

# Scrotal Calcinosis

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**KEY WORDS:** urology; dermatology; clinical image.

J Gen Intern Med 31(9):1104

DOI: 10.1007/s11606-016-3600-y

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**Figure 1.** Scrotal calcinosis.

A 47-year-old Pakistani man with diabetes and hypertension presented to his primary care physician with scrotal nodules. Four years ago, the patient noticed a solitary, hard, painless nodule. More nodules subsequently appeared and coalesced on the scrotum with occasional scant bleeding. His

wife had been his only sexual partner for the past 20 years. Physical examination revealed seven subcutaneous painless, firm nodules measuring 1–2 cm in diameter on the anterior scrotum. There were no areas of ulceration, inguinal adenopathy, penile lesions, or urethral discharge. No skin nodules or ulcerations were present elsewhere. His serum calcium was normal (Figure 1).

The patient was diagnosed with idiopathic scrotal calcinosis (SC). SC is a benign condition that is a subtype of calcinosis cutis. It is characterized by scrotal calcium deposits in the setting of normal calcium and phosphate levels.<sup>1</sup> It usually occurs in darker skinned men in their 20s to 40s.<sup>2</sup> The pathogenesis of SC is not well understood. Because of its painless, indolent nature, patients with SC usually present to their primary care physicians with cosmetic concerns. The diagnosis is clinical. Patients can undergo surgical resection with excellent cosmetic outcome.<sup>3,4</sup> Informed of his diagnosis, our patient elected to defer surgery.

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**Compliance with Ethical Standards:**

**Conflict of Interest:** The authors declare that they do not have a conflict of interest.

## REFERENCES

1. **Sharma R, Maheshwari V.** Scrotal calcinosis: idiopathic or dystrophic? Dermatol Online J. 2010;16:5.
2. **Noel B, et al.** Multiple nodules of the scrotum: histopathological findings and surgical procedure. a study of five cases. J Eur Acad Dermatol Venereol. 2006;20(6):707–10.
3. **Khallouk A, et al.** Idiopathic scrotal calcinosis: a non-elucidated pathogenesis and its surgical treatment. Rev Urol. 2011;13(2):95–97.
4. **Barak H, et al.** Massive idiopathic scrotal calcinosis. Urology. 2012;80(6):71–72.

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Received September 21, 2015

Revised December 4, 2015

Accepted January 12, 2016

Published online February 26, 2016