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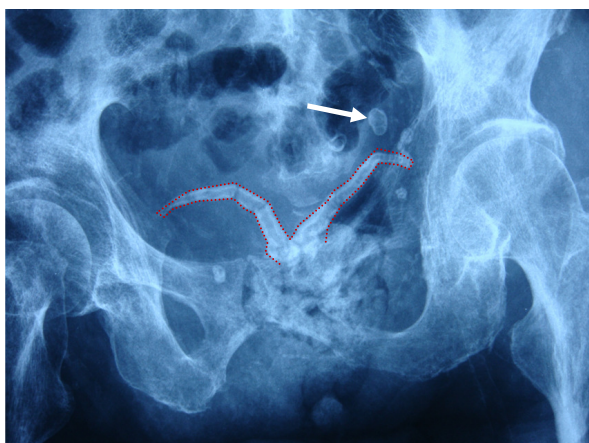
Answer: Seminal vesicles or vasa deferentia calcifications

Seminal vesicle or vasa deferentia calcifications is an extremely rare phenomenon. The symptoms are non-specific and the calcifications are usually an incidental radiological finding either on radiography or ultrasound scans for other indications. To date, the very few cases reported in the literature have associated this phenomenon to various aetiologies including diabetes mellitus, chronic uraemia resulting in tertiary hyperparathyroidism, chronic genitourinary infections (schistosomiasis and tuberculosis), urinary tract obstruction, carcinoma, and metastatic calcifications.¹⁻³ Idiopathic causes have also been documented but are very rare.²

Calcification occur when there is an imbalance of the calcium homeostasis resulting in metastatic calcifications. In any inflammatory disorders that are usually chronic,

healing can occur with calcifications.

Tuberculosis is a recognised cause of calcifications including calcifications of the seminal vesicles. Tuberculous infection of the seminal vesicles is believe to occur through extension from prostate infections or though haematogenous spread from other foci. Tubercular abscess can occur in the seminal vesicles but is generally rare.¹ Schistosomiasis infection is endemic to Africa, some parts of Asia and Latin America and is a recognised cause of seminal vesicles calcifications. In schistosomal infection, schistosome eggs are deposited in the various tissue layers of the seminal vesicle.³ With inflammatory reactions, these eggs get calcified. Calcification usually occur at the later stages of infections. Despite the rarity of these conditions, it is important for clinicians to be aware of such associations especially with the increase in population movement and ease of travels.



Panel: calcified seminal vesicles (dotted red line) and phlebolith (arrow).

The presence of seminal vesicle calcification may sometimes be the only clue that directs the clinician to the underlying disease that the patient is harbouring. It may also be the only manifestation of a potential systemic condition. Therefore it is of utmost significance that physicians diligently consider the known conditions associated with seminal vesicle calcification.

REFERENCES

- 1:** Pal DK. Tubercular abscess of the seminal vesicle. *Ind J Tub* 2003; 50:155-6.
- 2:** Patel HRH, Arya M, O'Donoghue EPN. Calcified seminal vesicles and vasa deferentia: "beware or be aware". *Scand J Urol Nephrol* 2001; 35:79-80.
- 3:** Vilana R, Corachan M, Gascon J, Valls E, Bru C. Schistosomiasis of the male genital tract: transrectal sonographic findings. *J Urol* 1997; 158:1491-3.