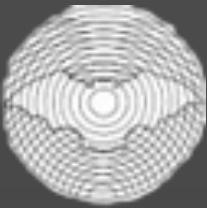


# Ultrasound of malignant testicular lesions

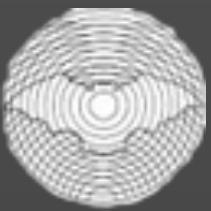
Arne Hørlyck

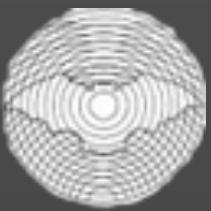
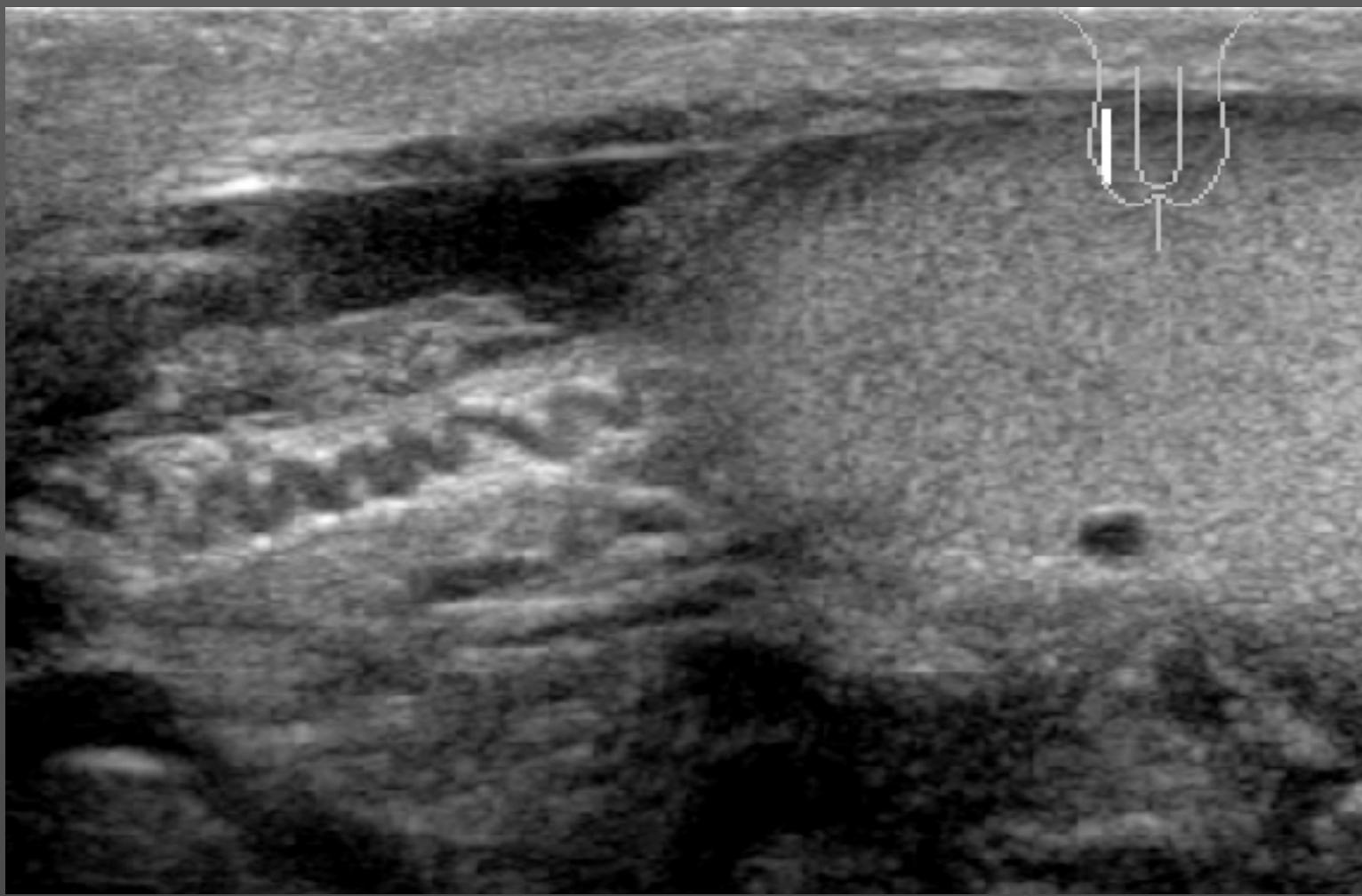
Department of Radiology  
Aarhus University Hospital, Skejby



# Testis

Ultrasound is fantastic !!





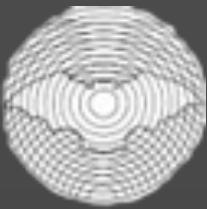
# Scrotum

Extratesticular mass: Benign

Intratesticular mass: Malignant

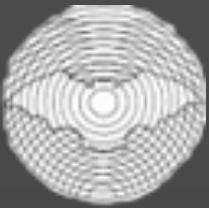
- nearly always

But palpation is not always precise



# Scrotum

=> Ultrasound examination

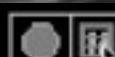


# Scrotum

GE  
L9

+

+



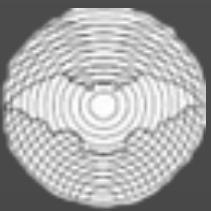
1 L 2.09 cm

31 year.

No symptoms.

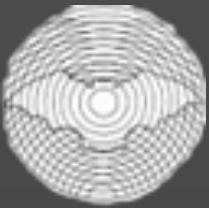
Palpable mass,  
uncertain if it is  
intratesticular.

## Spermatocele

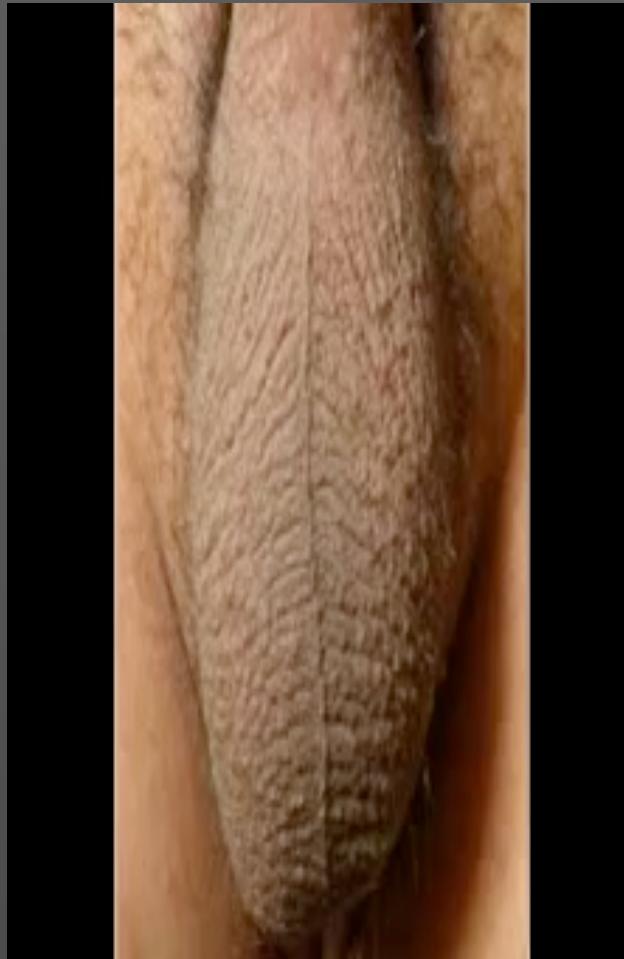


# Scrotum

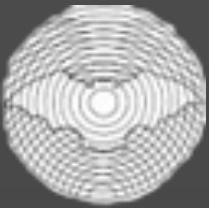
Let us zoom in to the testis



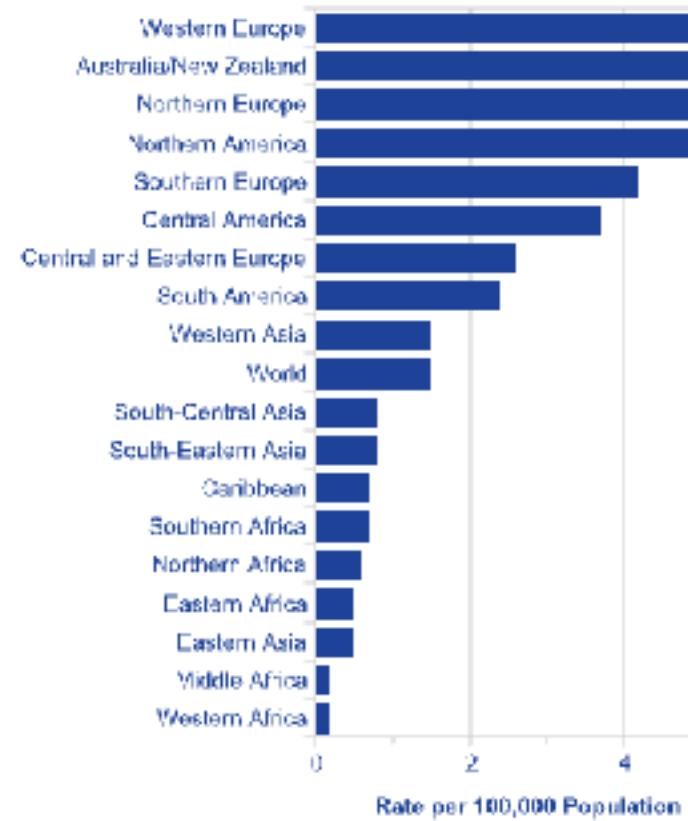
# Scrotum



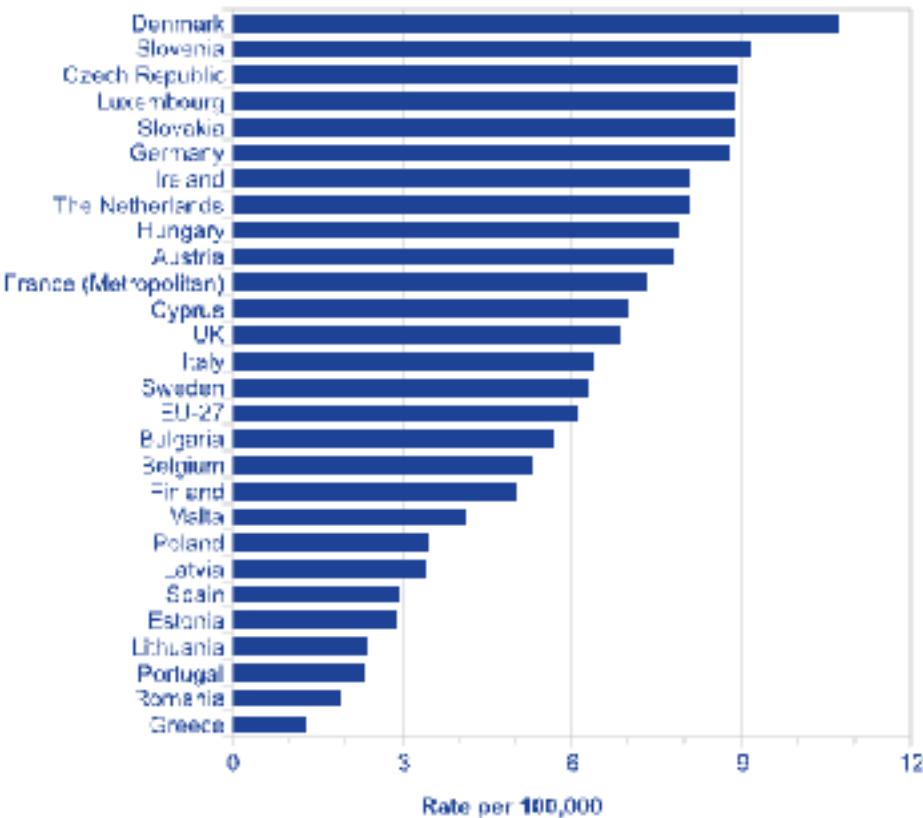
Let us zoom in to the testis



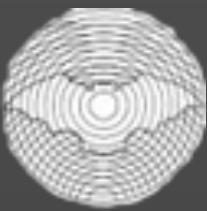
# Testis cancer – epidemiology



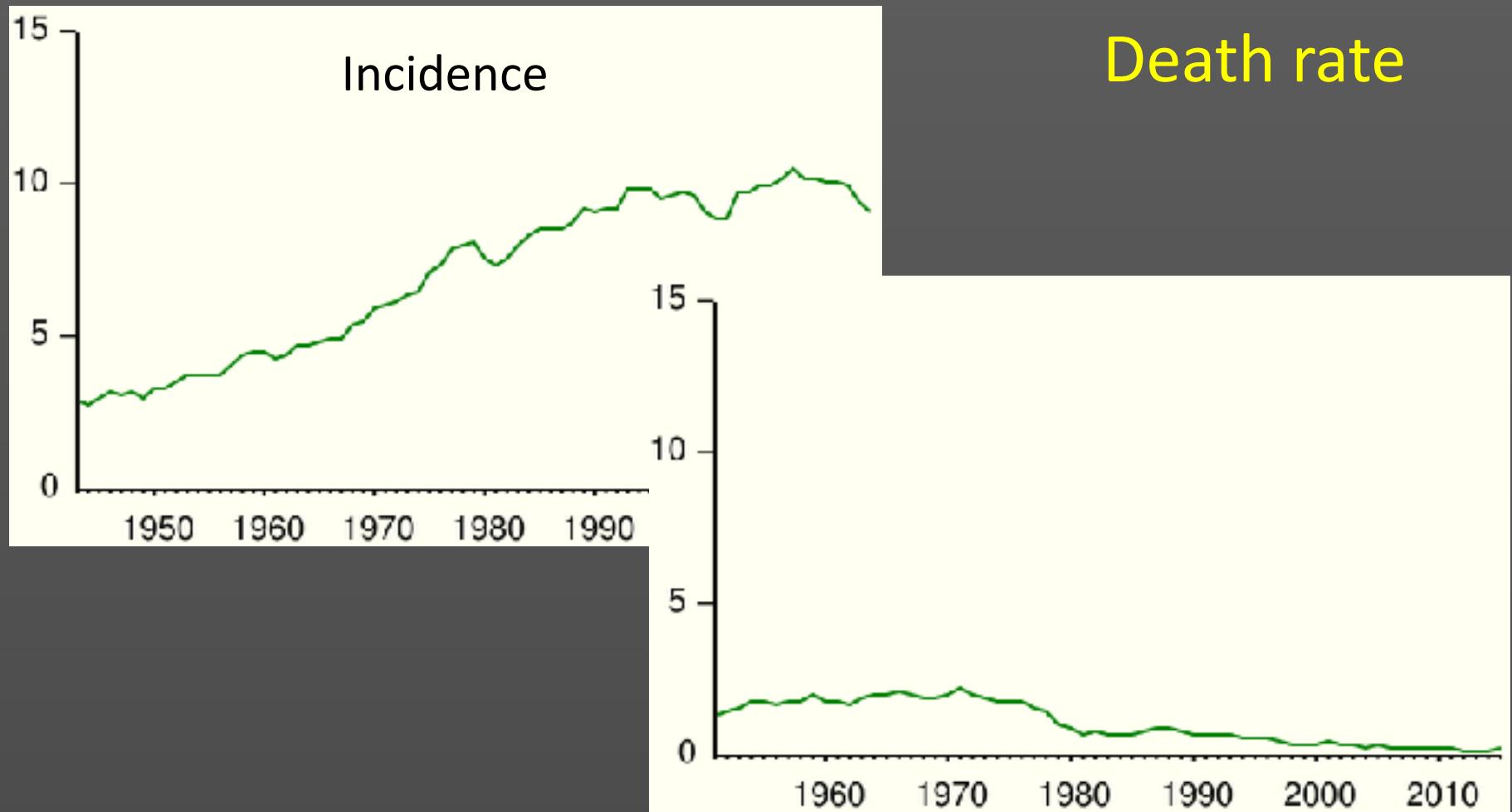
Incidence



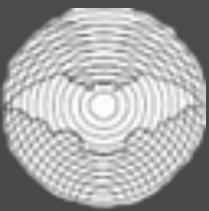
10 : 100.000 per year



# Testis cancer – epidemiology



0,2 : 100.000 per year

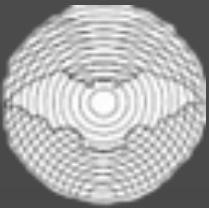


# Testis cancer – epidemiology

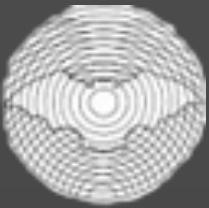
5 year survival (all stages):

97% (95 – 100)

*Why worry about early diagnosis?*

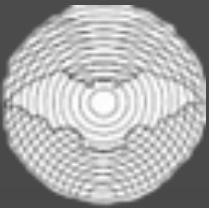


# Ultrasound of malignant testicular lesions



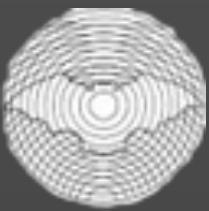
# Testis pathology

- Neoplasm
  - Malignant
  - Benign
- Cyst
- Infection
- Vascular
  - Torsio
  - Infarction
  - Atrophy



# Testis pathology

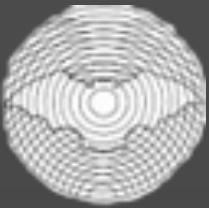
- Neoplasm
  - Malignant
  - Benign
- Cyst
- Infection
- Vascular
  - Torsio
  - Infarction
  - Atrophy



# Testis pathology

## Neoplasm (all ages)

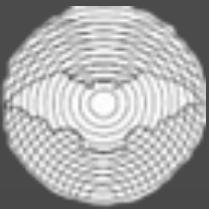
- Malignant 90%
- Benign 10%



# Testis pathology

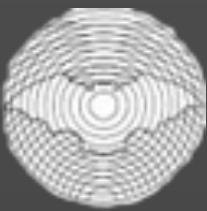
## Neoplasm

- Germ cell 90%
  - Seminoma 50%
  - Non-seminoma 50%
- Stroma (Sertoli -, Leyding -) 5%
- Other (Lymphoma, metastasis, - -) 5%

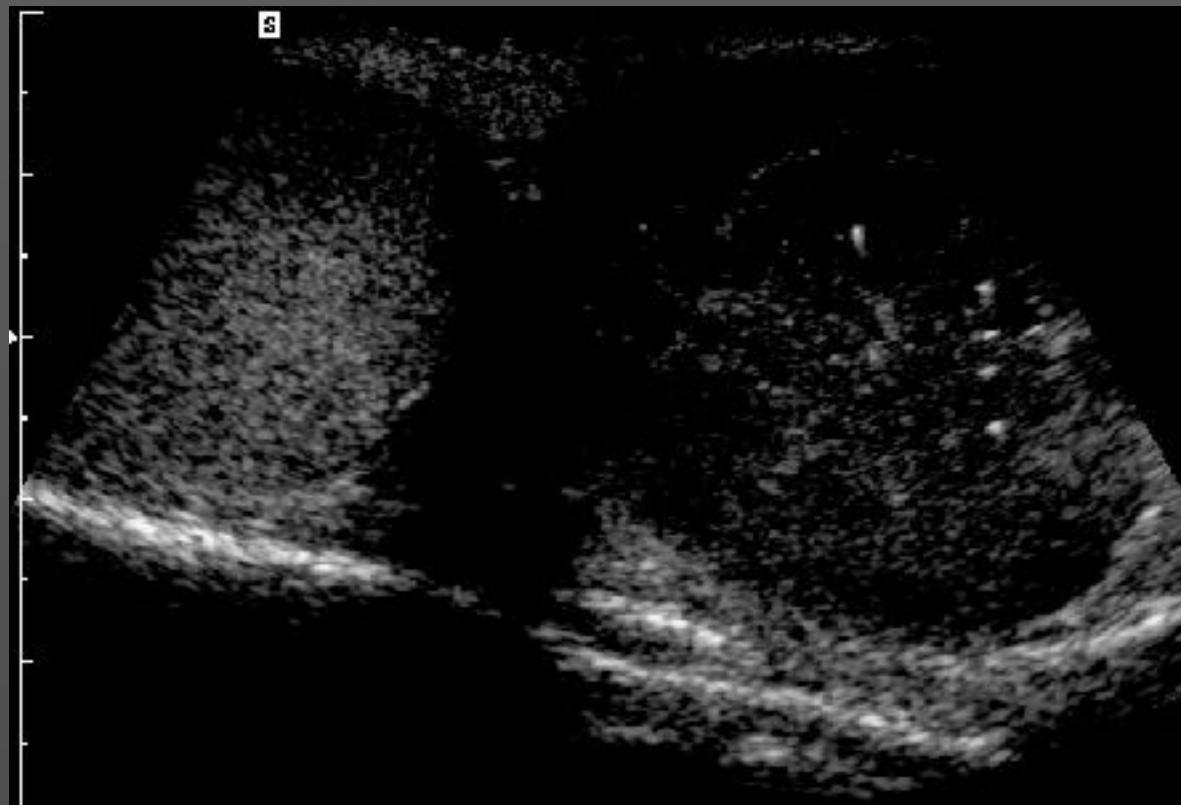


# Testis pathology

- Neoplasm
  - Malignant
  - Benign
- Cyst
- Infection
- Vascular
  - Torsio
  - Infarction
  - Atrophy



