

Visual Treats in Dermatology

## Scrotal calcinosis

Anmol Batra<sup>1</sup>, Neirita Hazarika<sup>1</sup> 

<sup>1</sup>Department of Dermatology, AIIMS Rishikesh, Rishikesh, Uttarakhand, India.



**\*Corresponding author:**

Anmol Batra,  
 Department of Dermatology,  
 AIIMS Rishikesh, Rishikesh,  
 Uttarakhand, India.

[anmolbatra9@gmail.com](mailto:anmolbatra9@gmail.com)

Received : 04 April 2022

Accepted : 17 June 2022

Published : 06 July 2022

DOI

10.25259/CSDM\_41\_2022

Quick Response Code:



A 24-year-old man presented with a 5-year history of numerous asymptomatic nodules of the scrotal skin which had been slowly progressing in number and size. Physical examination revealed multiple discrete and confluent, white-yellowish subcutaneous nodules measuring 0.2–2.5 cm in diameter attached to the scrotal skin [Figure 1]. The nodules were nontender and firm on palpation. Histopathological examination revealed calcium deposition within the dermis. Laboratory parameters did not reveal any calcium/phosphorus imbalance. Based on the above characteristic description, a diagnosis of scrotal calcinosis was made.

Scrotal calcinosis is a rare and typically benign condition, predominantly affecting young men. The nodules are mostly asymptomatic, although some patients report itching, heaviness, and discharge of chalky material. These are not associated with any hormonal or metabolic abnormalities. The cause of the condition is debated but is likely related to the dystrophic calcification of pre-existent epidermal cysts, hair follicle cysts, or eccrine duct milia.<sup>[1]</sup> Surgical excision of the affected area and direct closure or use of flaps/grafts is generally regarded as the standard treatment.



**Figure 1:** Multiple nontender discrete and confluent, white-yellowish firm subcutaneous nodules measuring 0.2–2.5 cm in diameter attached to the scrotal skin.

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

© 2022 Published by Scientific Scholar on behalf of CosmoDerma

#### **Declaration of patient consent**

Patient's consent not required as patients identity is not disclosed or compromised.

#### **Financial support and sponsorship**

Nil.

#### **Conflict of interest**

There are no conflicts of interest.

#### **REFERENCE**

1. Khallouk A, Yazami OE, Mellas S, Tazi MF, El Fassi J, Farih MH. Idiopathic scrotal calcinosis: A non-elucidated pathogenesis and its surgical treatment. Rev Urol 2011;13:95-7.

**How to cite this article:** Batra A, Hazarika N. Scrotal calcinosis. CosmoDerma 2022;2:49.