 2 months earlier. The patient denied any systemic symptoms or recent exposure to toxins or pathogens. His family history was clinically significant for a brother with a history of sarcoidosis.

Physical examination revealed a 2-cm, well-circumscribed, painless mass in the superior portion of the right epididymis. Findings from the remainder of the physical examination were normal (blood pressure, 113/67 mm Hg; body temperature, 97.8°F; pulse rate, 71 beats per min). Results from scrotal ultrasonography revealed a hypoechoic lesion on the right epididymis. Preoperative laboratory work of α-fetoprotein, human chorionic gonadotropin, and lactate dehydrogenase did not reveal abnormalities.

As a result of patient concern and for diagnostic purposes, scrotal exploration occurred with excision of the right epididymal mass via a median-raphe scrotal incision. Gross findings revealed a 2.3 x 1.6 x 1.1 cm gray-tan, firm oval epididymal mass (Figure 1). Pathologic evaluation exposed noncaseating granulomas. Acid-fast and hematoxylin and eosin stains were negative for acid-fast and fungal microorganisms, suggesting the presence of sarcoidosis.

After surgical removal of the mass, the patient had a computed tomography scan of the chest and lung biopsy, which revealed bilateral hilar lymphadenopathy consistent with sarcoidosis. These findings concurred with the diagnosis of sarcoidosis.

The patient had an uneventful postoperative recovery and was treated with nonsteroidal anti-inflammatory medications.

**Comment**

As previously stated, involvement of the genitourinary system with sarcoidosis is rare. In 1936, Schaumann published the first case of testicular sarcoidosis. Since then, sarcoid granulomas have been reported in the prostate, testes, and epididymis, with the latter being most common. Involvement of the penis, scrotum, and spermatic cord are rare. According to a 2005 report, and including the present report, 62 cases of histologically proven sarcoidosis involving the male reproductive tract (including the epididymis, testes, spermatic cord, tunica albuginea, and prostate) have been reported.

Urogenital sarcoidosis is 10 times more common in African American men than in white men. Genitourinary manifestations of sarcoidosis include kidney disease with nephrocalcinosis, painless testicular masses (as discussed in the present report), and epididymo-orchitis with associated testicular swelling. Lesions are typically unilateral—bilateral lesions...
organ involvement. Because epididymal tuberculosis can involve the epididymis being the most common site of genital involvement, 20% of patients with extrapulmonary tuberculosis, tuberculosis can also affect the epididymis. The genitourinary tract should be favored in any equivocal cases. In patients with fertility concerns based on ultrasonography findings. Therefore, resection of these lesions can often be difficult to differentiate from malignancy. In most cases of epididymal sarcoidosis, excisional biopsy is required for diagnostic and therapeutic purposes. In addition, underlying masses in the epididymis may represent systemic illness and must be treated as such. For patients—particularly African American men—presenting with an epididymal or genitourinary mass, physicians must remember to include sarcoidosis in the differential diagnosis.

Conclusion
For patients—particularly African American men—presenting with an epididymal or genitourinary mass, physicians must remember to include sarcoidosis in the differential diagnosis.

References