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Editorial comment on "Testicular microlithiasis: Case report and literature review"

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The manuscript describes a 37-year-old white patient who presented with a one-year history of a painless right testicular mass. Ultrasound of the testis revealed bilateral microlithiasis and a "benign" looking right intratesticular cyst. The patient is under an active surveillance program. Of note is that the patient's older brother was diagnosed with testicular cancer at age 39 years.

This is certainly an interesting case report. Fig. 1 shows a cystic intratesticular mass in the right testis in addition to bilateral testicular microlithiasis. The authors were silent on the possible significance of the presence of an intratesticular cyst in this patient. It must be pointed out that most intratesticular cysts are malignant [1–3]. Classical ultrasound features of a benign intratesticular cyst include: imperceptible wall, an anechoic centre and through transmission [1–3]. The centre of the cyst in Fig. 1 does not appear anechoic and neither can the wall of the cyst be described as imperceptible. Consequently, if I were managing this patient, with a positive family history of testicular cancer, with the patient being in the right age group for development of testicular cancer and in the presence of bilateral testicular microlithiasis, I would be very concerned that the cystic mass in the right testis may be a malignant cystic degeneration. I would like to err on the side of caution. I would therefore without delay explore the right testis via an inguinal approach and carry out an excisional biopsy and frozen section of the right testicular cystic mass. If frozen section reveals a malignant cyst, I will proceed to radical orchidectomy. For this patient, the authors favor an alternative approach, namely active surveillance. For the readers' education, I hope the authors will provide an important update on the clinical course of the patient in about 5 years' time.

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