

Idiopathic Scrotal Calcinosis: A Case Report

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Abstract

Case Report

Background: Idiopathic scrotal calcinosis is a rare, benign condition characterized by one or more calcified nodules of the scrotum occurring in the absence of any abnormality of phosphocalcic metabolism. **Case presentation:** We report the case of a 31-year-old man who consulted for painless scrotal nodules. A biopsy established the diagnosis of scrotal calcinosis. We performed a scrotal excision removing all the lesions, followed by scrotal reconstruction. Histopathological examination of the surgical specimen confirmed the diagnosis. **Conclusion:** The etiology of scrotal calcinosis remains unclear, and the only available treatment is wide excision of the lesions.

Keywords: scrotal calcinosis, idiopathic, etiopathogenesis, surgical treatment, excision.

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INTRODUCTION

Scrotal calcinosis is one of the idiopathic cutaneous calcinosises. It is a rare and benign entity characterized by the presence of calcified nodules in the scrotal skin. Its etiopathogenesis remains poorly understood, and its course is slow but progressive. The current standard treatment remains surgical resection of the lesions [1]. The objective of this report is to describe the management of idiopathic scrotal calcinosis in a young patient.

CASE REPORT

A 31-year-old man with no notable medical history.

The patient presented with multiple asymptomatic nodular scrotal lesions that had evolved over several months, gradually increasing in volume and discharging a whitish, chalky material.

Clinical examination of the scrotum revealed firm, painless, whitish nodular lesions, mobile relative to the deep plane, the largest of which measured 1.8 cm in diameter. The overlying skin was normal in appearance (Figure 1).



Figure 1: Multiple whitish nodular scrotal lesions

Biological tests showed a normal phosphocalcic balance. Pathological examination of a nodular skin biopsy showed deposits of dystrophic calcifications, confirming the diagnosis of scrotal calcinosis.

A partial scrotal excision was performed to remove all of the nodules, followed by reconstruction using the remaining healthy skin. The diagnosis of idiopathic scrotal calcinosis was confirmed by histopathological examination of the surgical specimen (Figure 2).

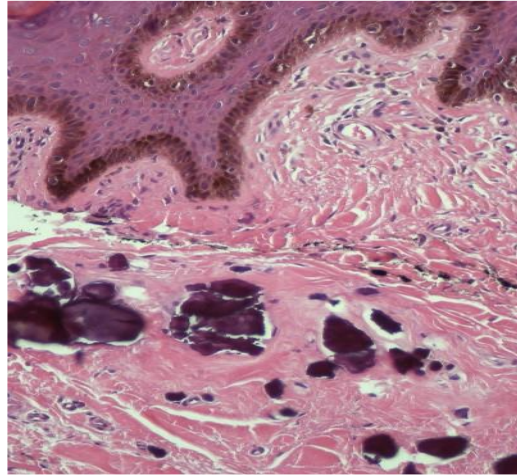


Figure 2: Scrotal calcinosis, H&E ×20: dermal deposits of dystrophic calcification.

The patient was seen at follow-up one month after the excision. The scrotum had healed completely and there was no recurrence.

The patient was informed about the entire procedure, its complications and its outcome, and he agreed to it. Written informed consent for publication of this case was obtained from the patient.

DISCUSSION

Scrotal calcinosis is a rare, benign condition characterized by one or more calcified nodules of the scrotum occurring in the absence of any abnormality of phosphocalcic metabolism [2]. It is often painless, and patients usually seek consultation for cosmetic reasons. It most often occurs in young, dark-skinned patients aged 20 to 40 years [3].

Shapiro *et al.*, first used the term idiopathic scrotal calcinosis in 1970 to describe a distinct entity. In a series of 35 cases, they found no evidence of an epithelial lining and therefore concluded that the calcinosis was idiopathic rather than dystrophic [4].

The etiology of scrotal calcinosis is still unknown, and several etiopathogenic hypotheses have been put forward. Wright *et al.*, [5] proposed that the lesions are of purely idiopathic origin, with no identifiable cause. Swinehart and Golitz suggested that scrotal calcinosis results from the progressive calcification of epidermoid cysts present in the scrotum [6].

Clinically, calcinosis present as infiltrated papules, plaques or nodules, hard on palpation and

yellowish-white in color. The lesions may be asymptomatic or painful, and are sometimes ulcerated [7].

The diagnosis is based on histological examination [8], which shows basophilic calcium deposits in the scrotal dermis, surrounded by foreign-body multinucleated giant-cell granulomas. Von Kossa staining confirms the calcium nature of the deposits. The main differential diagnoses are epidermal cysts, onchocercomas, lipomas and calcified fibromas.

Although the pathogenesis remains controversial, all authors recognize surgical excision as the only therapeutic option. As both a diagnostic and therapeutic procedure, excision must be limited to the skin, with reconstruction of the scrotum when a large surface area is involved [9].

CONCLUSION

Scrotal calcinosis is a rare, benign condition. Treatment is surgical, with aesthetic reconstruction of the remaining scrotal skin. Surgery serves a diagnostic purpose through histological analysis of the specimen, a therapeutic purpose through the aesthetic reconstruction of the scrotal skin, and a prognostic purpose.

REFERENCES

- Paquet P, Devilliers C, Szepeituk G, Quatresooz P, Piérard GE. Calcinose idiopathique du scrotum. Rev Med Liège. 2010;65(2):113–4.
- El Fassi MJ, El Ammari JE, Khallouk A, Achour Y, Tazi MF, Farhi MH. Calcinose scrotale. Prog Urol. 2003;13:332–3.

- Permi HS, Shetty R, Alva S, Shetty B, Ballal R, Shetty KJ. Scrotal calcinosis: rare case reports of two cases. NUJHS. 2012;2(2):57–9.
- Shapiro L, Platt N, Torres-Rodríguez VM. Idiopathic calcinosis of the scrotum. Arch Dermatol. 1970;102:199–204.
- Wright S, Navsaria H, Leigh IM. Idiopathic scrotal calcinosis is idiopathic. J Am Acad Dermatol. 1990;24:727–30.
- Swinehart JM, Golitz LE. Scrotal calcinosis: dystrophic calcification of epidermoid cysts. Arch Dermatol. 1982;118(12):985–8.
- Cribier B, Grosshans E. Calcinose cutanée. Ann Dermatol Venereol. 1992;119:151–68.
- Gyenes C, Joujoux JM, Boukaram M, Chapuis H, Roger P. Une lésion scrotale rare d'étiologie controversée. Ann Pathol. 2011;31:108–10.
- Vijay D, Dombale SI, Basarkod HB, Kotabagi U. Extensive idiopathic scrotal calcinosis: a case report. J Clin Diagn Res. 2012;6(3 Suppl 1):478–9.