

Scrotal abscess extending into the inguinal canal: A rare complication of multiple myeloma

Inguinal kanala uzanım gösteren skrotal abse: Multipl miyelomun nadir bir komplikasyonu

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To the Editor,

Infectious complications play a major role in the course of multiple myeloma and often lead to death [1,2]. We report a rare case of multiple myeloma with a scrotal abscess extending into the inguinal region 1 month after completing the first cycle of chemotherapy.

A 52-year-old male with multiple myeloma presented to our emergency department due to abrupt swelling of the right side of his scrotum. Genitourinary examination showed a mass on the right side of the scrotum. The area was mildly erythematous and the mass extended into the right groin. Scrotal skin necrosis and decubitus ulcers were not noted. Complete blood count results were as follows: white blood cell count: $15.4 \times 10^9/L$ (with 93% segmented neutrophils); Hb: 11 g/dL; Hct: 33.4 %. Biochemical blood test results were normal.

Scrotal ultrasonography showed a large fluid collection involving the right scrotal sac that extended into the right inguinal canal. In order to observe the extent of the collection the patient underwent computed tomography (CT), which showed a $13 \times 6 \times 7$ -

cm collection of fluid that contained multiple pockets of gas that was consistent with an abscess extending into the right inguinal canal (Figure 1a). Sagittal reformatting of the image showed an expansile lytic lesion at the L5 vertebra with pathological features consistent with plasmacytoma (Figure 1). Upon surgical exploration, a large abscess cavity was observed with pus tracking up to the right inguinal region. A wound culture specimen obtained from the abscess cavity grew *Escherichia coli*.

Infectious complications are the major cause of morbidity and mortality in patients with multiple myeloma [3]. The tendency for major bacterial infections is reported to be greater during the first 2 months following initiation of chemotherapy [2]. The presented patient finished his first cycle of chemotherapy 1 month before presenting with a scrotal abscess. Although the patient's sonographic findings were compatible with a scrotal abscess, CT was performed to exclude the possibility that an intra-abdominal infection migrated to the scrotum and caused the scrotal abscess. The literature contains several reports indicating that intra-abdominal infections, such as perforated appendicitis and spontaneous bacterial peritonitis, can extend into

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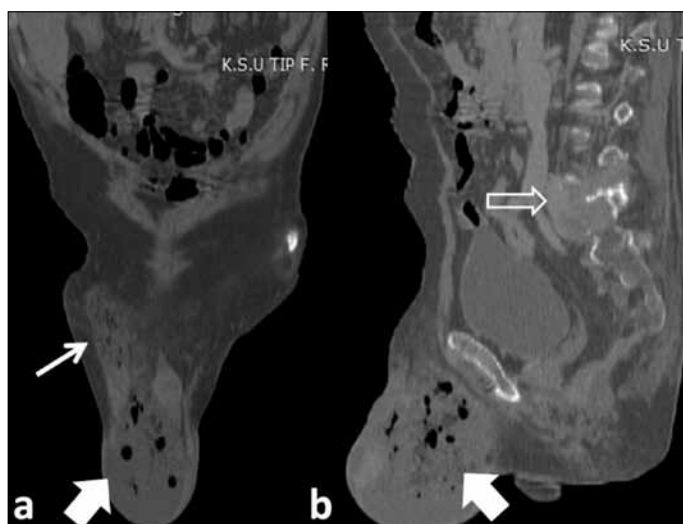


Figure 1. Figure. Coronal (a) Reformatted CT Image Shows a Complex Fluid and Gas Collection Extending From the Scrotum (Thick arrow) Into the Inguinal Canal (Thin Arrow). Sagittal Plane View (b) Shows an Expansile Lytic Lesion at the L5 Vertebral Body, with Associated Plasmacytoma (Open Arrow) and Scrotal Abscess (Solid Arrow)

the dependent scrotum via a patent processes vaginalis [4,5].

In conclusion, to the best of our knowledge this is the first case report of a scrotal abscess extending into the inguinal canal as a complication of multiple myeloma. Scrotal abscess should be considered a rare complication, particularly during periods when multiple myeloma patients are susceptible to infec-

tion, and CT may be diagnostically beneficial in such cases.

Written informed consent was obtained from the patient.

Conflict of interest statement

The authors of this paper have no conflicts of interest, including specific financial interests, relationships, and/or affiliations relevant to the subject matter or materials included.

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