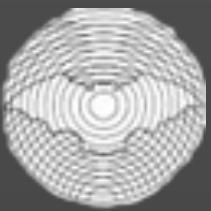
# Testis ultrasound



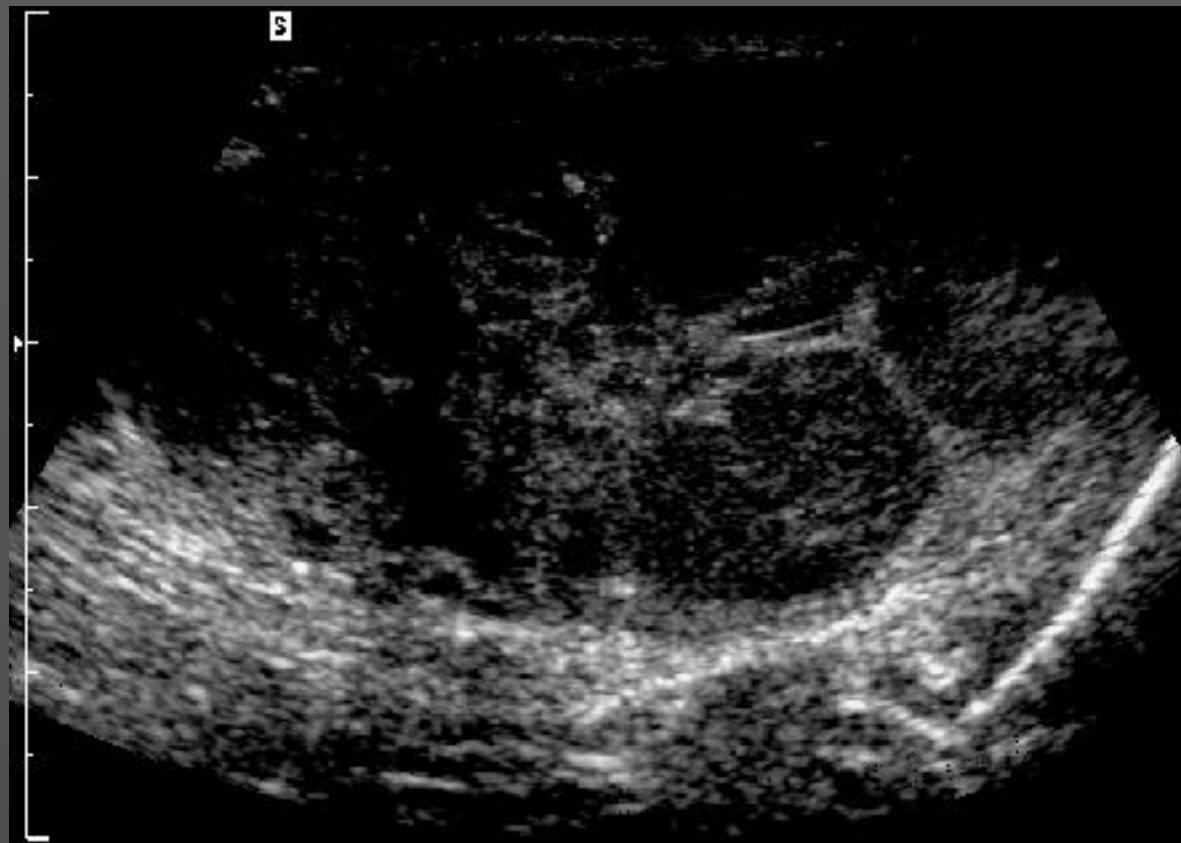
34 year.

No symptoms.

Palpable mass.



# Testis ultrasound



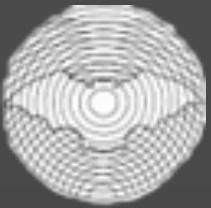
34 year.

No symptoms.

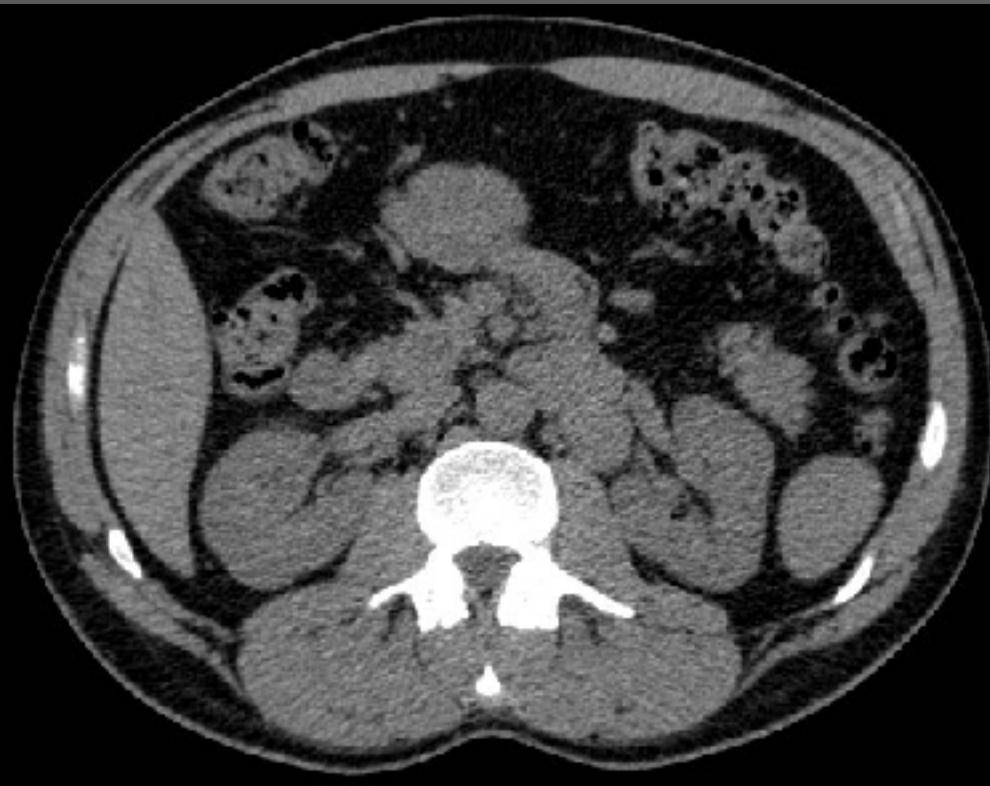
Palpable mass.

US: Testis tumour

Pathology: Seminoma



# Testis ultrasound



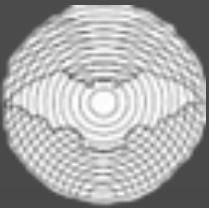
28 year.

Left flank colic pain.

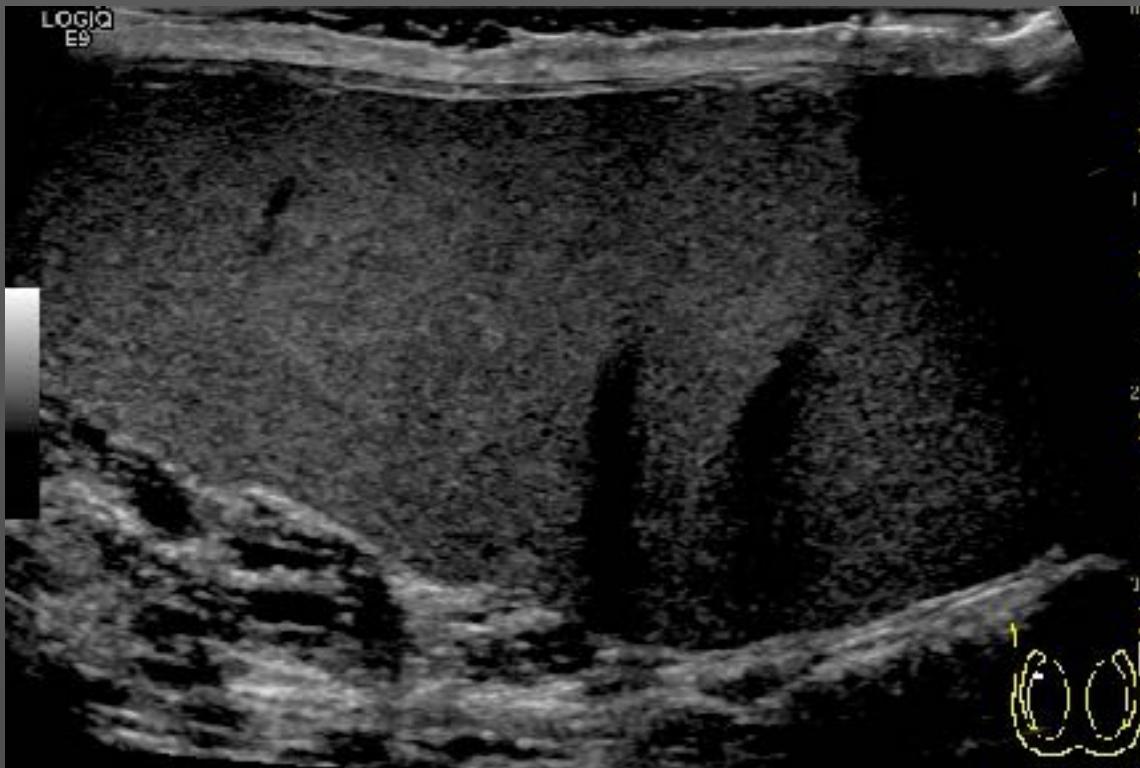
Ureteral stone?

CT: No stones. Suspicious  
retroperitoneal lymph nodes.

Testis cancer?



# Testis ultrasound

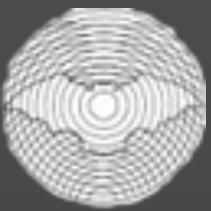


28 year.

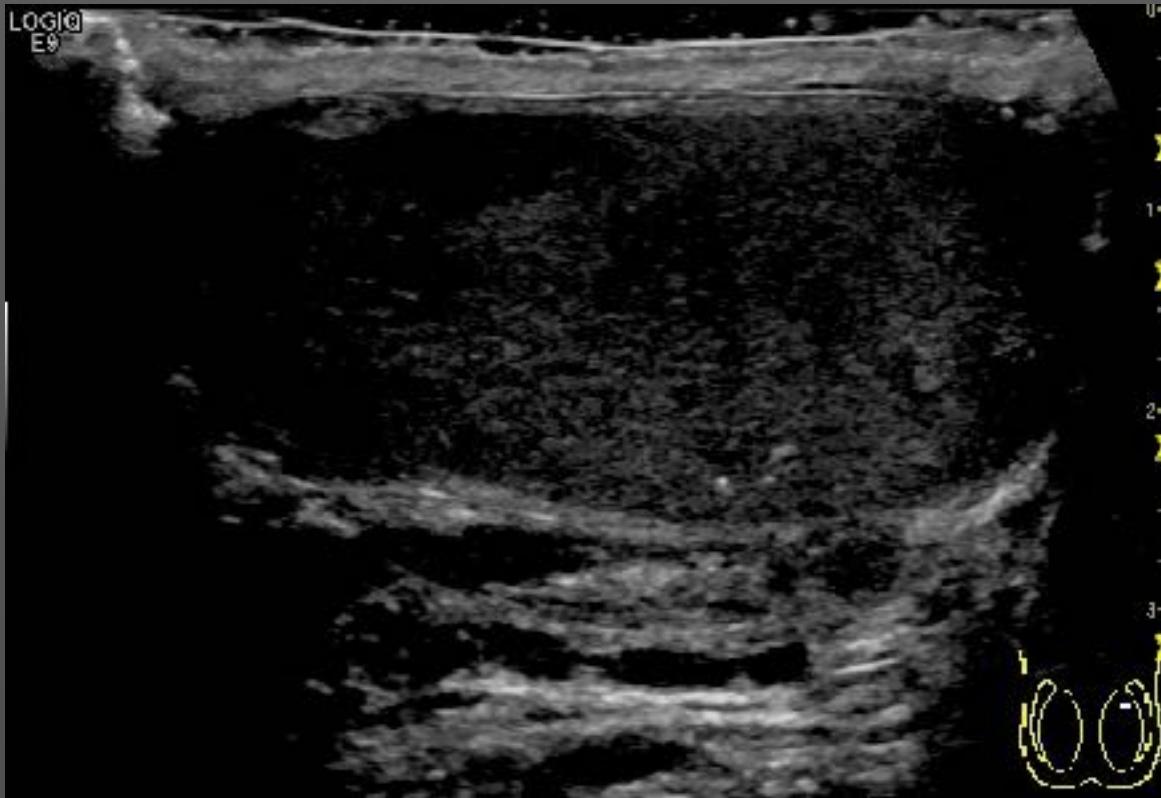
Left flank colic pain.

Ureteral stone?

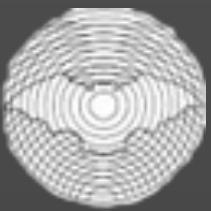
Left testis smaller,  
no palpable mass.



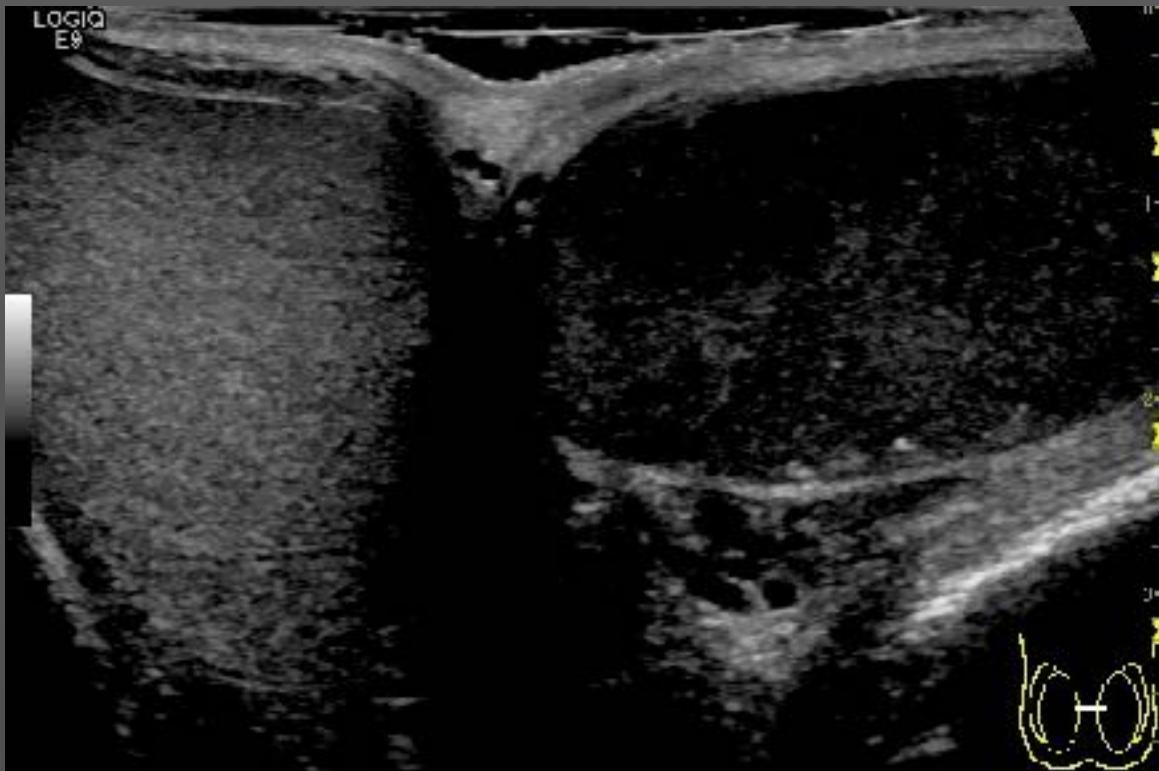
# Testis ultrasound



28 year.  
Left flank colic pain.  
Ureteral stone?  
Left testis smaller,  
no palpable mass.



# Testis ultrasound

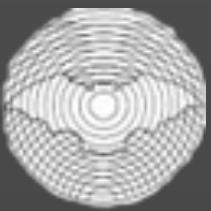


28 year.

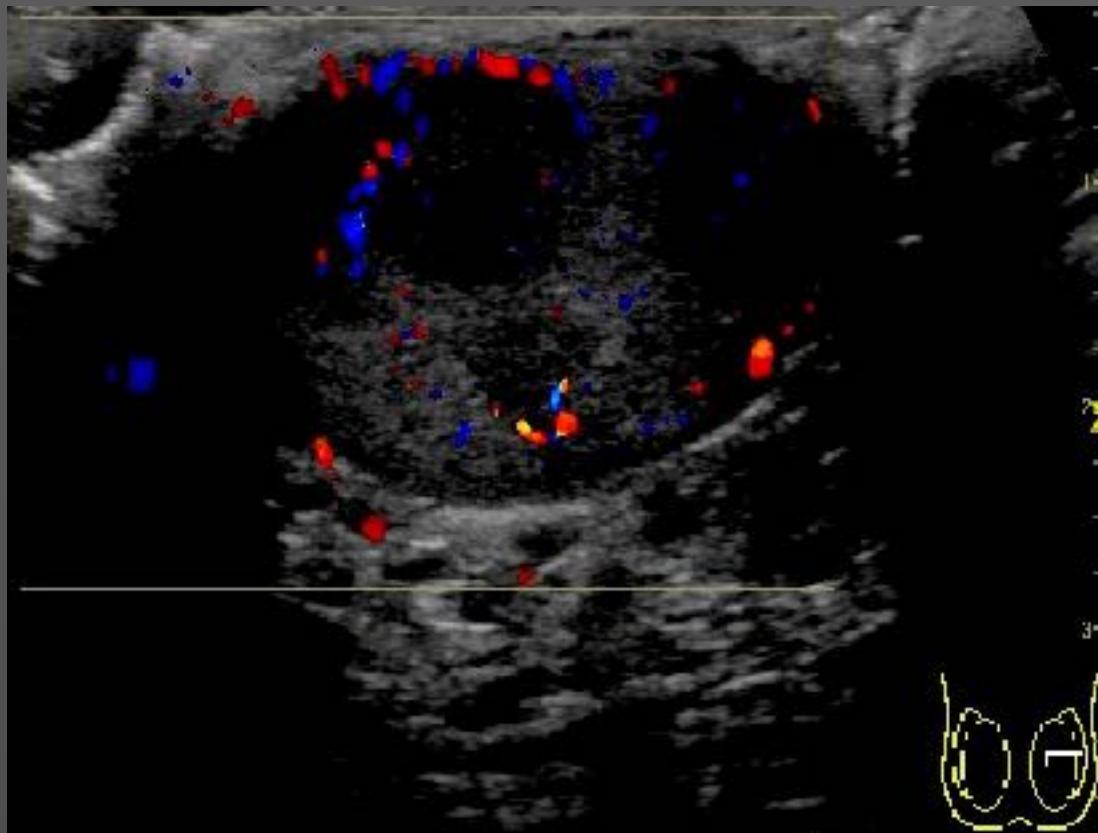
Left flank colic pain.

Ureteral stone?

Left testis smaller,  
no palpable mass.



# Testis ultrasound



28 year.

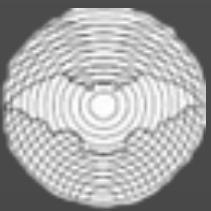
Left flank colic pain.

Ureteral stone?

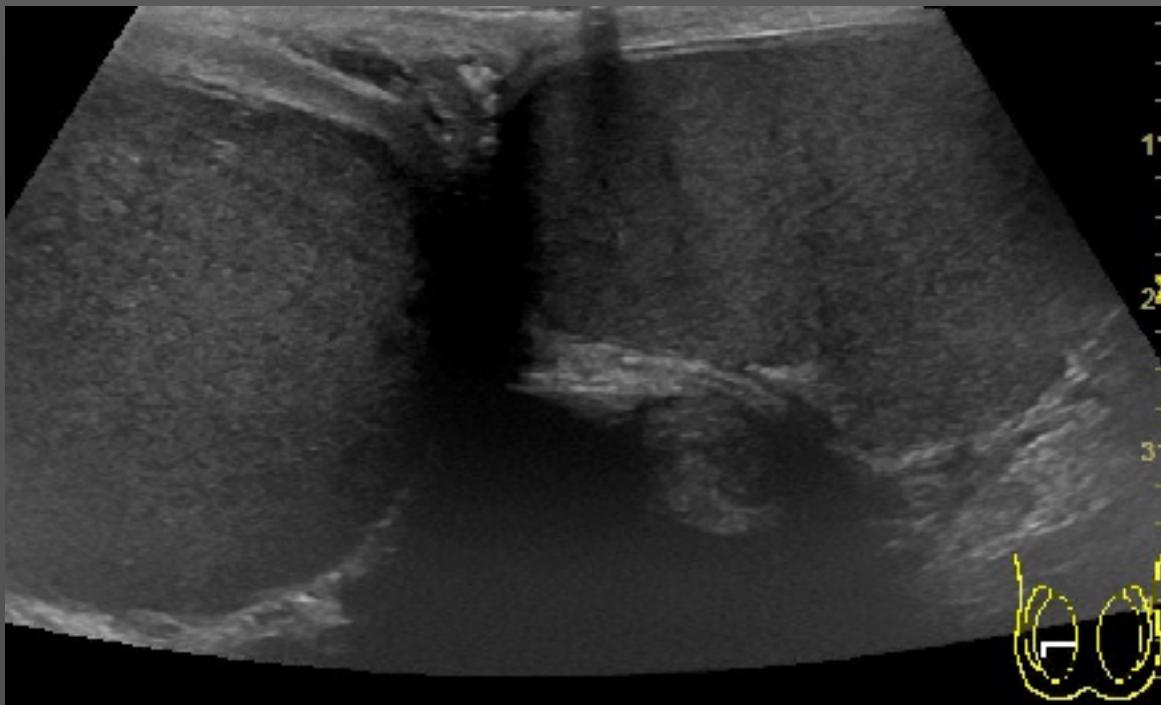
Left testis smaller,  
no palpable mass.

