
Isolated tuberculous epididymitis

This paper brings to the fore various unresolved but interesting issues regarding tuberculosis of the genital tract in particular and management of epididymal masses in general. Though this is a retrospective study with all its inherent limitations, several findings merit attention. Isolated tuberculous involvement of the genital tract i.e. the epididymis in the absence of any documented or clinically evident disease elsewhere in the genitourinary system is not uncommon as shown in this study. This is an important finding and indicate that any clinician evaluating an epididymal mass should consider this in differential diagnosis, especially in the subcontinent where tuberculosis (TB) continues to be rampant.

Another important finding of this study is the fact that though fine needle aspiration cytology (FNAC) is a good starting test to evaluate epididymal masses and has a moderate yield, a fair proportion of patients will be missed by this modality alone and would require a formal epididymal biopsy to confirm the diagnosis and get appropriate therapy. In spite of the prevalence of TB in India, it would be prudent not to ignore the possibility of a neoplastic involvement of the epididymis as is evident in this study too. Though the authors do not report the exact histology in the subgroup of patients classified as ‘malignancy’, it may be worth remembering that adenomatoid tumours of the epididymis are not uncommon and are usually indolent. Epididymal adenocarcinoma is relatively rare but possible. I also sense a feeling of missed opportunity when evaluating a report of this nature. Could we have performed any imaging modality such as a scrotal ultrasound (an established norm in the evaluation of scrotal mass at present) in all these cases and possibly come with some diagnostic findings characteristic of TB involvement? I hope future studies on this topic address this issue. TB of the genital tract is also a disease of the young as confirmed by this report with patients presenting with primary infertility. While fertility rates were dismal in this study due to the advanced nature of the disease, there may be merit in not subjecting every patient to a FNAC or a biopsy especially those with acute inflammation and compromise epididymal continuity.

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