

CASE REPORT

An Adult Filarial Worm in the Testicular Tissue: A Case Report

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ABSTRACT

Filariasis is a tropical infectious disease and a global public health problem with high incidence in the Indian subcontinent. The clinical manifestations of filariasis vary from person to person depending upon course of infection and the worm load. It is very rare to observe adult filarial worm in the testicular tissues. We herewith report a case of adult filarial worm in the testicular tissue.

Keywords: Filariasis, Swelling, Testis

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INTRODUCTION

Filariasis is an endemic parasitic infection commonly seen in tropical and subtropical regions.^{1,2} The disease mainly involves a lymphatic system of the body. Usually the term "filariasis" refers to lymphatic filariasis (LF).^{1,2} In India, heavily infected areas are found in Orissa, Uttar Pradesh, Bihar, Andhra Pradesh, Tamil Nadu, Kerala, and Gujarat. Lymphatic filariasis is caused by *Wuchereria bancrofti* and *Brugia malayi*.^{1,2} In male the genital filariasis more commonly presents as a secondary hydrocele with an associated epididymo-orchitis.³ It is very uncommon to find adult worm in the testis. We report this rare presentation of an adult worm within the testicular tissue.

CASE HISTORY

A 30-year young man presented with a history of swelling since 1 month and pain in his right scrotum since 6 days. The patient was afebrile and asymptomatic one month back. He had trauma to scrotal region followed by enlargement. Examination of the genitalia revealed a right testicle swelling. The left testis and

both spermatic cord were normal. Radiological and ultrasonological examination of genitalia was normal. Hematological and biochemical parameters were within normal range. No eosinophilia was seen in the peripheral blood. The clinical diagnosis of torsion or neoplastic lesion of testis was made. As the swelling was very painful, the patient underwent a right orchiectomy. The specimen sent for histopathological examination in 10% formalin. On examination entire right testis was dark brown with the peripheral rim of viable grey white tissue together measured 8 cm × 4 cm × 2 cm. The epididymis and cord were normal. There was no associated hydrocele. Histopathological examination showed scanty rim of testicular tissue with extensive area of hemorrhage and necrosis, adult filarial worm (Fig. 1) surrounded by dense inflammatory cell infiltration of neutrophils, lymphoplasmocytes, and eosinophils along with features of funiculitis. No significant pathology was detectable in epididymis or spermatic cord. A histopathological diagnosis of right-sided filarial orchitis with funiculitis was given.

DISCUSSION

Filariasis is a worldwide public health problem caused by parasite *W. bancrofti*, *B. malayi* filariasis is transmitted by the bite of infected vector female mosquitoes of the *Culex*, *Aedes*, and *Anopheles* genera act as intermediate hosts.¹⁻³ In male, there is a preference for the lymphatics of the spermatic cord, where the death of adult worms induce the inflammatory response in the form of suppuration to granulomatous simulating to neoplasm.⁴ Patient may acquire an infection in the childhood period and may

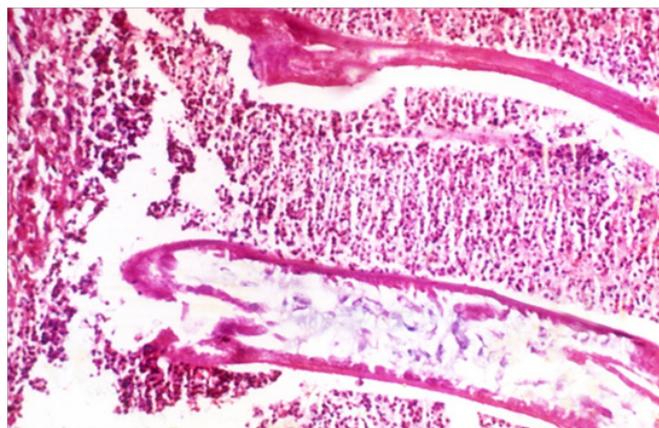


Fig. 1: Photomicrograph showing adult filarial worm within mixed inflammatory exudate (4x, H and E)

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remain asymptomatic for longer duration or progresses to an overt clinical presentation of adults that involve male genitalia.⁵

The clinical manifestations of filariasis depend upon the stage of infection varies from lymphatic invasion to acute or chronic inflammation.^{4,5} These manifestations include funiculoepididymitis, orchitis, filarial abscess, oringuinal lymphadenitis, hydrocoele, lymph varix, lymph scrotum, filarial penis or elephantiasis of the genitalia, and chyluria or filarial granuloma.³⁻⁷ Secondary hydrocoele develops because of the above genital manifestations.^{3,4,6}

The diagnosis is made on a clinical basis in the endemic areas. Tissue eosinophilia is a useful diagnostic clue.² Identification of microfilariae in the peripheral blood in midnight smear is necessary for diagnosis. Antigen test using enzyme-linked immunosorbent assay (ELISA) technique is regarded as the gold standard for diagnosing filarial infection. The microfilariae can be seen on microscopic examination of fine-needle aspirates from lesions of lymph nodes, breast mass, thyroid mass, hydrocoele fluid, pericardial fluid, pleural fluid, ascitic fluid, and cytology of cervicovaginal smears, bronchial aspirates, urine, nipple secretion, bone marrow, and joint fluid aspirates.⁸ Adult worms had been found in lymphatics, subcutaneous tissue, peritoneal, and pleural cavities, heart, brain, scrotum and breast.⁹ The filarial orchitis is rare even on extensive PubMed search (keywords: filarial, worm tunica, vaginalis, intratesticular, testis), an adult worm in the testicular tissue itself is a rare finding. Testicular tissue can be one of the site of adult parasite *Wuchereriabancrofti*.¹⁰

Ultrasonography^{10,11} may be helpful for intrascrotal pathology calcified dead worms following diethylcarbamazine (DEC) treatment presenting as specks of calcification and the "filarial dance sign" caused by the undulating movements of the live adult worms^{10,11} can be seen on imaging. The filarial orchitis simulate grossly with neoplastic, non-neoplastic testicular and paratesticular lesions that include non-specific orchitis, tuberculose pididymo-orchitis malignant mesothelioma, adenomatoid tumors, mesothelioma cyst and reactive mesothelioma hyperplasia, malakoplakia, sarcoidosis and inflammatory pseudotumor diethylcarbamazine (DEC) the drug of choice for medical treatment of filariasis. As it simulates malignancy clinically, unilateral orchietomy

is the outcome in most of the cases. The testicular-sparing surgery could be a useful modality in such cases.³

CONCLUSION

Filarial orchitis may simulate clinically with neoplastic testicular lesions. The various differential diagnosis must be kept in mind when dealing with testicular swellings especially in endemic areas to avoid unnecessary orchidectomy.

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