US: Testis tumour

Pathology: Non-seminomatous  
mixed germ cell tumours



# Testis ultrasound

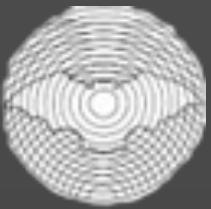


49 year.

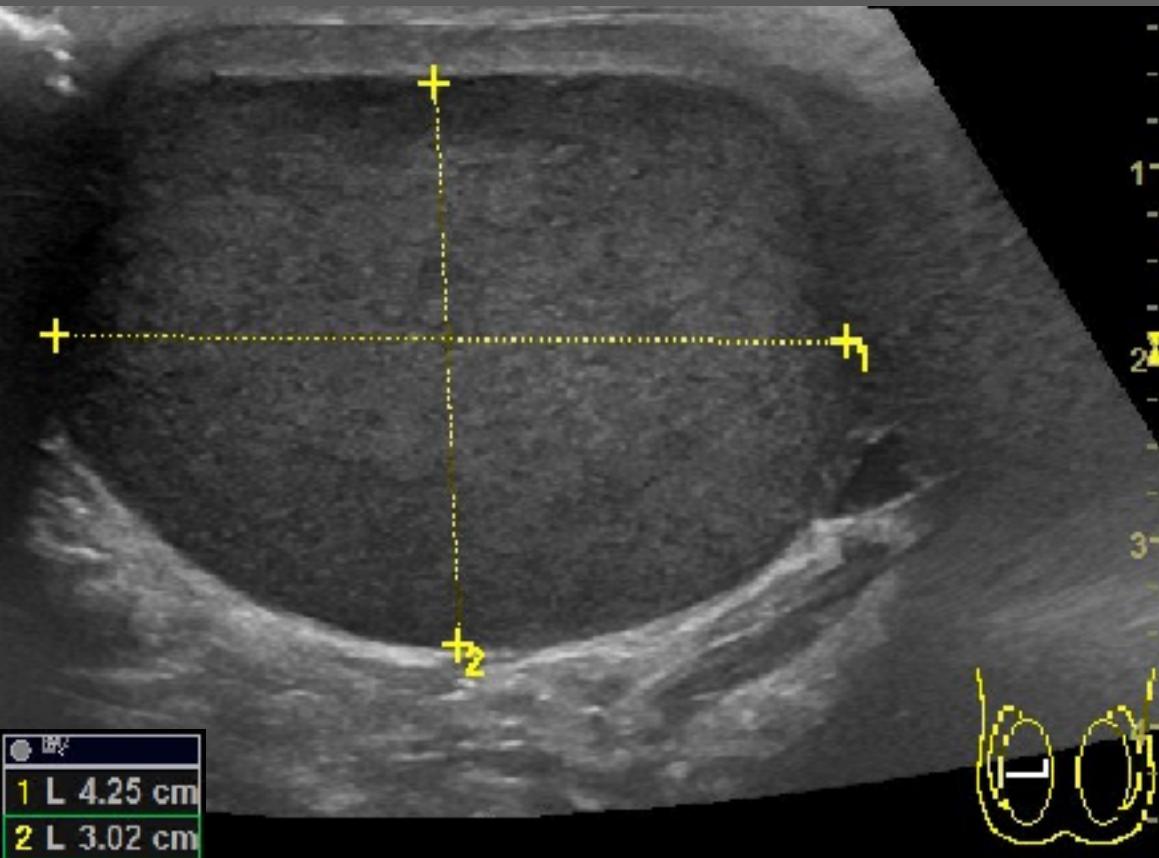
Growing right testis.

No other symptoms.

US ref.: Hydrocele?



# Testis ultrasound

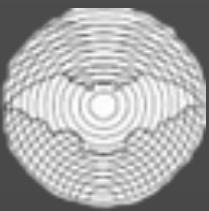


49 year.

Growing right testis.

No other symptoms.

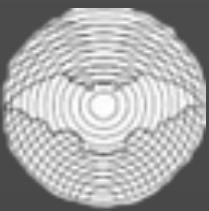
US ref.: Hydrocele?



# Testis ultrasound



49 year.  
Growing right testis.  
No other symptoms.  
US ref.: Hydrocele?  
US: slightly enlarged  
right epididymis.  
Slightly enlarged  
right testis.



# Testis ultrasound

One year later:

Growing right testis.

Surgery.

Testis 7,5 x 5 cm

Pathology:

Mixed germ cell tumor.

49 year.

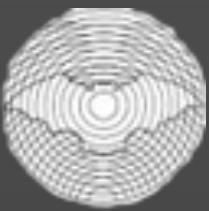
Growing right testis.

No other symptoms.

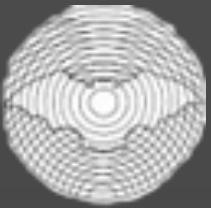
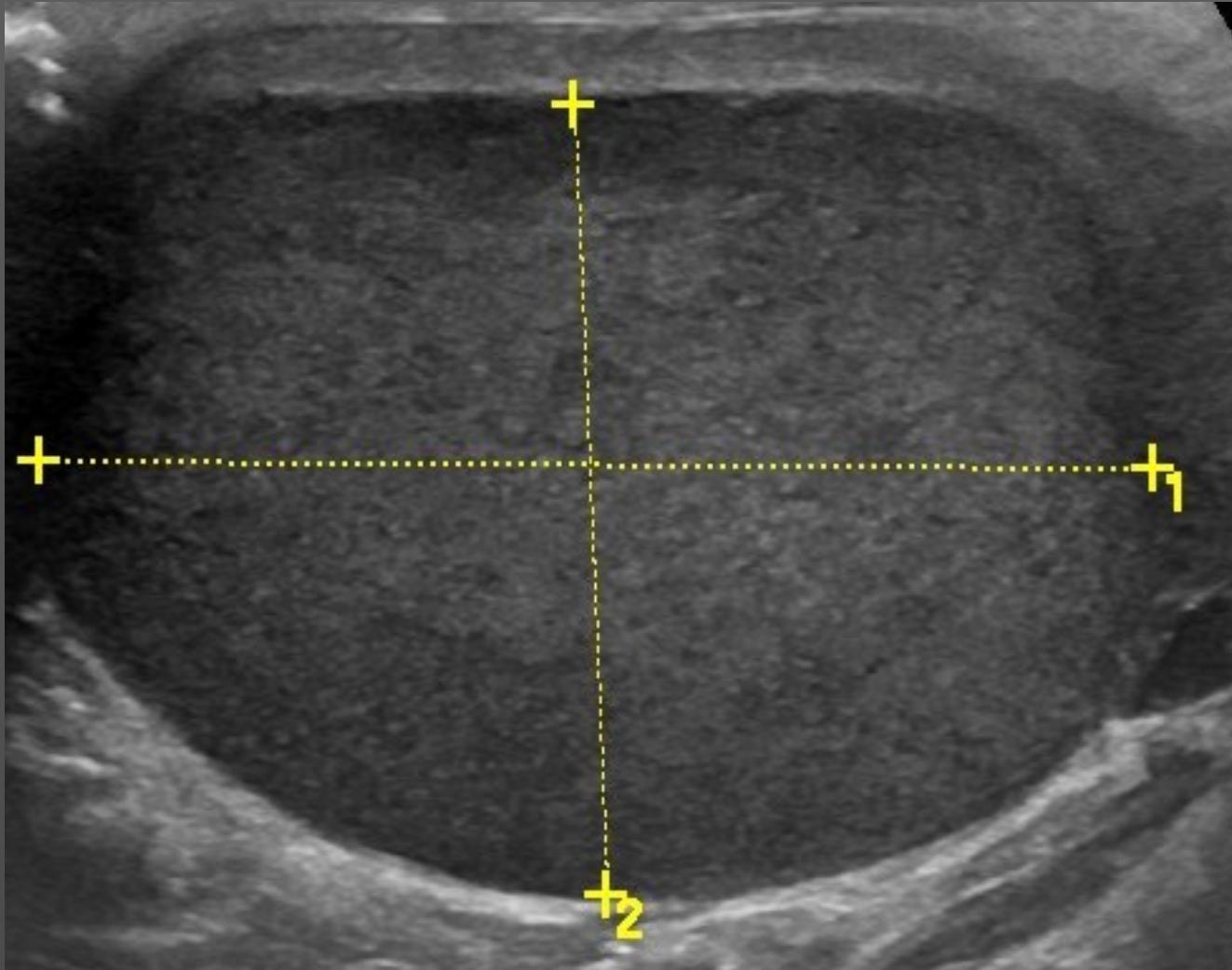
US ref.: Hydrocele?

US: slightly enlarged  
right epididymis.

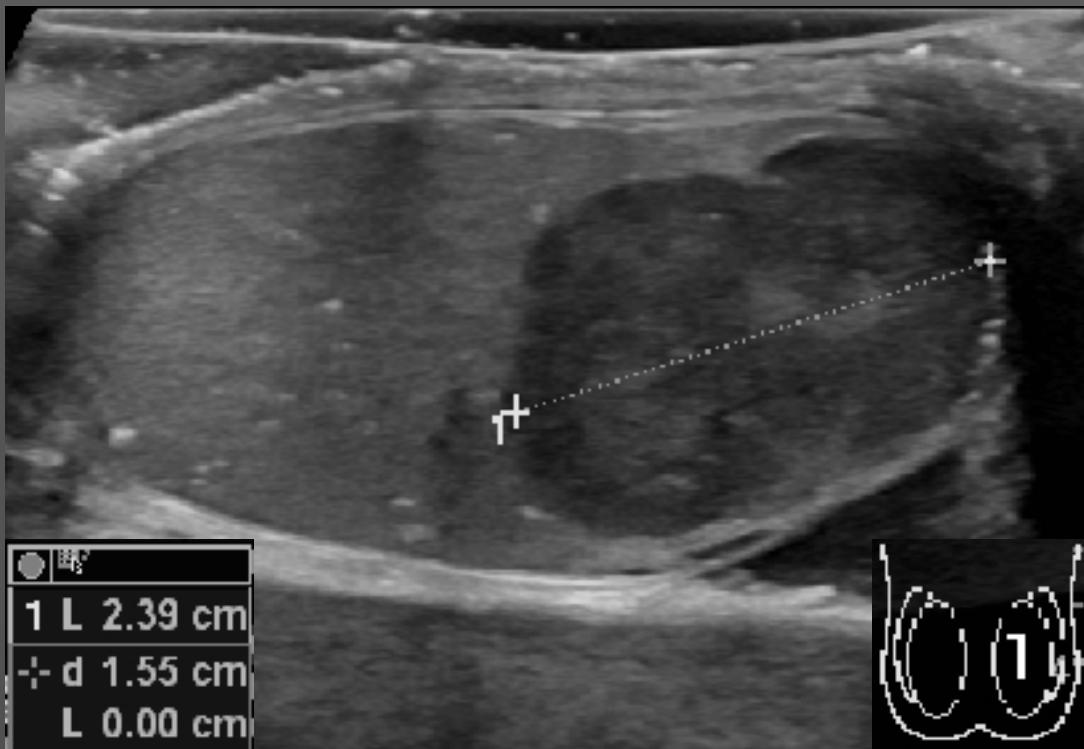
Slightly enlarged  
right testis.



# Testis ultrasound



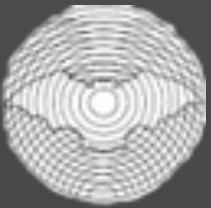
# Testis ultrasound



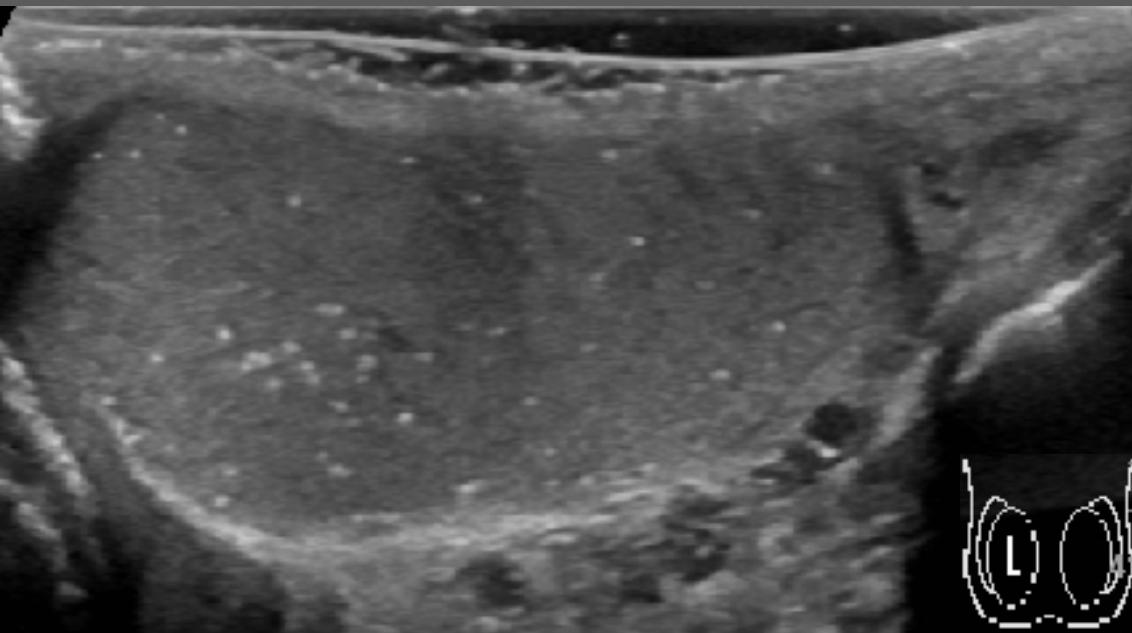
2012. 26 year.

Growing left testis.

Palpable mass.



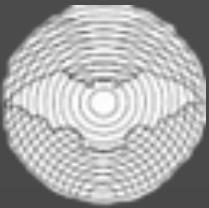
# Testis ultrasound



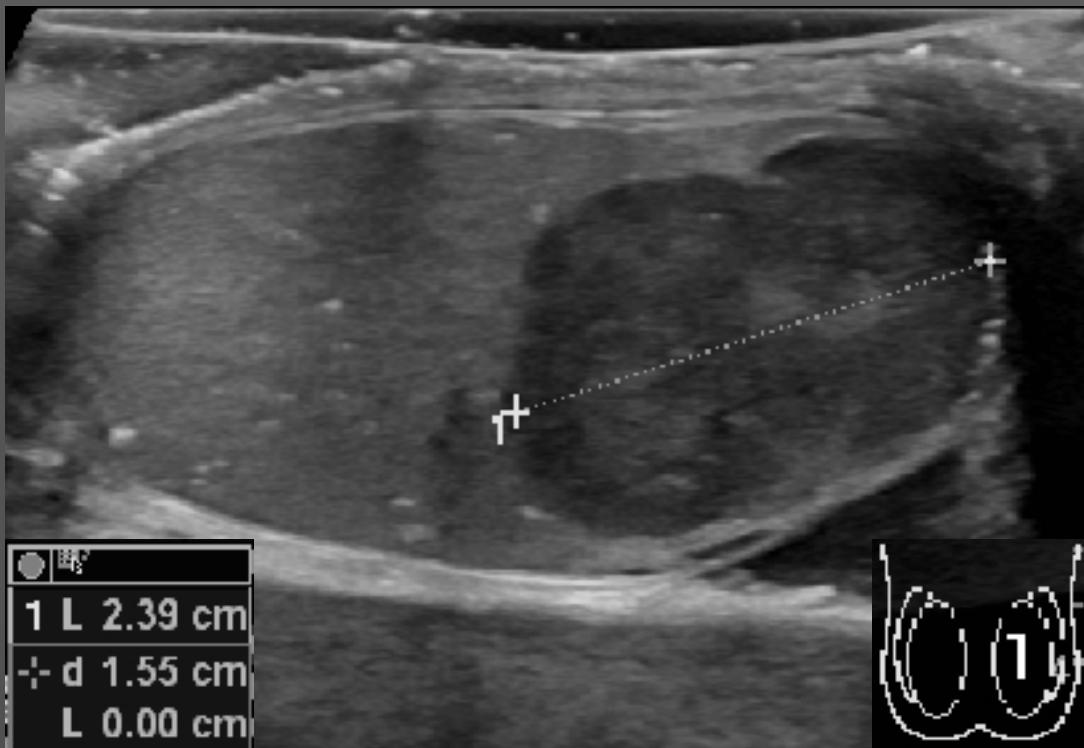
2012. 26 year.

Growing left testis.

Palpable mass.



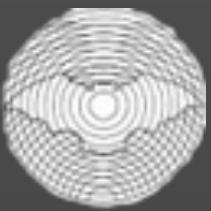
# Testis ultrasound



2012. 26 year.  
Growing left testis.  
Palpable mass.  
US: Left testis  
tumour. Bilat. high-  
echogenic changes,  
microlithiasis.

Pathology: Seminoma left testis

Carcinoma in situ right testis



# Testis ultrasound

2012. 26 year.

No metastasis. No chemotherapy.

Scrotum radiation treatment.

Follow-up:  
CT and US

2012. 26 year.

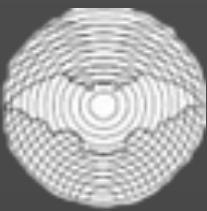
Growing left testis.

Palpable mass.

US: Left testis tumour.  
Bilat. high- echogenic changes,  
microlithiasis.

Pathology: Seminoma left testis

Carcinoma in situ right testis



# Testis ultrasound

2012. 26 year.

No metastasis. No chemotherapy.

Scrotum radiation treatment.

Follow-up:

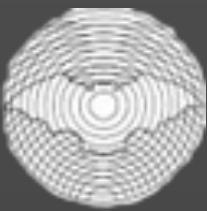
CT and US

Until 2017 no relapse.

Microlithiasis in right testis.

Pathology: Seminoma left testis

Carcinoma in situ right testis



# Testis ultrasound

2012. 26 year.

No metastasis. No chemotherapy.

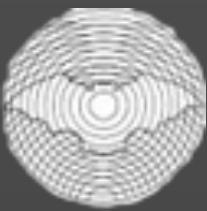
Scrotum radiation treatment.

Follow-up:  
CT and US

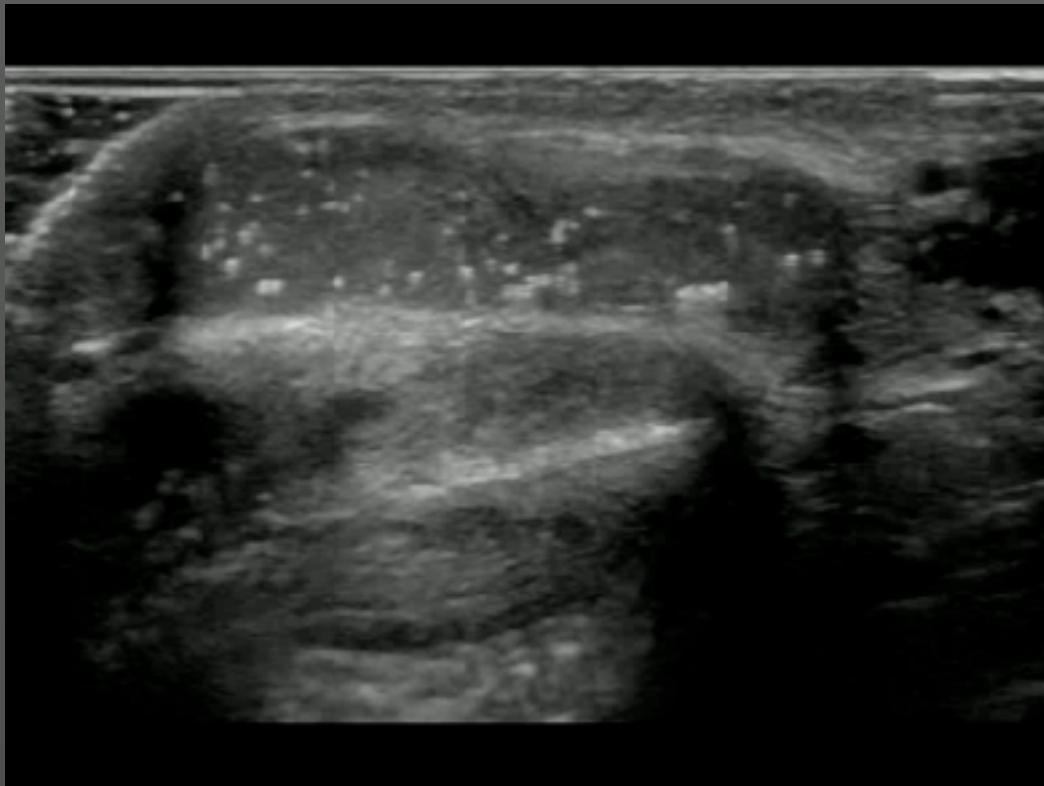
Until 2017 no relapse.

