

Scrotal Swelling: A rare presentation of Diffuse Large B Cell Lymphoma (DLBCL)

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Background:

- Scrotal swelling is a common presentation to both General Practice and the Emergency Department (ED).
- Males of all ages may be affected.
- It may be attributed to disorders of the testis or its appendages, herniae or disorders of the scrotal skin (1,2).
- One of the most concerning aetiologies of scrotal swelling is Fournier's gangrene (FG).

Case History:

A 78-year-old man, recently admitted with scrotal cellulitis, represented to the ED with progressive scrotal swelling.

His right hemi-scrotum was acutely swollen and tender. The skin was indurated but no crepitus was noted. There was no evidence of skin trauma or spreading erythema. His blood results were unremarkable. Ultrasound examination demonstrated marked scrotal soft tissue oedema, pus formation and suspected gas within the tissue (Figure 1). There was concern that the patient had developed FG. He was taken to theatre for surgical debridement.

Intraoperatively, the skin was thickened and atypical for FG. The histopathology results demonstrated DLBCL with further treatment led by the Haematology team. Further imaging demonstrated extensive abdominal soft tissue nodularity, suspicious for lymphomatous deposits. Treatment with R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone) chemotherapy was agreed.

Discussion:

- FG is a form of necrotising fasciitis affecting the perineum and genital area (3–6). It usually presents as rapidly spreading cellulitis (3–6).
- It is a polymicrobial infection involving aerobic and anaerobic organisms (3-6). It is suppurative and thrombotic in nature (3-6). Enzyme driven necrosis spreads rapidly along the fascial planes (3–6).
- FG is a surgical emergency and requires early debridement of the necrotic skin alongside broad-spectrum intravenous antibiotics (3–6).
- It is a clinical diagnosis. Ultrasound imaging may be used when there is diagnostic doubt (7).
- DLBCL is the most common form of Non-Hodgkin's lymphoma affecting adults (8). The disease classically presents with rapidly growing, non-painful lymphadenopathy associated with constitutional symptoms such as fatigue, weight loss and night sweats (9). It is usually treated with R-CHOP chemotherapy.
- DLBCL rarely presents with soft tissue signs or symptoms. There are no published reports of the initial presentation of DLBCL as scrotal swelling.



Figure 1: Ultrasound of right testicle showing soft tissue oedema and gas

Learning points:

- **IN ELDERLY PATIENTS WITH CONTRADICTORY CLINICAL FEATURES AND INVESTIGATIONS, HAEMATOLOGICAL CAUSES OF SCROTAL SWELLING MUST BE ACTIVELY CONSIDERED.**
- **SURGICAL DEBRIDEMENT SHOULD BE PERFORMED IF A DIAGNOSIS OF FG IS CONSIDERED.**

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