

Spermatocele

A spermatocele (SPUR-muh-toe-seel) is an abnormal sac (cyst) that develops in the epididymis — the small, coiled tube located on the upper testicle that collects and transports sperm. Noncancerous and generally painless, a spermatocele usually is filled with milky or clear fluid that might contain sperm.

The exact cause of spermatoceles is unknown but might be due to a blockage in one of the tubes that transports sperm.

Spermatoceles, sometimes called spermatic cysts, are common. They typically don't reduce fertility or require treatment. If a spermatocele grows large enough to cause discomfort, your doctor might suggest surgery.

A spermatocele usually causes no signs or symptoms and might remain stable in size. If it becomes large enough, however, you might feel:

- Pain or discomfort in the affected testicle
- A feeling of heaviness in the testicle with the spermatocele
- A mass, or fullness, behind and above the testicle

When to see a doctor

Because a spermatocele usually doesn't cause symptoms, you might discover it only during a testicular self-exam, or your doctor might find it during a routine physical exam.

It's a good idea to have your doctor evaluate any scrotal mass to rule out a serious condition, such as testicular cancer. Also, be sure to call your doctor if you experience pain or swelling in your scrotum. A number of conditions can cause testicular pain, and some require immediate treatment.

The cause of spermatoceles is unknown. Spermatoceles might result from a blockage in one of the multiple tubes within the epididymis that transport and store sperm from the testicle. Trauma and inflammation also might play a role in causing the blockage.

There aren't many known risk factors for developing a spermatocele, except for increasing age. Spermatoceles are most often found in men between the ages of 20 and 50.

A spermatocele is unlikely to cause complications.

However, if your spermatocele is painful or has grown so large that it's causing you discomfort, you might need to have surgery to remove the spermatocele. Surgical

removal might damage the epididymis or the vas deferens, a tube that transports sperm from the epididymis to the penis. Damage to either can reduce fertility. Another possible complication that can occur after surgery is that the spermatocele might come back, though this is uncommon.

To diagnose a spermatocele, you'll need a physical exam. Although a spermatocele generally isn't painful, you might feel discomfort when your doctor examines (palpates) the mass.

You might also undergo the following diagnostic tests:

- **Transillumination.** Your doctor might shine a light through your scrotum. With a spermatocele, the light will indicate that the mass is fluid-filled rather than solid.
- **Ultrasound.** If transillumination doesn't clearly indicate a cyst, an ultrasound can help determine what else it might be. This test, which uses high-frequency sound waves to create images of structures, might be used to rule out a testicular tumor or other cause of scrotal swelling.

Although your spermatocele probably won't go away on its own, most spermatoceles don't need treatment. They generally don't cause pain or complications. If yours is painful, your doctor might recommend over-the-counter pain medications, such as acetaminophen (Tylenol, others) or ibuprofen (Advil, Motrin IB, others).

Surgical treatment

A procedure called a spermatocelectomy generally is performed on an outpatient basis, using a local or general anesthetic. The surgeon makes an incision in the scrotum and separates the spermatocele from the epididymis.

After surgery, you might need to wear a gauze-filled athletic supporter to apply pressure to and protect the site of the incision. Your doctor might also tell you to:

- Apply ice packs for two or three days to keep swelling down
- Take oral pain medications for a day or two
- Return for a follow-up exam about two weeks after surgery

Possible complications from surgical removal that might affect fertility include damage to the epididymis or to the tube that transports sperm (vas deferens). It's also possible that a spermatocele might come back, even after surgery.

Aspiration, with or without sclerotherapy

Another treatment that's not used as often is aspiration, sometimes with sclerotherapy. During aspiration, a special needle is inserted into the spermatocele, and fluid is

removed (aspirated). If the spermatocele recurs, your doctor might recommend aspirating the fluid again, and then injecting an irritating chemical into the sac. The irritating agent causes the spermatocele sac to scar, which takes up the space the fluid occupied and lowers the risk of the spermatocele coming back.

Damage to the epididymis is a possible complication of sclerotherapy. It's also possible that your spermatocele might come back. Sclerotherapy usually is used only for men who are beyond their reproductive years.

Although there's no way to prevent a spermatocele, it's important for you to conduct scrotal self-exams at least monthly to detect changes, such as masses, in your scrotum. Any new mass in your scrotum should be evaluated promptly.

Your doctor can instruct you in how to conduct a testicular self-examination, which can improve your chances of finding a mass.

How to examine your testicles

A good time to examine your testicles is during or after a warm bath or shower. The heat from the water relaxes your scrotum, making it easier for you to detect anything unusual. Then follow these steps:

- **Stand in front of a mirror.** Look for any swelling on the skin of the scrotum.
- **Examine each testicle with both hands.** Place the index and middle fingers under the testicle while placing your thumbs on the top.
- **Gently roll the testicle between the thumbs and the fingers.** Remember that the testicles are usually smooth, oval shaped and somewhat firm. It's normal for one testicle to be slightly larger than the other is. Also, the cord leading upward from the top of the testicle (epididymis) is a normal part of the scrotum.

By regularly performing this exam, you'll become more familiar with your testicles and aware of any changes that might be of concern. If you find a lump, call your doctor as soon as possible.

Regular self-examination is an important health habit. But it can't substitute for a doctor's examination. Your doctor normally checks your testicles whenever you have a physical exam.