Microlithiasis in right testis.

2018:

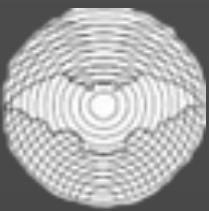


# Testis ultrasound

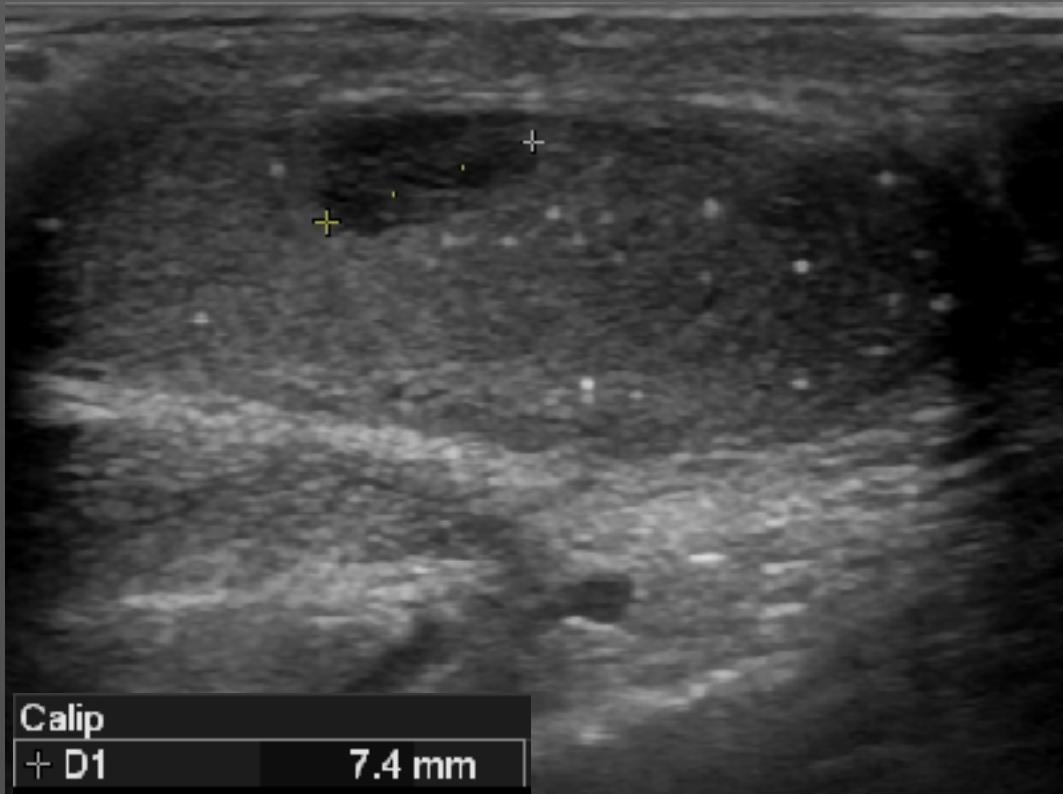


Until 2017 no relapse.  
Microlithiasis in right  
testis.

2018:



# Testis ultrasound

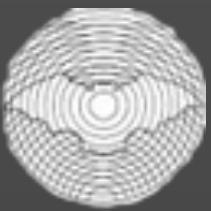


Calip

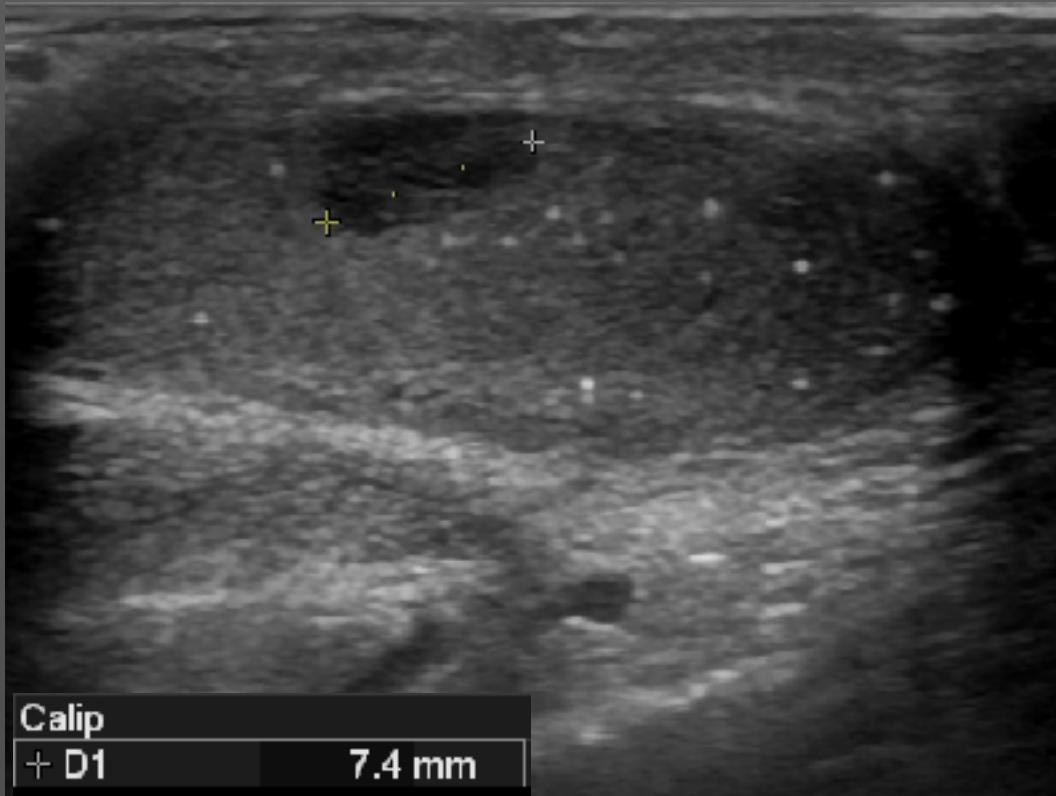
+ D1

7.4 mm

Until 2017 no relapse.  
Microlithiasis in right  
testis.  
2018: 7 mm new  
tumour in right testis.



# Testis ultrasound



Calip

+ D1

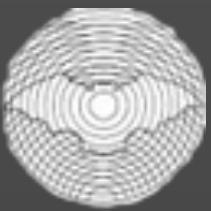
7.4 mm

Until 2017 no relapse.  
Microlithiasis in right  
testis.

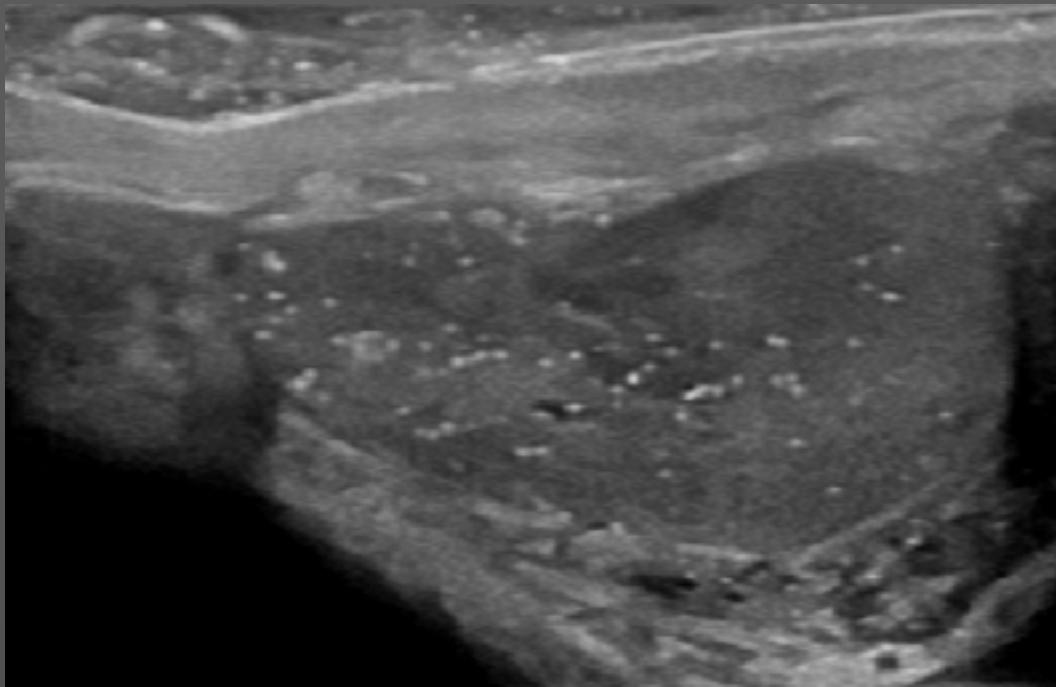
2018: 7 mm new  
tumour in right testis.

Testis sparing surgery

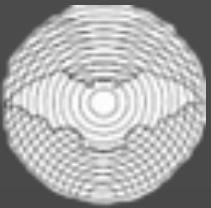
Pathology: Seminoma right testis



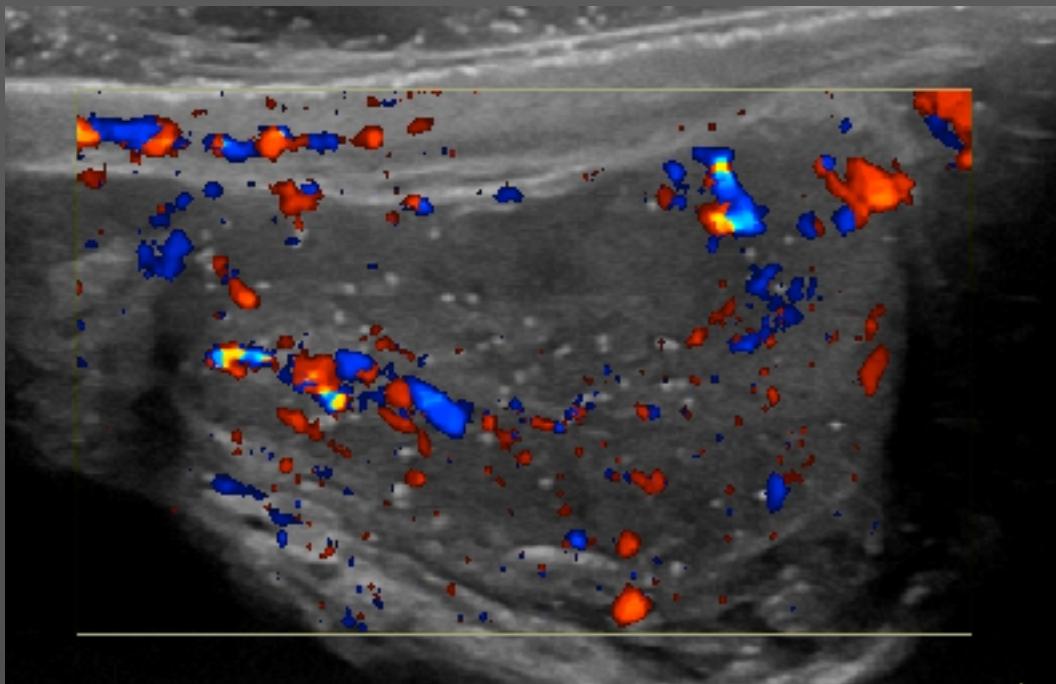
# Testis ultrasound



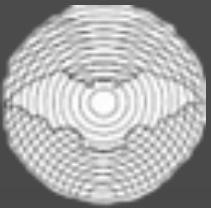
2018:  
One week after testis  
sparing surgery:



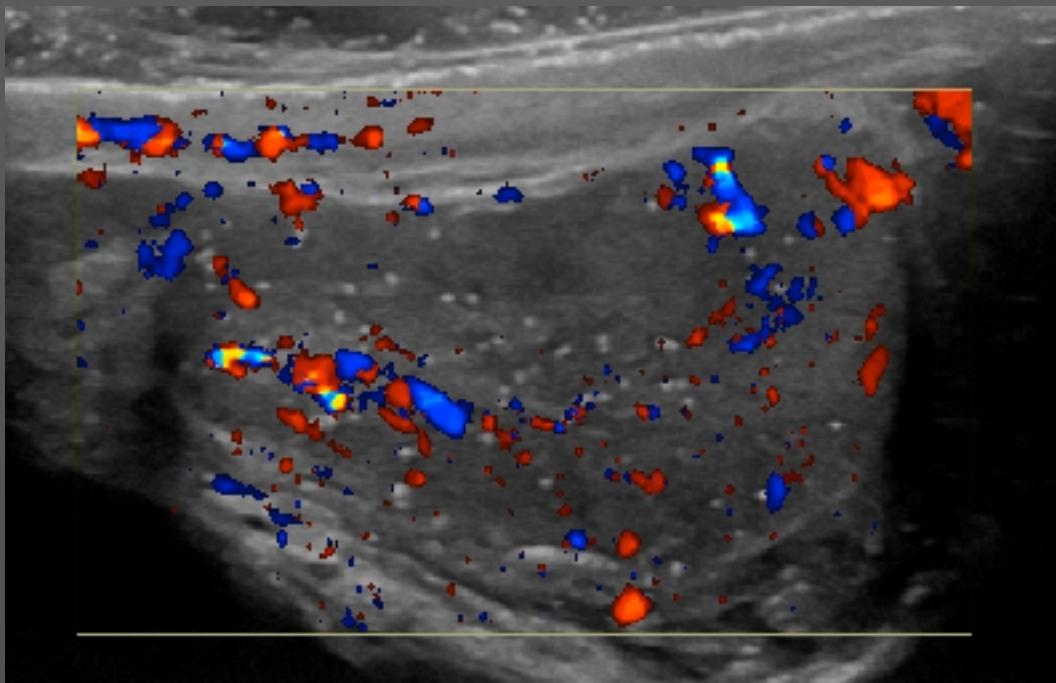
# Testis ultrasound



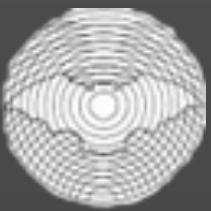
2018:  
One week after testis  
sparing surgery:



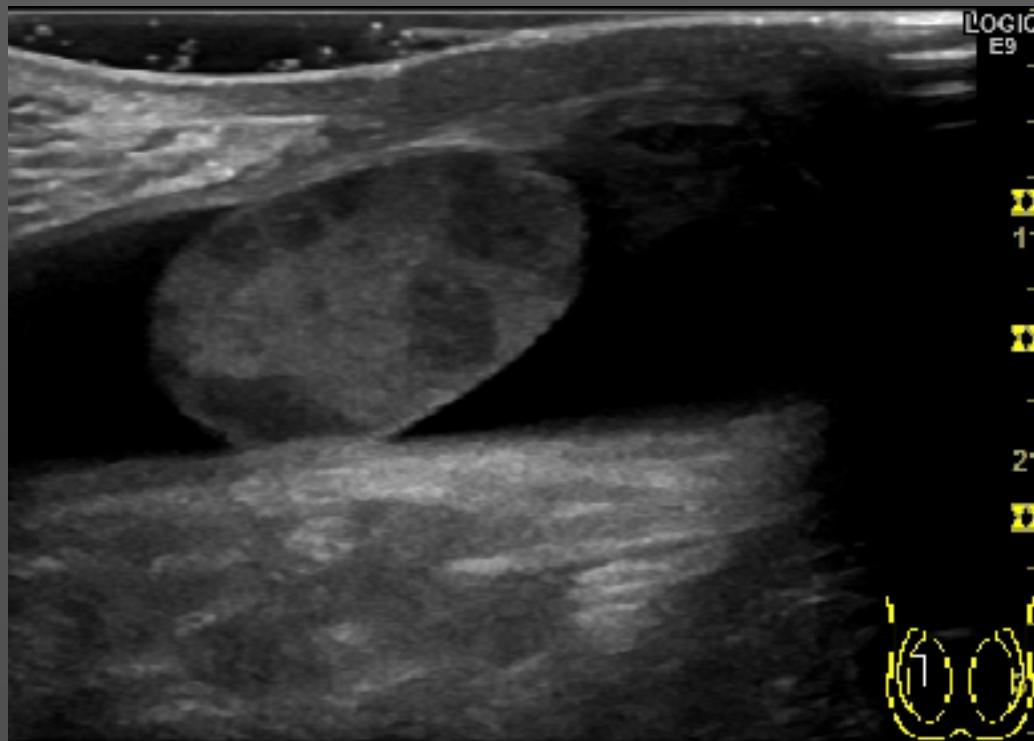
# Testis ultrasound



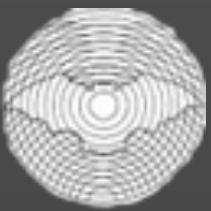
2018:  
One week after testis  
sparing surgery:  
  
US: Vital testis after  
testis sparing surgery



# Testis ultrasound



2 month old boy.  
Growing right side of  
scrotum. Hydrocele?



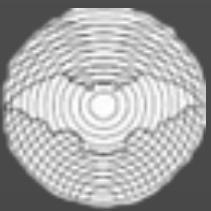
# Testis ultrasound



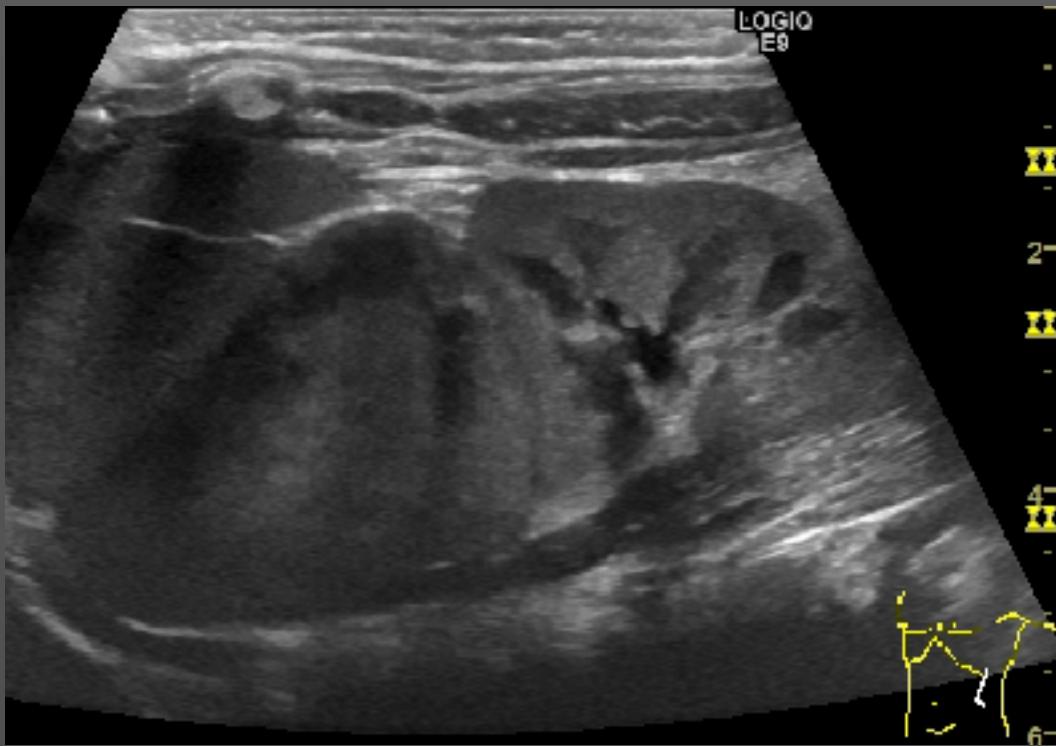
2 month old boy.

Growing right side of scrotum. Hydrocele?

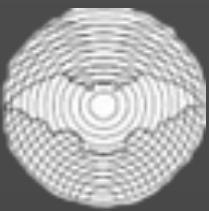
US: Multiple tumours in both testes.



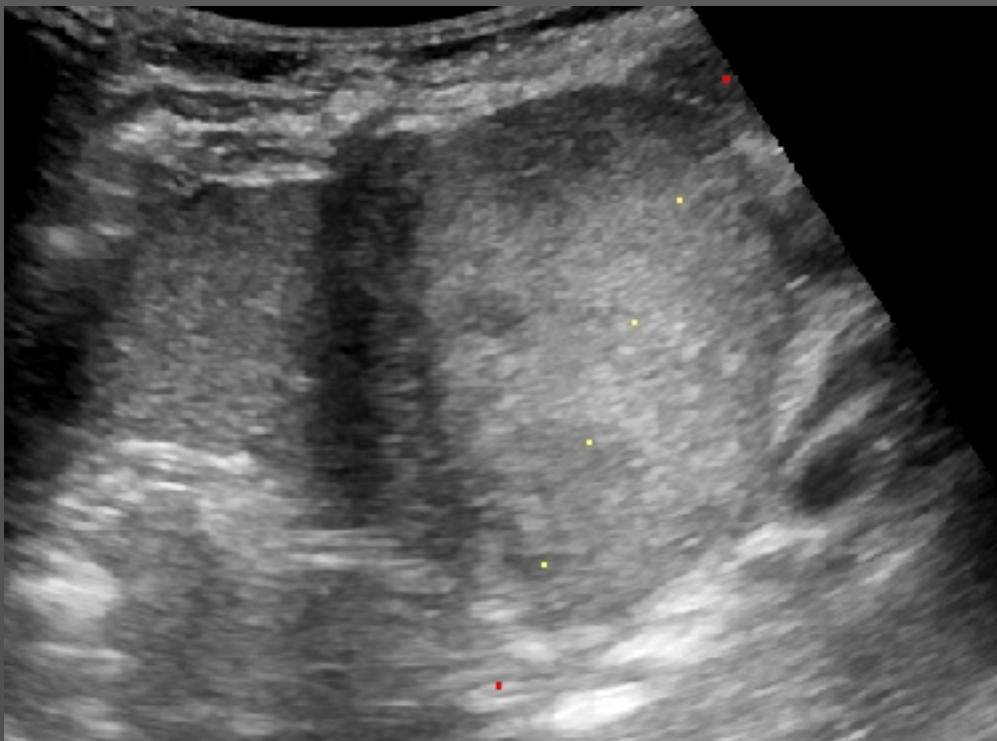
# Testis ultrasound



- 2 month old boy.
- Further investigation:
  - 4 cm tumour in left adrenal gland.

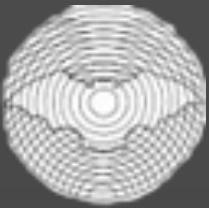


# Testis ultrasound



2 month old boy.  
Further investigation:  
4 cm tumour in left  
adrenal gland.

Pathology: Neuroblastoma  
(with metastases)



# Testis ultrasound

Chemotherapy and  
surgery.

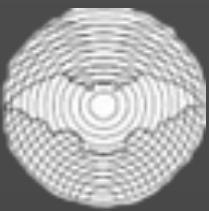
Follow-up: MRI and US

2 month old boy.

Further investigation:

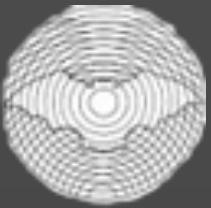
4 cm tumour in left  
adrenal gland.

Pathology: Neuroblastoma  
(with metastases)

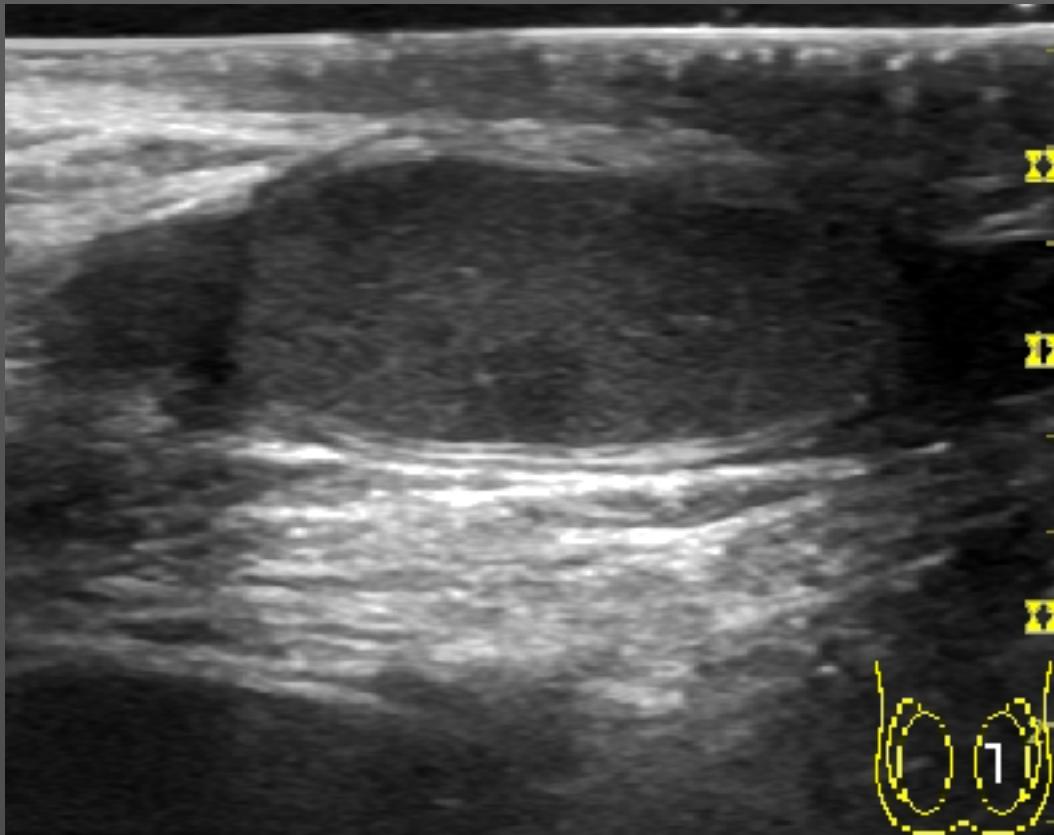


# Testis ultrasound

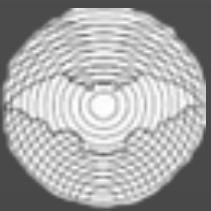
After 3 years:  
No relapse.



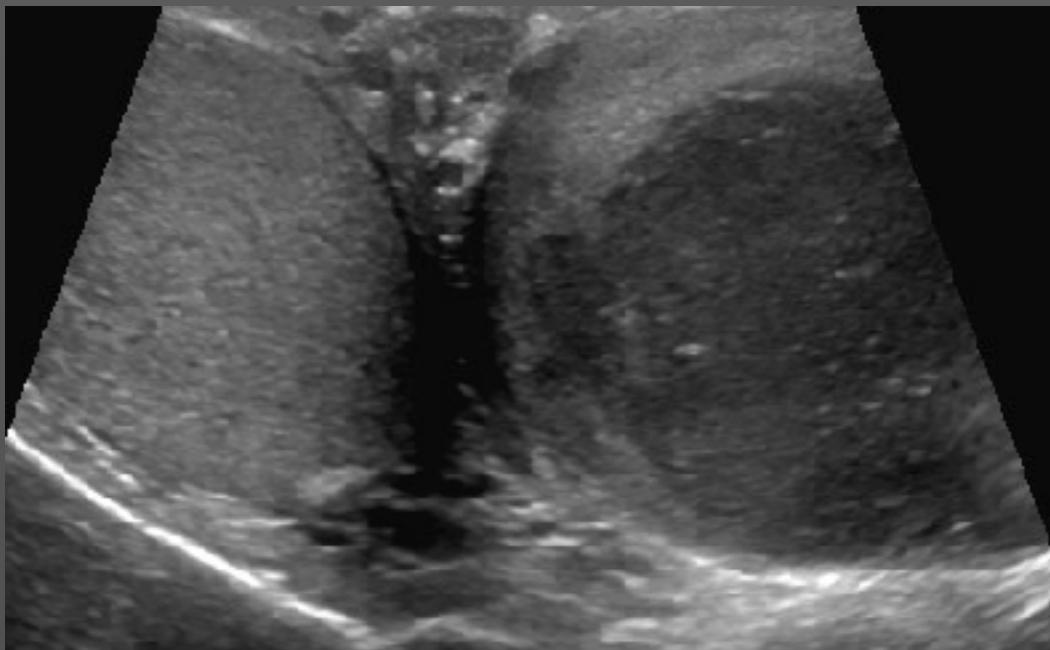
# Testis ultrasound



- After 3 years:
- No relapse.
- US: Unchanged very discrete changes in both testes.



# Testis ultrasound

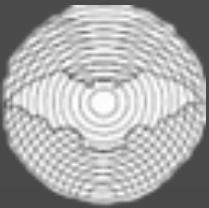


73 year.

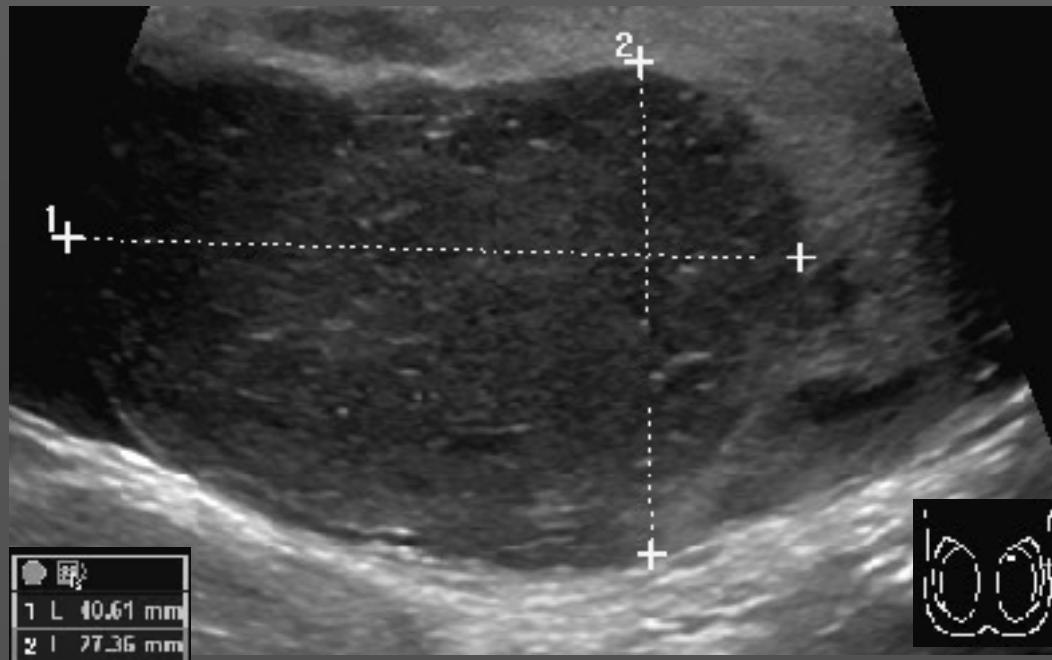
Growing left testis.

No other symptoms.

Palpable mass.



# Testis ultrasound

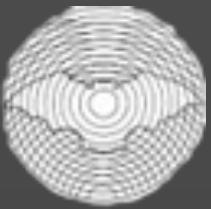


73 year.

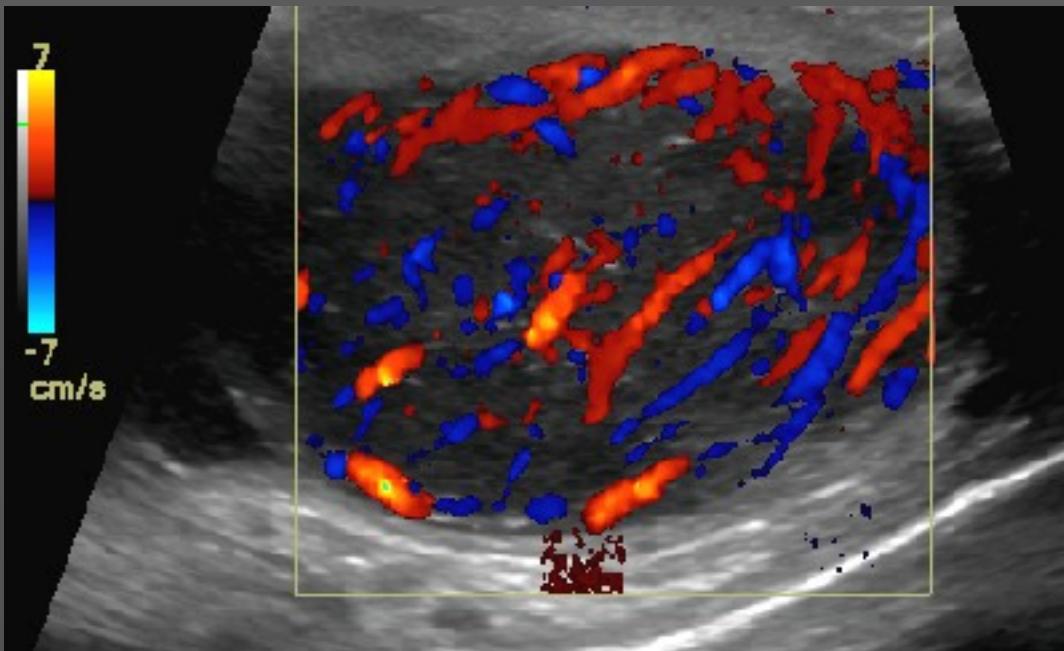
Growing left testis.

No other symptoms.

Palpable mass.



# Testis ultrasound



73 year.

Growing left testis.

No other symptoms.

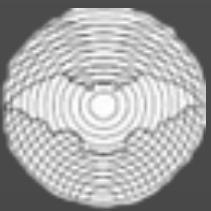
Palpable mass.

US: Left testis  
tumour.

Lymphoma?

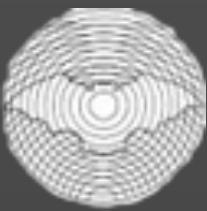
Pathology:

Diffuse large B-cell lymphoma

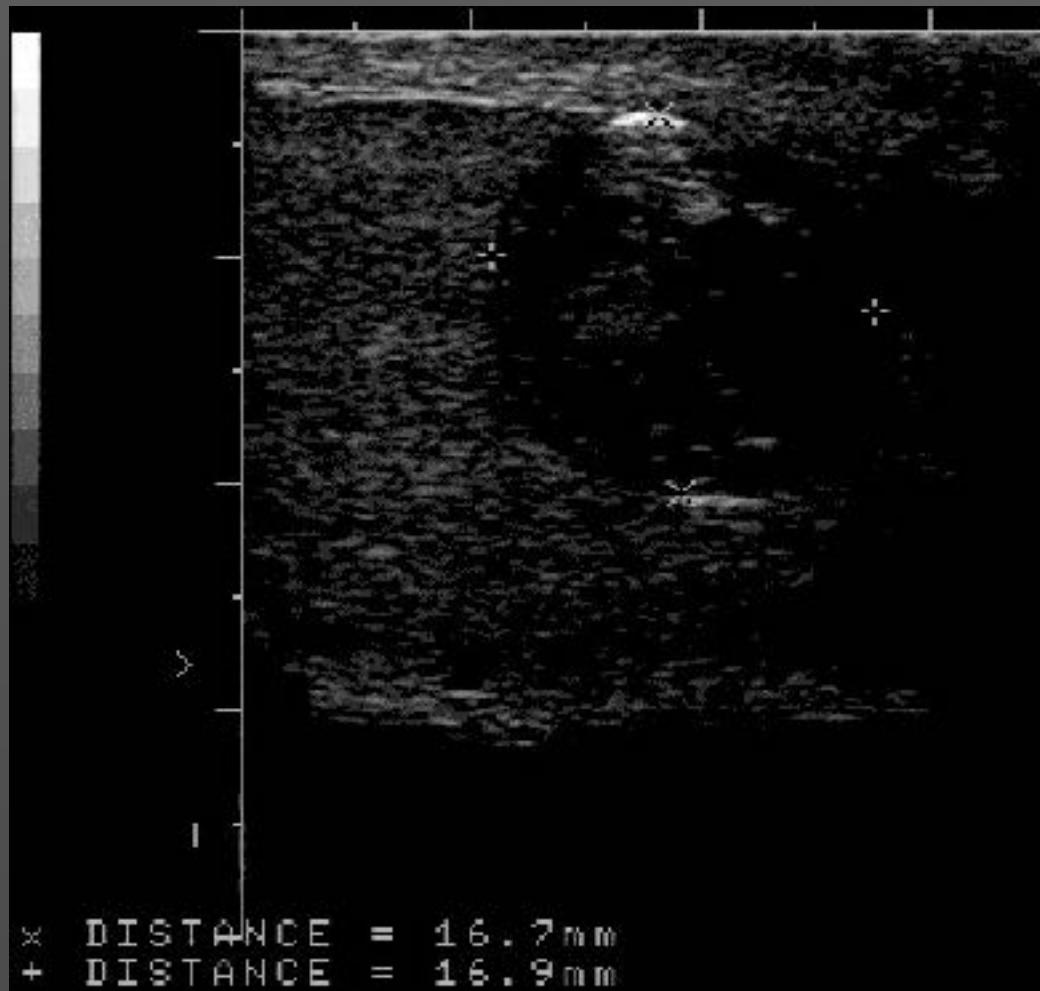


# Testis pathology

- Neoplasm
  - Malignant
  - Benign
- Cyst
- Infection
- Vascular
  - Torsio
  - Infarction
  - Atrophy



# Testis ultrasound

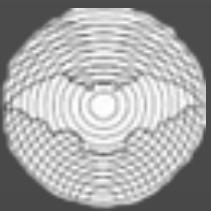


28 year.

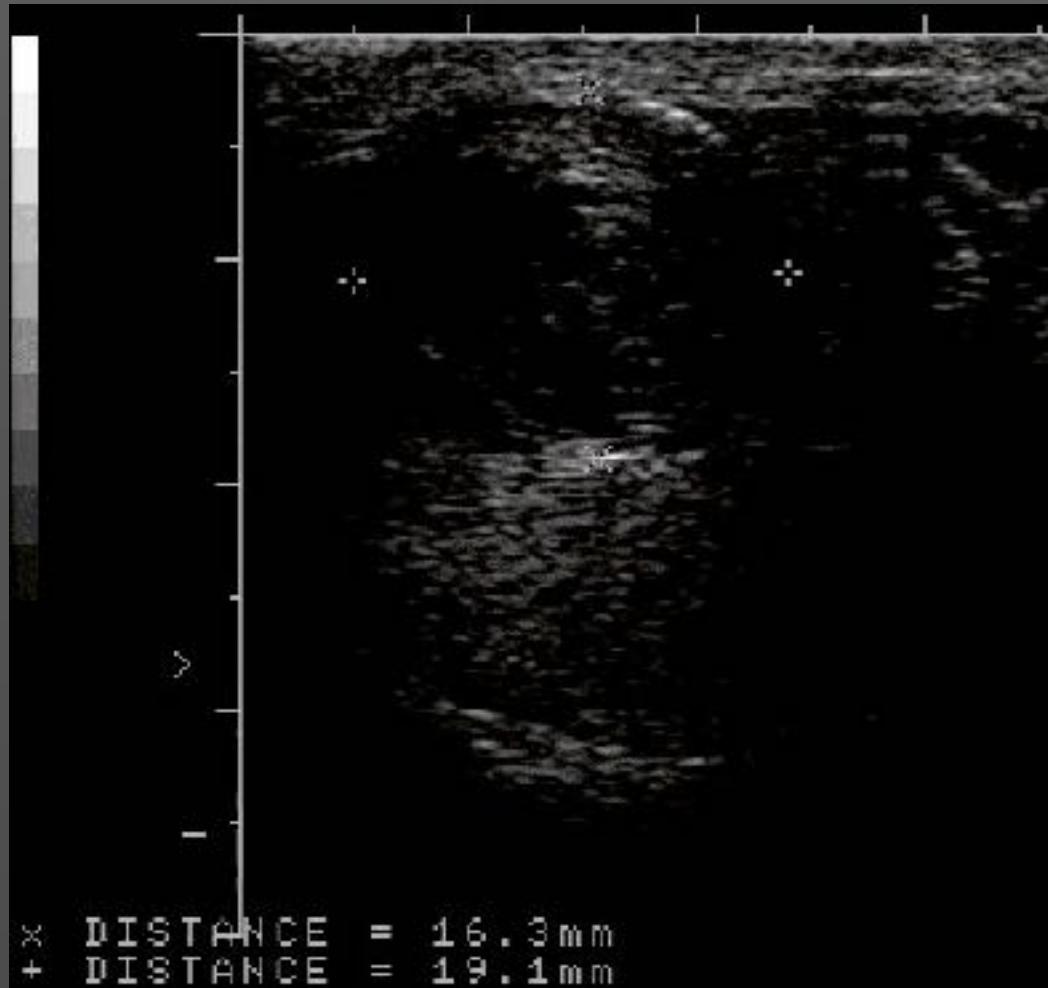
Growing left testis.

No other symptoms.

Palpable mass.



# Testis ultrasound



28 year.

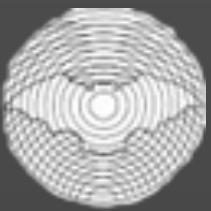
Growing left testis.

No other symptoms.

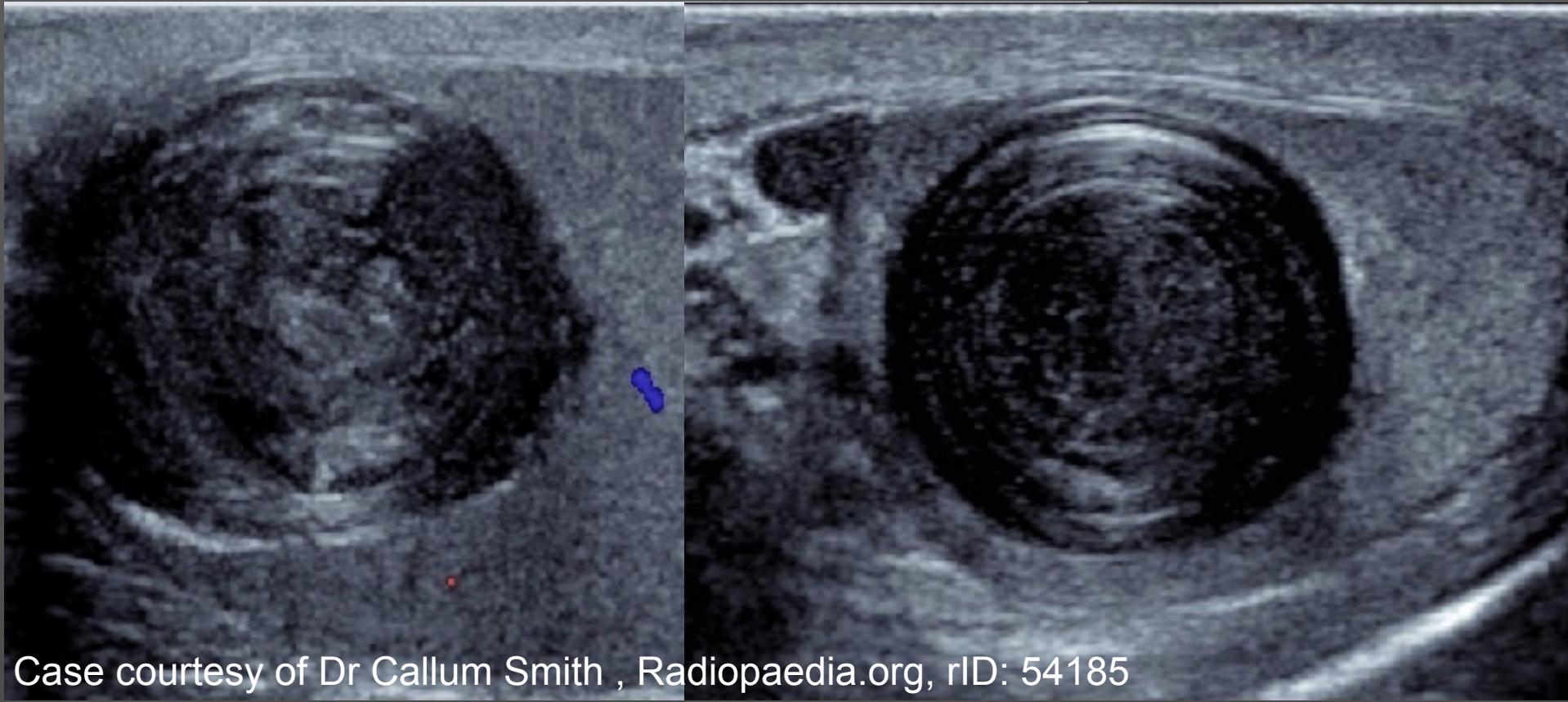
Palpable mass.

US: Testis tumour

Pathology: Benign epidermoid cyst

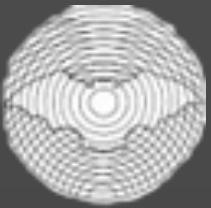


# Testis ultrasound



Case courtesy of Dr Callum Smith , Radiopaedia.org, rID: 54185

Pathology: Benign epidermoid cyst



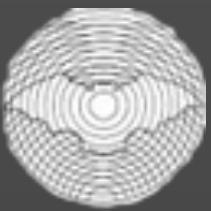
# Testis ultrasound

5 week old boy.

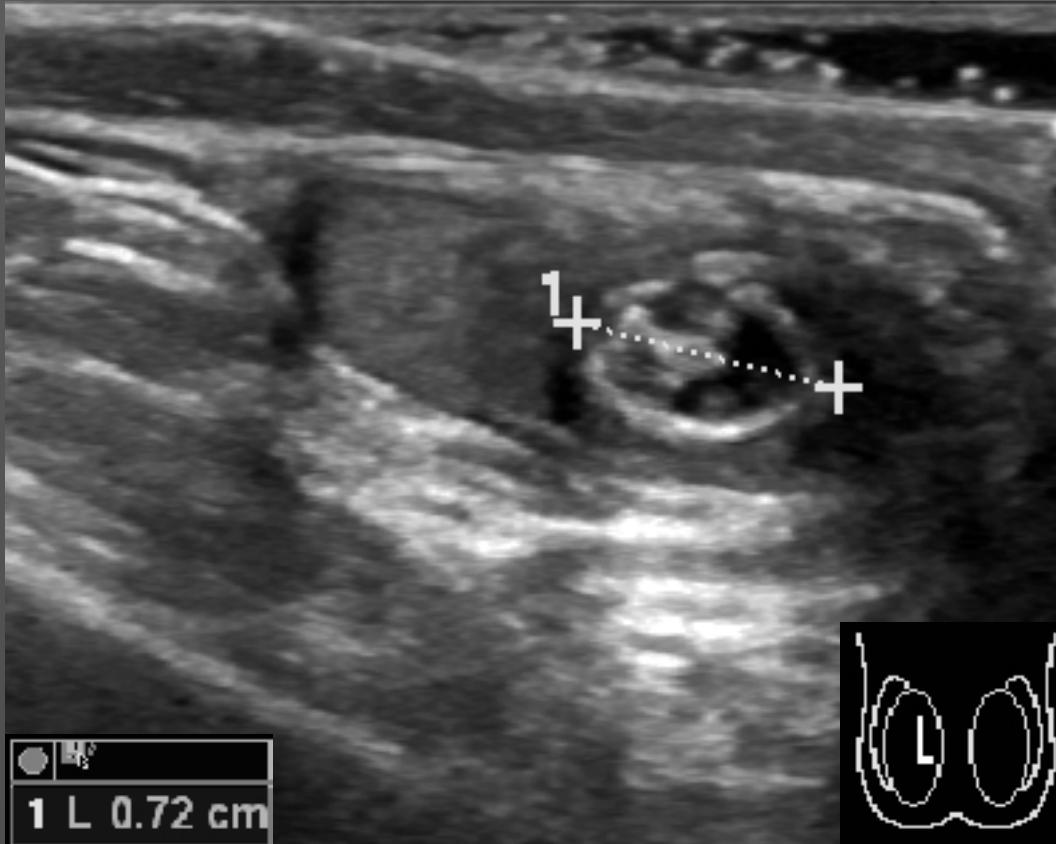
Swollen right side.

US: Cystic changes  
in right testis.

Follow-up: Partly  
regression.



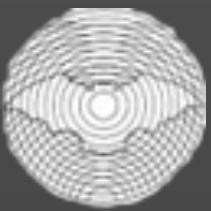
# Testis ultrasound



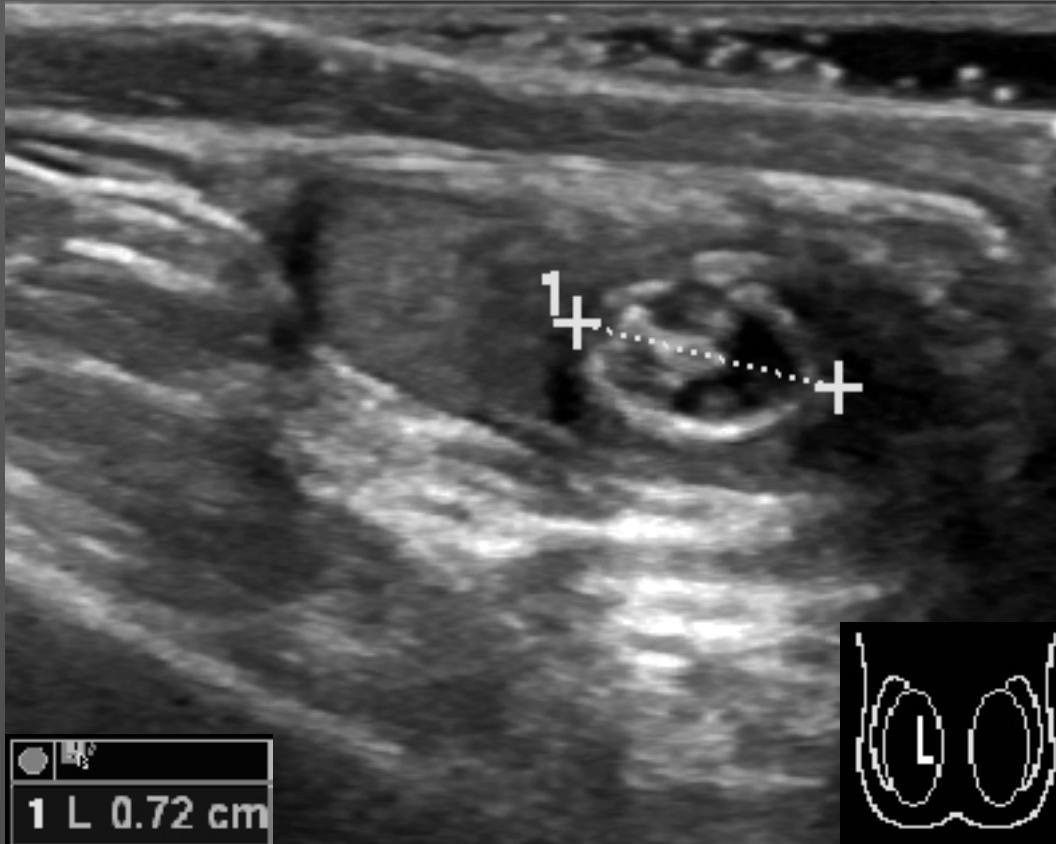
1 year old.  
Still cystic-solid  
lesion in right  
testis.

Surgery.

Pathology: Benign teratoma



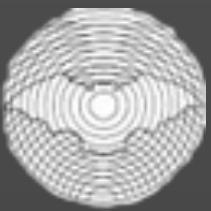
# Testis ultrasound



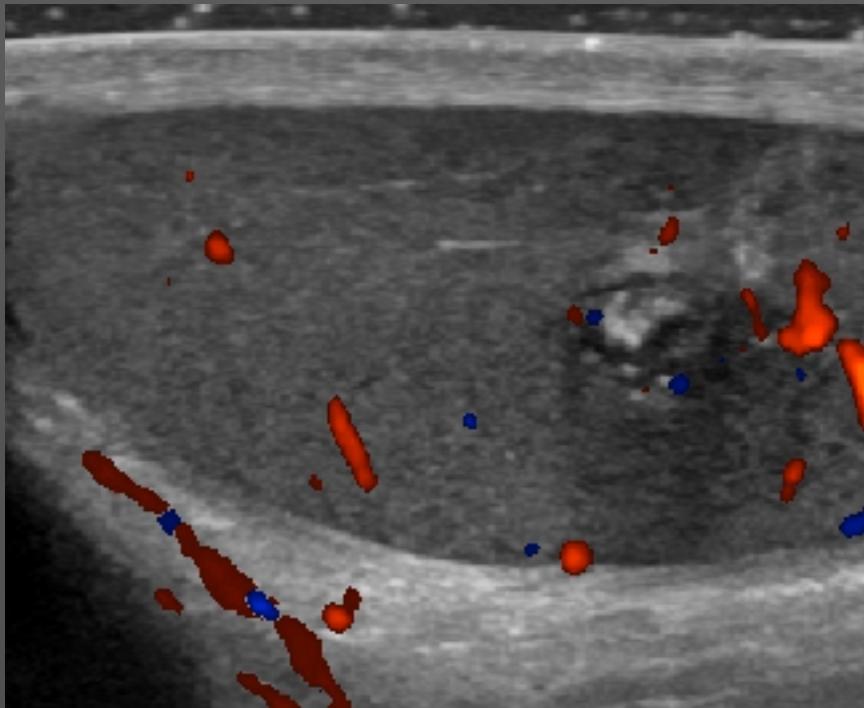
1 year old.  
Still cystic-solid  
lesion in right  
testis.

Orchiectomy.

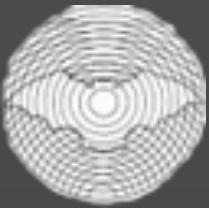
Pathology: Benign teratoma



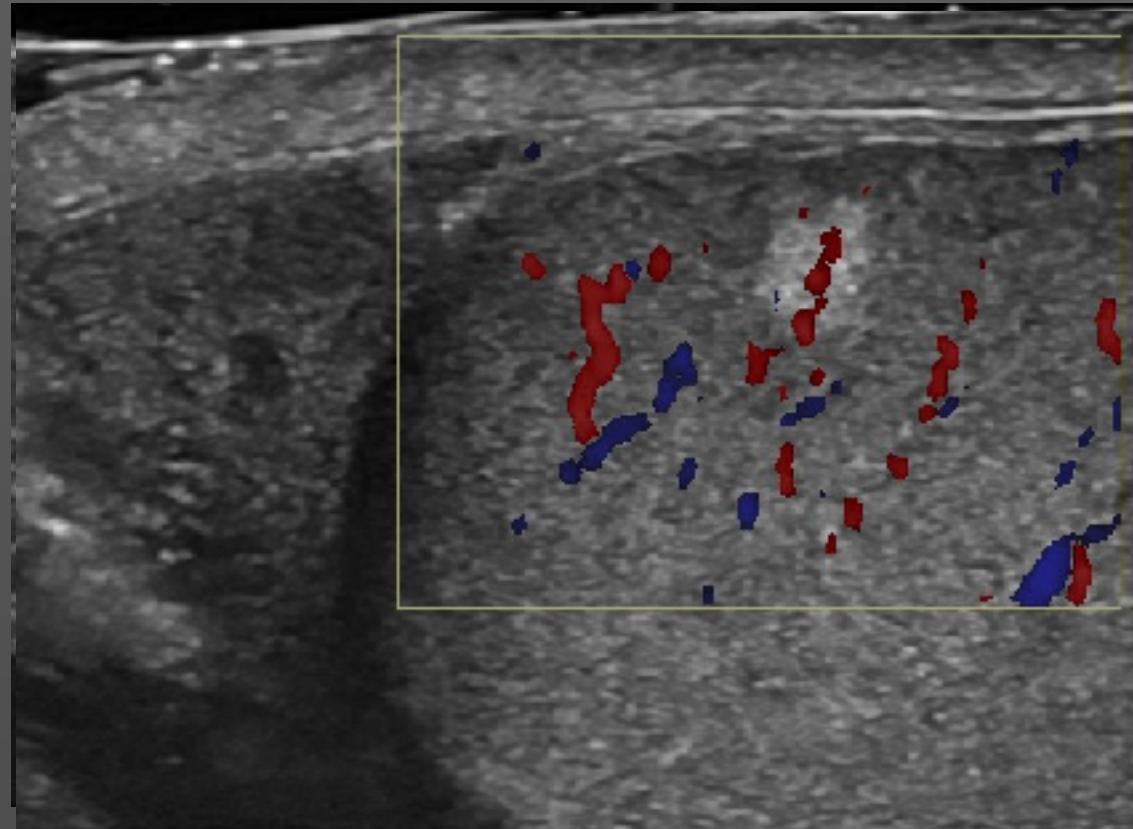
# Testis ultrasound



Pathology: Benign teratoma



# Testis ultrasound



26 year.

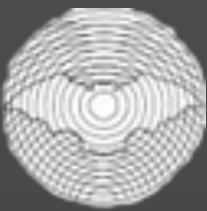
Pt. felt little process  
in left testis. Not  
really palpable.

US: 3 mm  
hyperechoic lesion.

Unchanged for 6  
months.

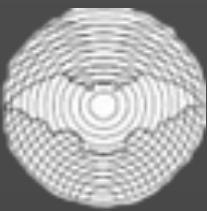
Probably benign change.

Neoplastic?

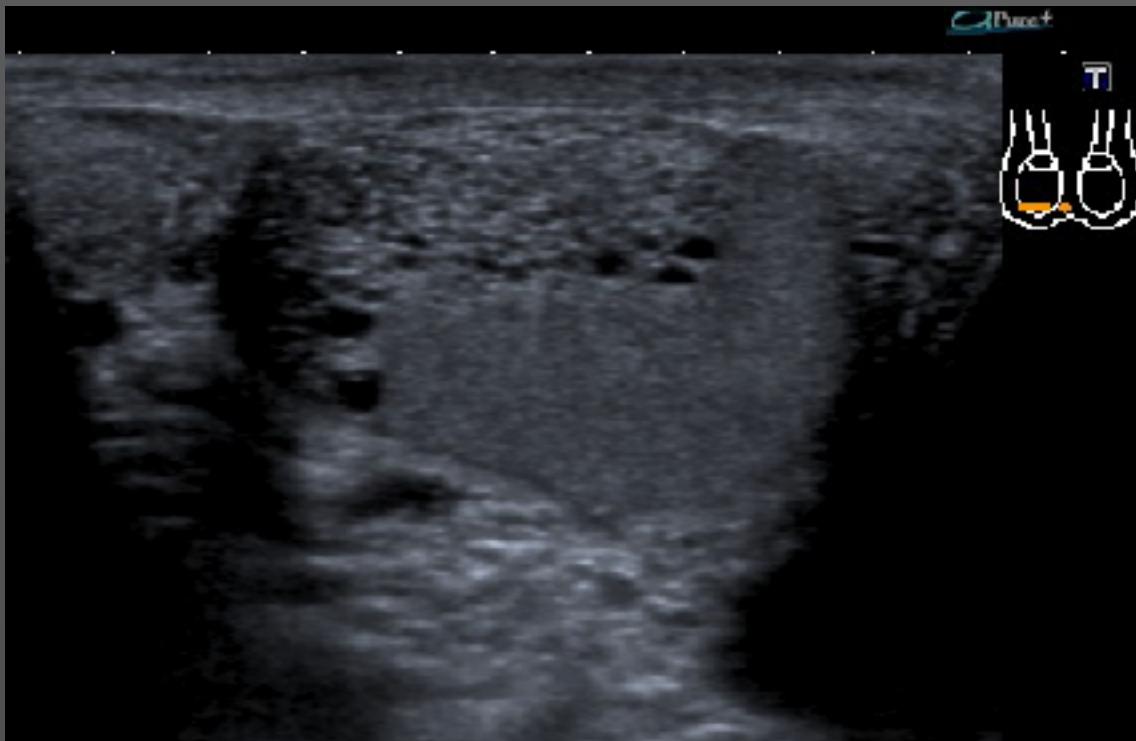


# Testis pathology

- Neoplasm
  - Malignant
  - Benign
- Cyst
- Infection
- Vascular
  - Torsio
  - Infarction
  - Atrophy



# Testis ultrasound

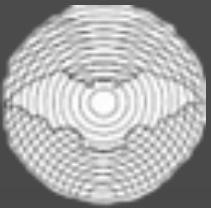


45 year.

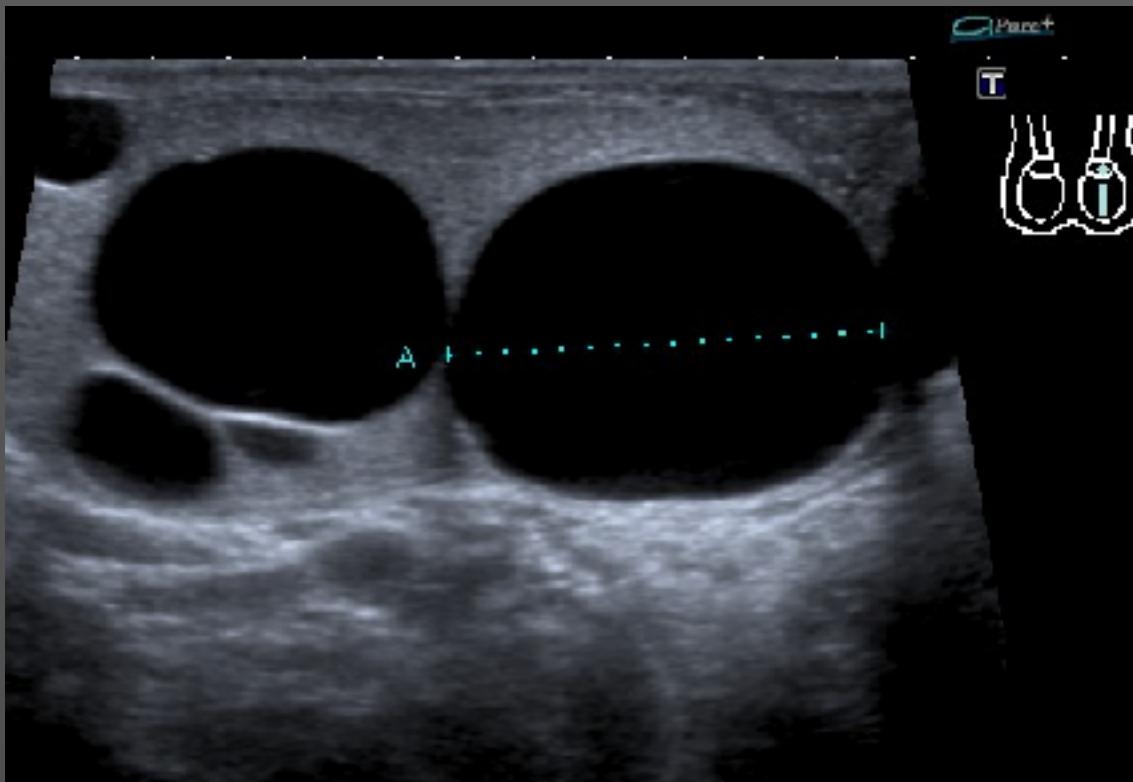
Palpable mass in left  
testis.

Pt. is a doctor!

Dilatation of rete testis



# Testis ultrasound

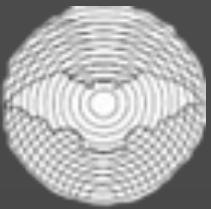


45 year.

Palpable mass in left testis.

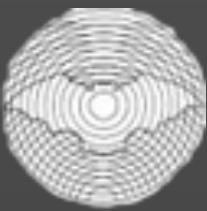
Pt. is a doctor!

Cysts – follow-up 1 year, unchanged

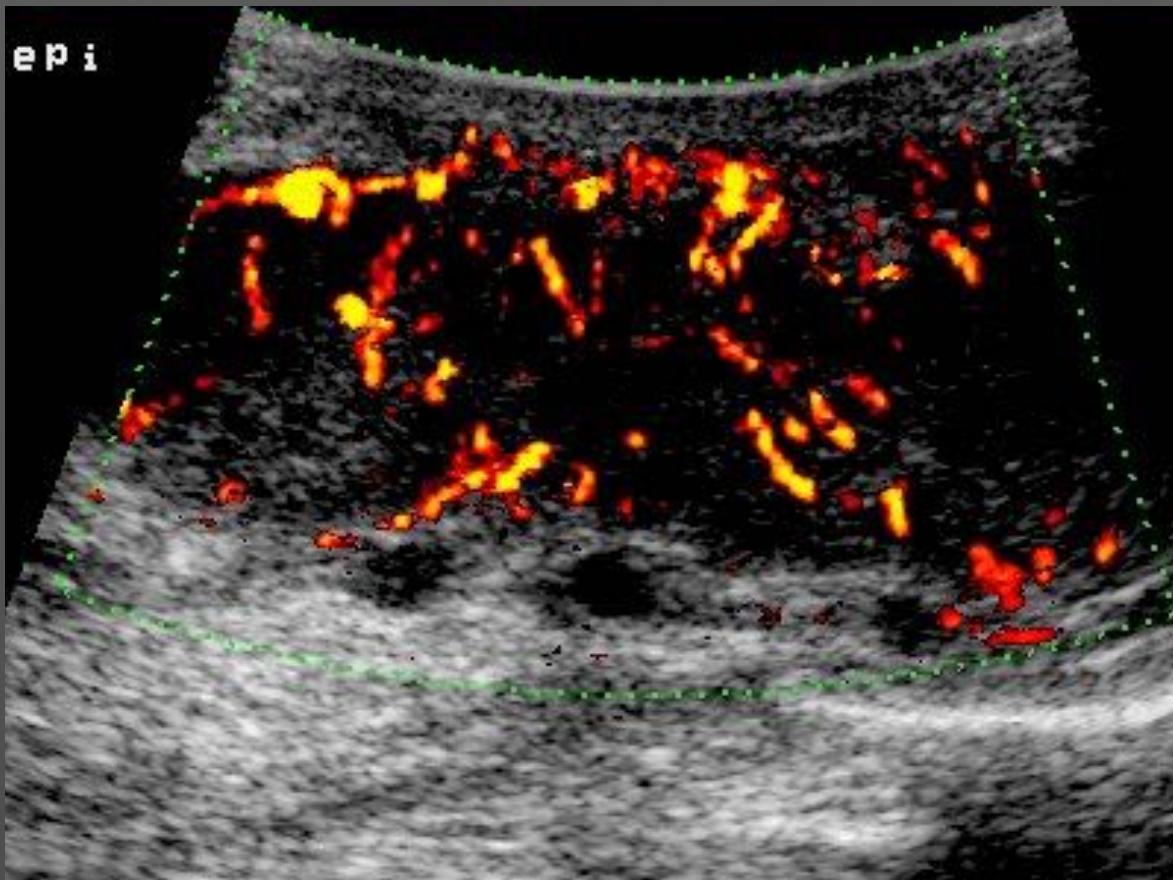


# Testis pathology

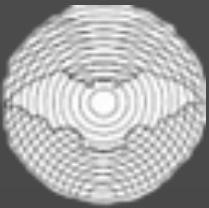
- Neoplasm
  - Malignant
  - Benign
- Cyst
- Infection
- Vascular
  - Torsio
  - Infarction
  - Atrophy



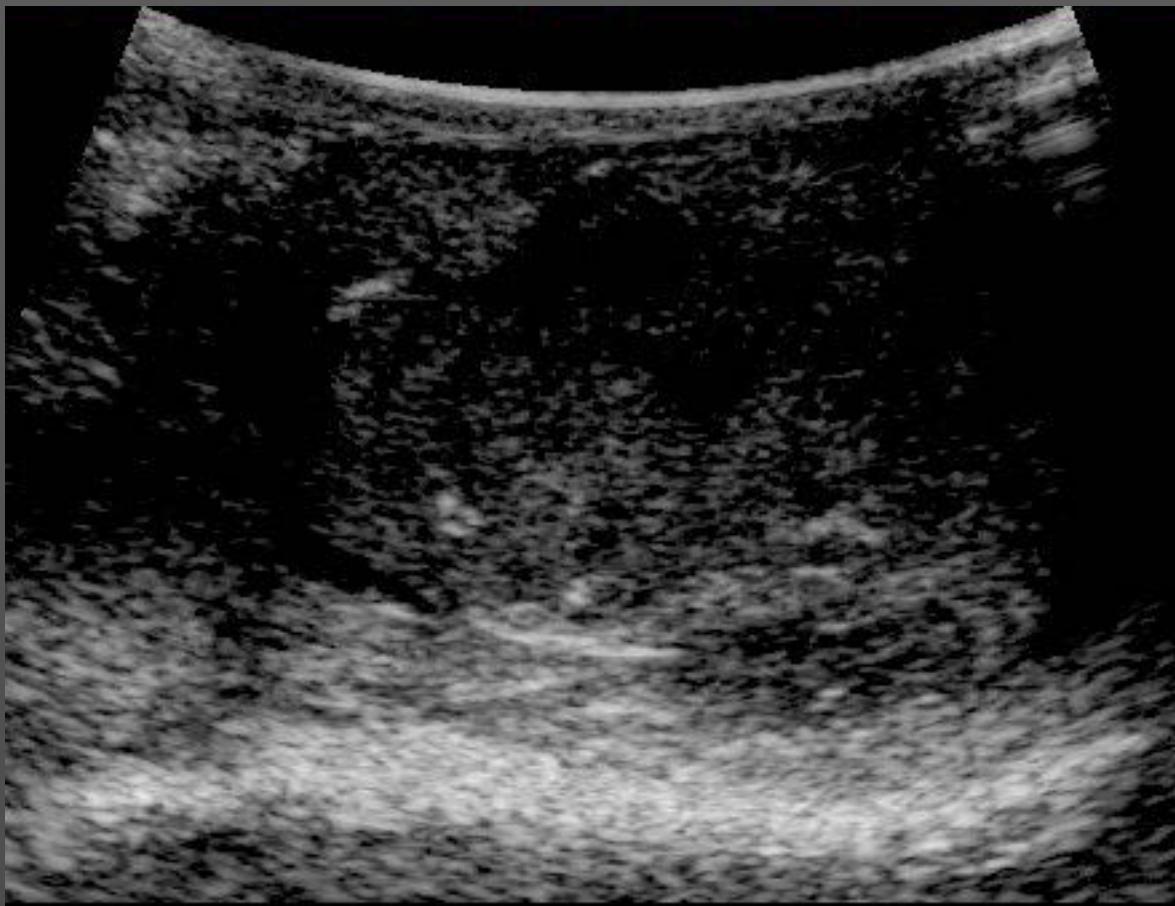
# Testis ultrasound



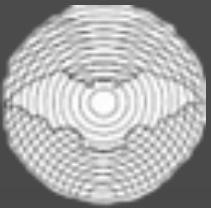
41 year. Clinically  
epididymitis.



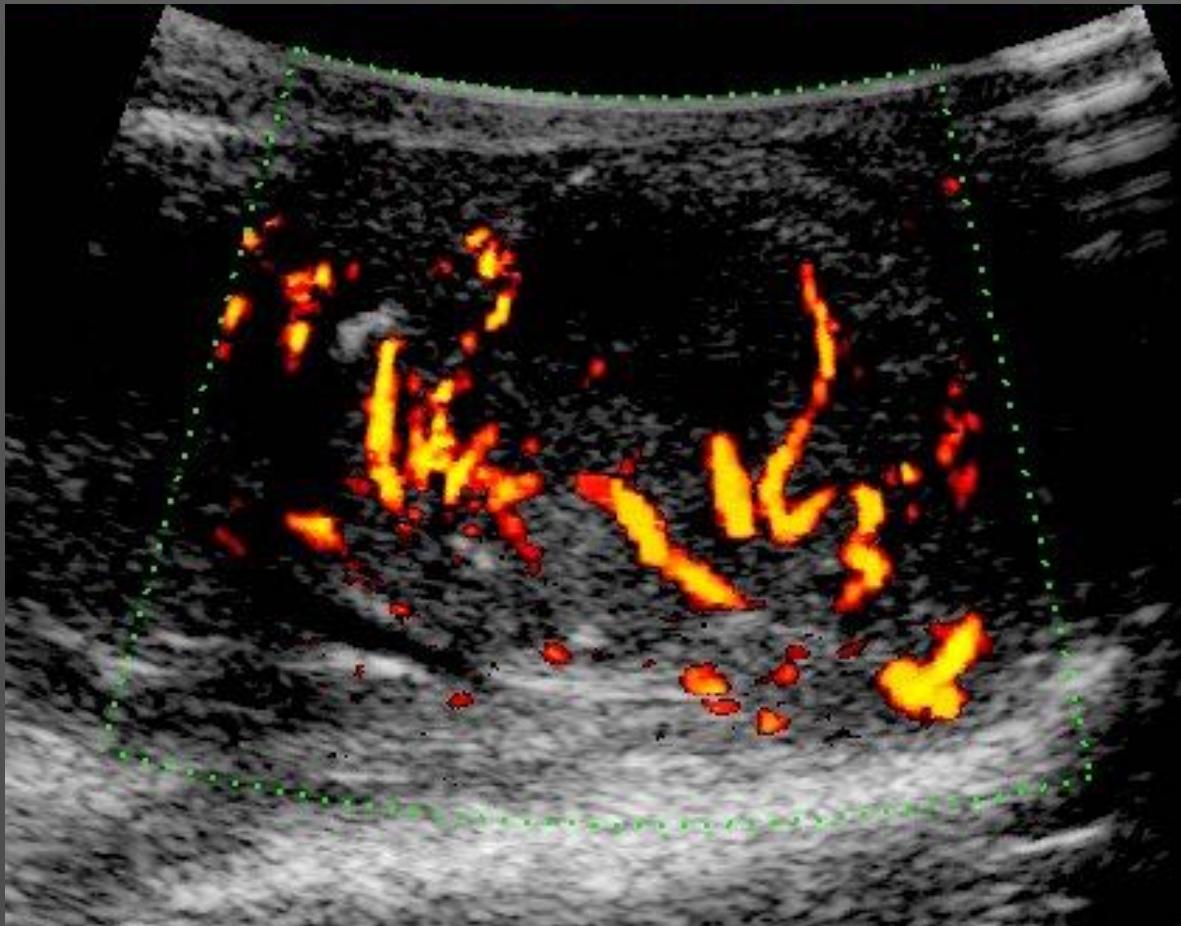
# Testis ultrasound



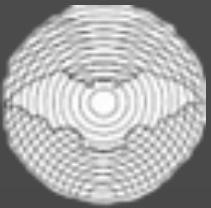
41 year. Clinically  
epididymitis.



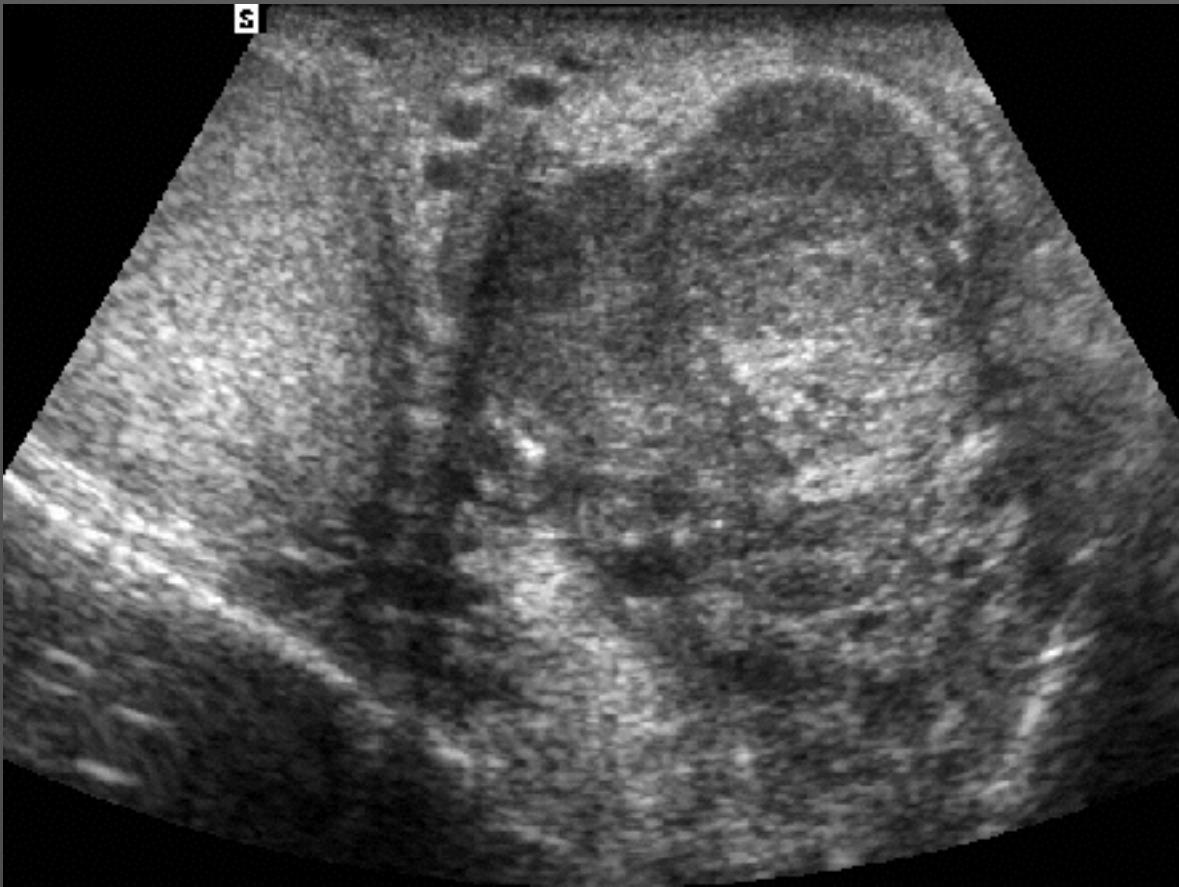
# Testis ultrasound



41 year. Clinically  
epididymitis.  
  
US: Epididymitis  
and orchitis, small  
necrosis,  
recommend follow-  
up.

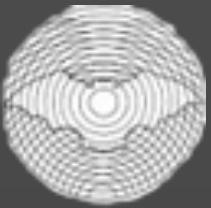


# Testis ultrasound



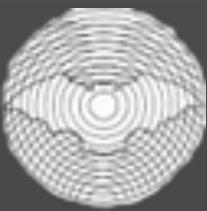
41 year.  
Epididymitis and  
orchitis.  
  
7 week follow-up:  
Subjectively well.  
  
US: Tumour with  
extratesticular  
growth.

Pathology: Seminoma

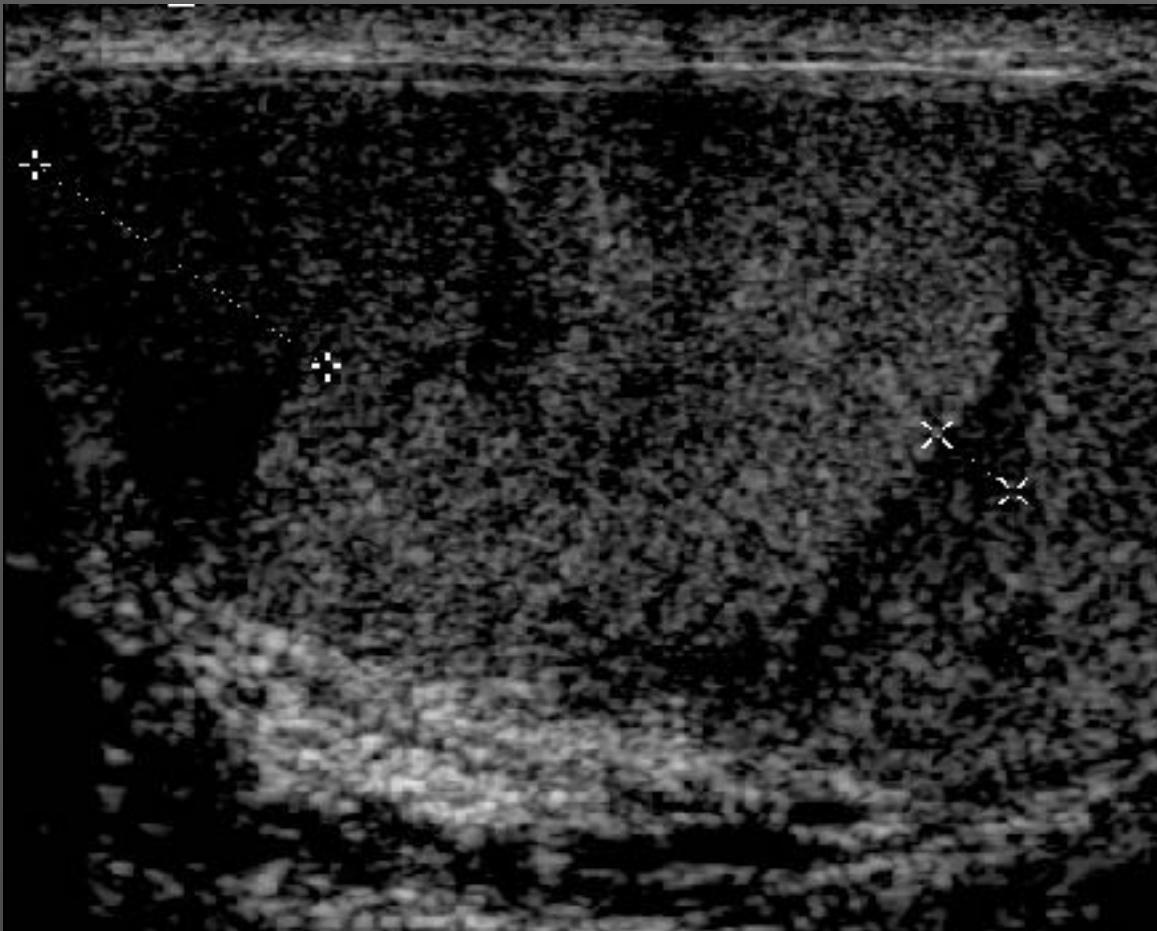


# Testis pathology

- Neoplasm
  - Malignant
  - Benign
- Cyst
- Infection
- Vascular
  - Torsio
  - Infarction
  - Atrophy



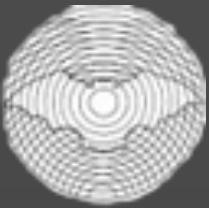
# Testis ultrasound



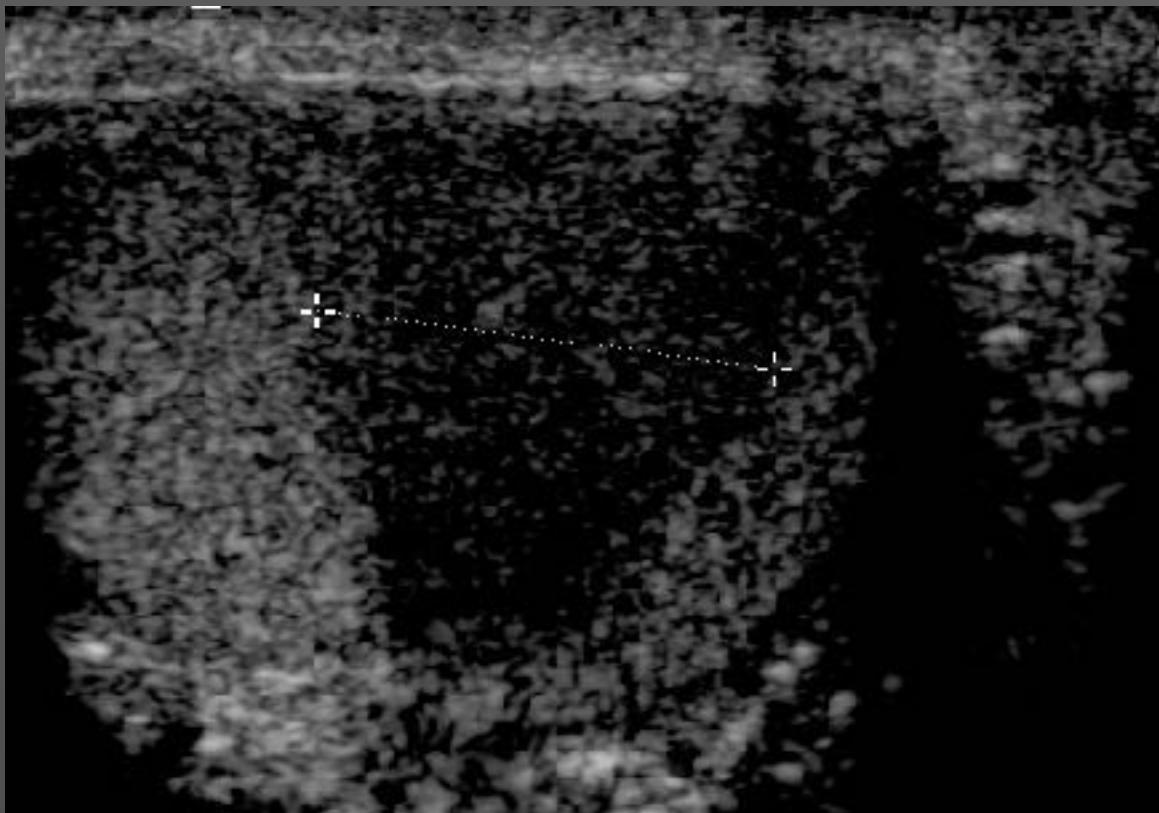
51 year.

Swollen right testis.

Uncertain history.



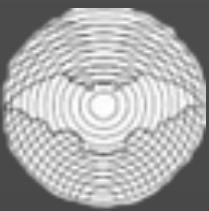
# Testis ultrasound



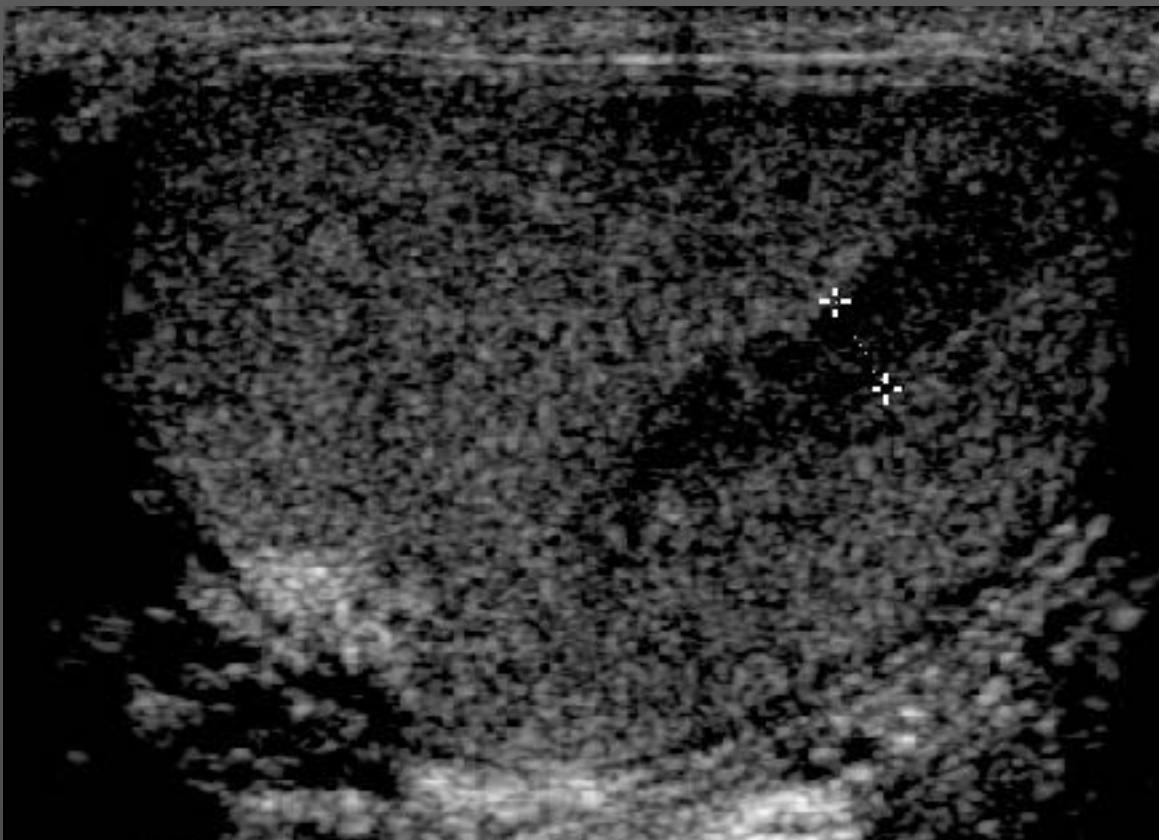
51 year.

Swollen right testis.

Uncertain history.



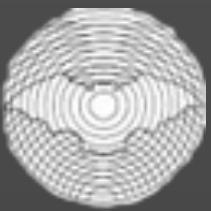
# Testis ultrasound



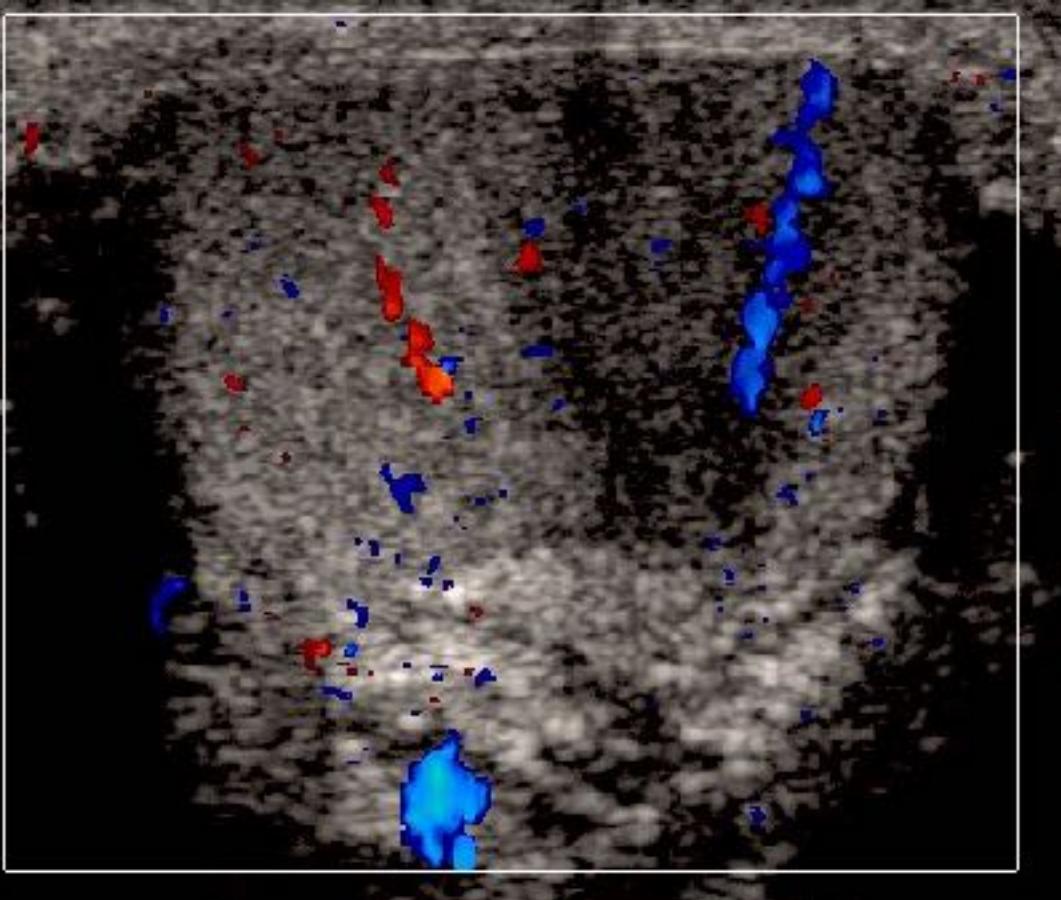
51 year.

Swollen right testis.

Uncertain history.



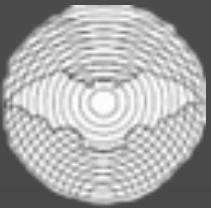
# Testis ultrasound



51 year.  
Swollen right testis.  
Uncertain history.

US: Atrophy/  
infarction  
probably after  
orchitis.

Pathology: Fibrosis

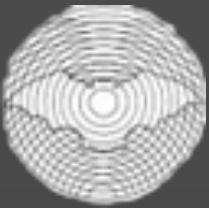


# Scrotum

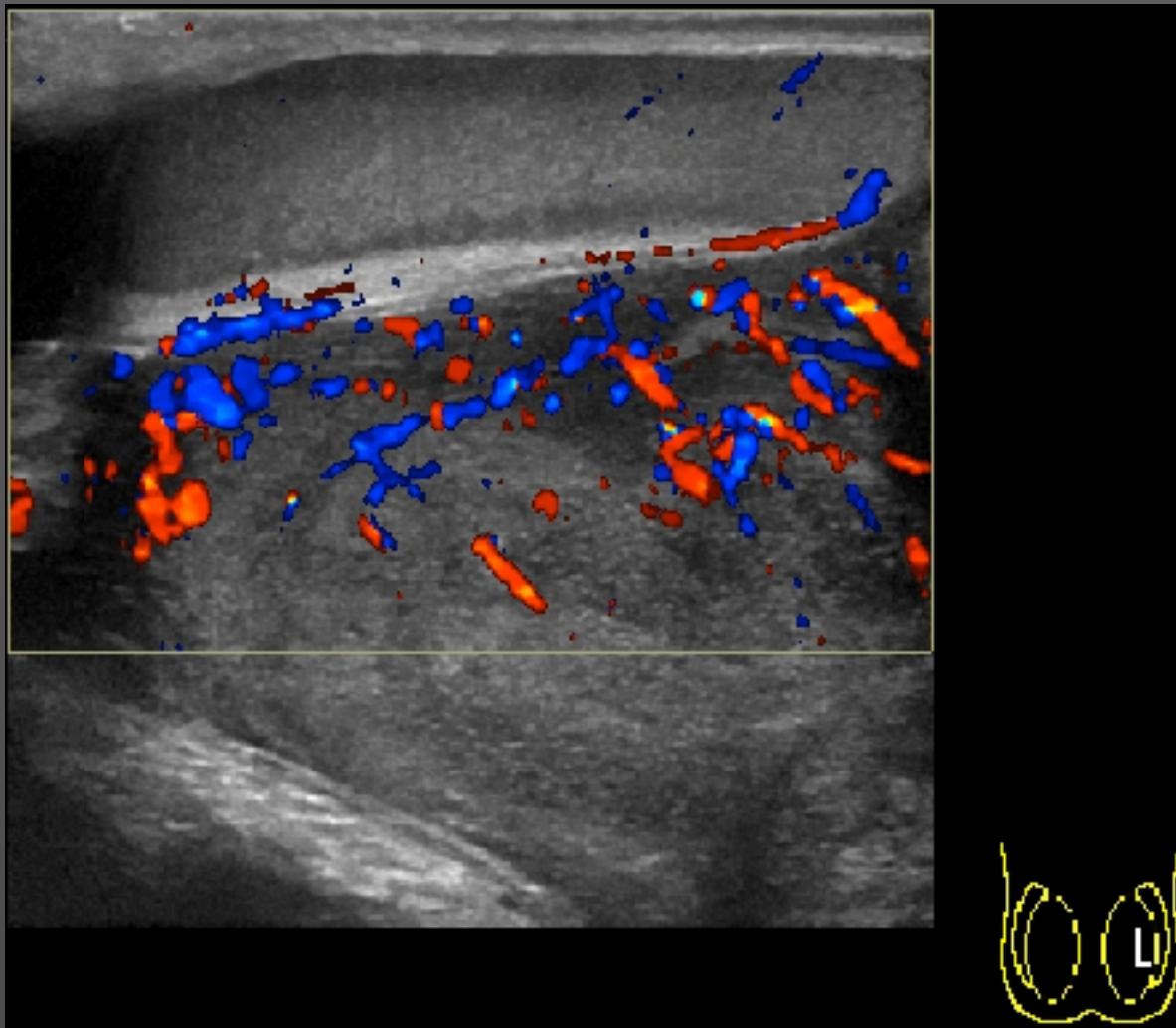
Extratesticular mass: Benign

Intratesticular mass: Malignant

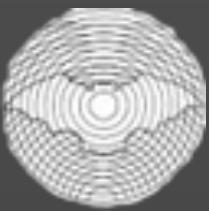
- nearly always



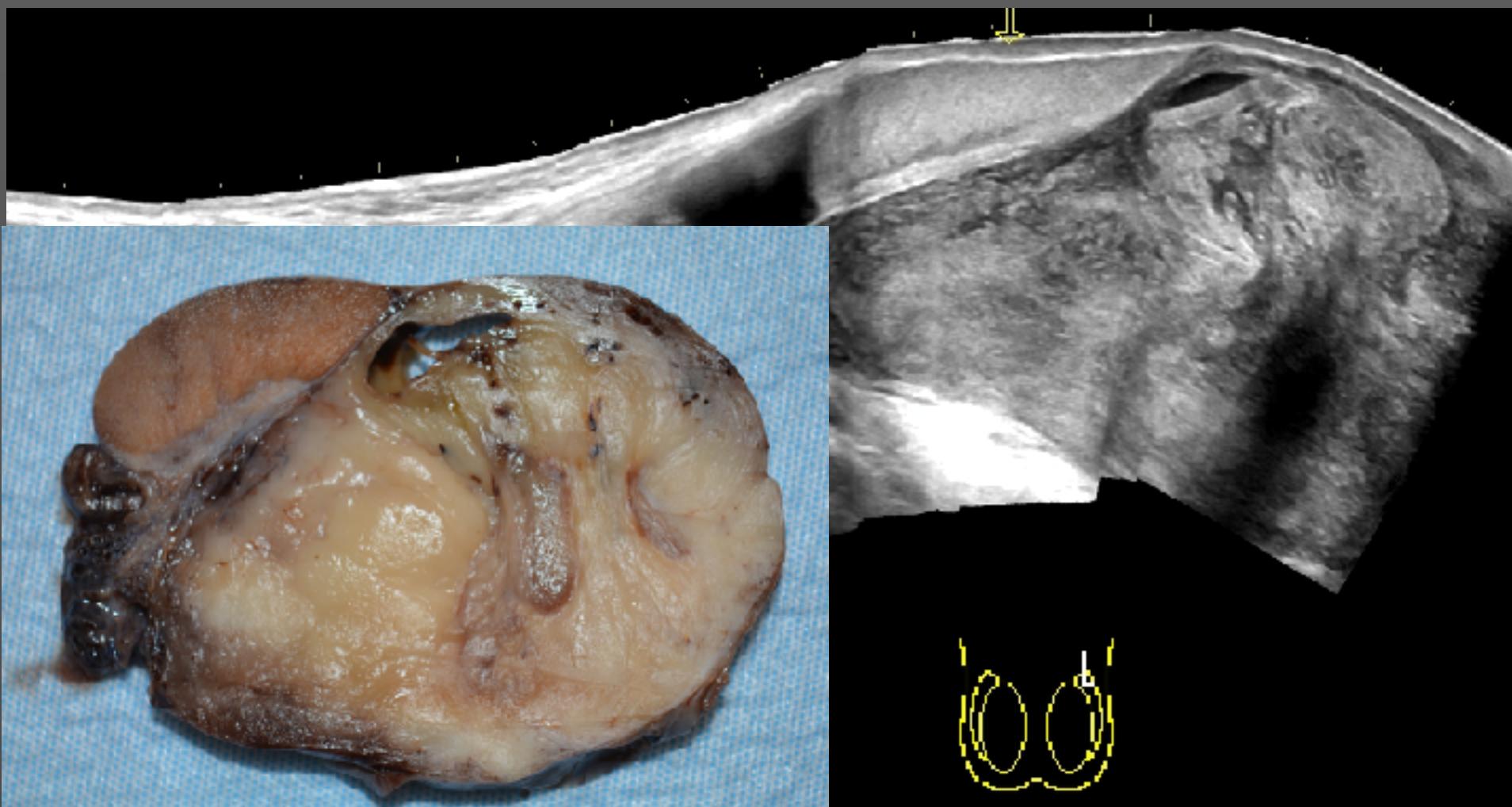
# Scrotum



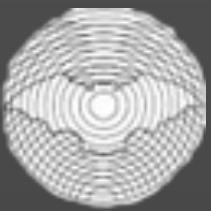
14 year.  
Through 1 month  
mass in scrotum.



# Scrotum



Pathology:  
Embryonal rhabdomyosarcoma



Some ultrasound  
pictures are very old!



Some ultrasound  
pictures are very old!



Some ultrasound  
pictures are very old!

Is there really nothing new?

# Elastography

ECR 2018 Join Session of the ESR Working Group on Ultrasound with EFSUMB  
Elastography of superficial structures: where are we now?

## Scrotal elastography: hype or real?

Michele Bertolotto



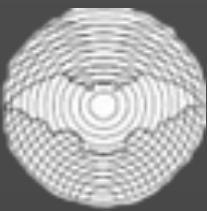
ECR 2018  
DIVERSE & UNITED  
February 28 - March 4  
Vienna

Dept Radiology - University of Trieste (IT)

For technical reasons  
the speaker video is not available



In focal lesions: “Hype”



DURSO  
Danish Society of Urology

# CEUS

Guidelines & Recommendations

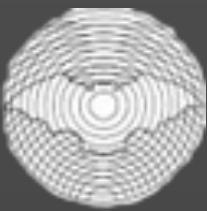
Thieme

## The EFSUMB Guidelines and Recommendations for the Clinical Practice of Contrast-Enhanced Ultrasound (CEUS) in Non-Hepatic Applications: Update 2017 (Long Version)

## Die EFSUMB-Leitlinien und Empfehlungen für den klinischen Einsatz des kontrastverstärkten Ultraschalls (CEUS) bei nicht-hepatischen Anwendungen: Update 2017 (Langversion)

### Authors

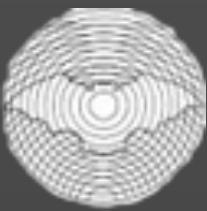
Paul S. Sidhu<sup>1</sup>, Vito Cantisani<sup>2</sup>, Christoph F. Dietrich<sup>3</sup>, Odd Helge Gilja<sup>4</sup>, Adrian Saftolu<sup>5</sup>, Eva Bartels<sup>6</sup>, Michele Bertolotto<sup>7</sup>, Fabrizio Calliada<sup>8</sup>, Dirk-André Clevert<sup>9</sup>, David Cosgrove<sup>10</sup>, Annamarla Deganello<sup>11</sup>, Mirko D'Onofrio<sup>11</sup>, Francesco Maria Drudi<sup>12</sup>, Simon Freeman<sup>13</sup>, Christopher Harvey<sup>14</sup>, Christian Janssen<sup>15</sup>, Ernst-Michael Jung<sup>16</sup>, Andrea Sabine Klauser<sup>17</sup>, Nathalie Lassau<sup>18</sup>, Maria Franca Meloni<sup>19</sup>, Edward Leen<sup>20</sup>, Carlos Nicolau<sup>21</sup>, Christian Nolsoe<sup>22</sup>, Fabio Piscaglia<sup>23</sup>, Francesco Prada<sup>24</sup>, Helmut Prosch<sup>25</sup>, Maija Radzina<sup>26</sup>, Luca Savelli<sup>27</sup>, Hans-Peter Weskott<sup>28</sup>, Hessel Wijkstra<sup>29</sup>



# CEUS

## Tumors and complex cysts

The current understanding is that testicular tumors with a diameter of less than 1.5 cm may not show flow on color Doppler US and thus may be misinterpreted as a benign lesion, the purported hallmark of malignancy being an increase in vascularity [84]. Simple testicular cysts are usually benign, but any wall irregularity or echogenic debris may be suggestive of a (rare) cystic testicular tumor [85, 86]. CEUS is able to confirm the absence of vascularity in benign complex cysts and epidermoid cysts [87, 88]. It is thought that virtually all testicular tumors display vascularization on CEUS, with the exception of any cystic component and regions of necrosis. Very rare exceptions may be represented by extensively necrotic lesions, and by the so-called “burned out” testicular tumor [89 – 91].



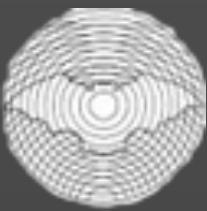
# CEUS

## RECOMMENDATION 14

CEUS can distinguish vascularized from non-vascularized focal testicular lesions, helping to exclude malignancy (LoE 1a, GoR A). Strong consensus (20/0/0, 100 %)

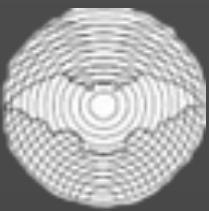
## RECOMMENDATION 16

CEUS can identify segmental infarction (LoE 2b, GoR B). Strong consensus (20/0/0, 100 %)



# Take home messages

- US discriminates between intra- and extratesticular masses (“surgery or not!”)
- US can characterize most intratesticular benign changes
- CEUS can in selected cases help to characterize intratesticular changes



Thank you for your attention

