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Clinical Image

Incidentally Found Bilateral Symmetrical Intra-Pelvic Calcification: A Calcified Vas Deferens

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A male in his mid-70s presented to a medical practitioner working in a peripheral clinic with a history suggestive of right ureteric colic for 2 days. The patient was evaluated with an ultrasound of the Kidney, Ureter, Bladder (KUB) region, which was suggestive of right hydroureteronephrosis with an upper/mid ureteric calculus. X-ray KUB was suggestive of right upper ureteric calculus with bilateral symmetrical linear serpentine radio-opaque shadows in the pelvis (**Figure 1A, B**), and in the apprehension of Steinstrasse was referred to the urology emergency for further evaluation and management. X-ray was noted, and a diagnosis of Vas deferens calcification was suspected due to the characteristic pattern of the loop that the Vas makes during its course, with queries of right upper ureteric calculus. CT KUB was done, and a 6 mm right upper ureteric calculus with bilateral vas deferens calcification was suggested (**Figure 2A, B**). Blood investigation revealed normal serum creatinine and white blood cell count. The endocrine evaluation revealed a non-diabetic status. Metabolic assessment for the patient was normal. Extracorporeal Shock Wave Lithotripsy (ESWL) was done for the ureteric calculus. The patient and relatives were counselled in detail, and fears and apprehensions regarding intrapelvic calcification were resolved.

Vas deferens calcifications are sporadically seen in imaging examinations, particularly those performed with ionizing radiation, such as radiography and CT. These calcifications were first described by Kretschmer in 1922 and then in sporadic reports by Bianchini. [1]

Bilateral calcification of the vas deferens is a rare condition and has a strong link with infertility. [2] It is a chronic process that has developed over the years. Incidental findings on imaging, however, remain the most common means of diagnosing this condition. [2]

Calcification of the vas deferens can result from:

Diabetes mellitus: the most common cause.
Idiopathic.
Normal ageing.
Hyperparathyroidism.
Chronic infection/inflammation: tuberculosis, syphilis, gonorrhea, schistosomiasis, chronic urinary tract infection. [3]

Diabetes mellitus is the most common cause of calcification and usually results in bilaterally symmetrical calcifications. In chronic inflammatory conditions, calcification of

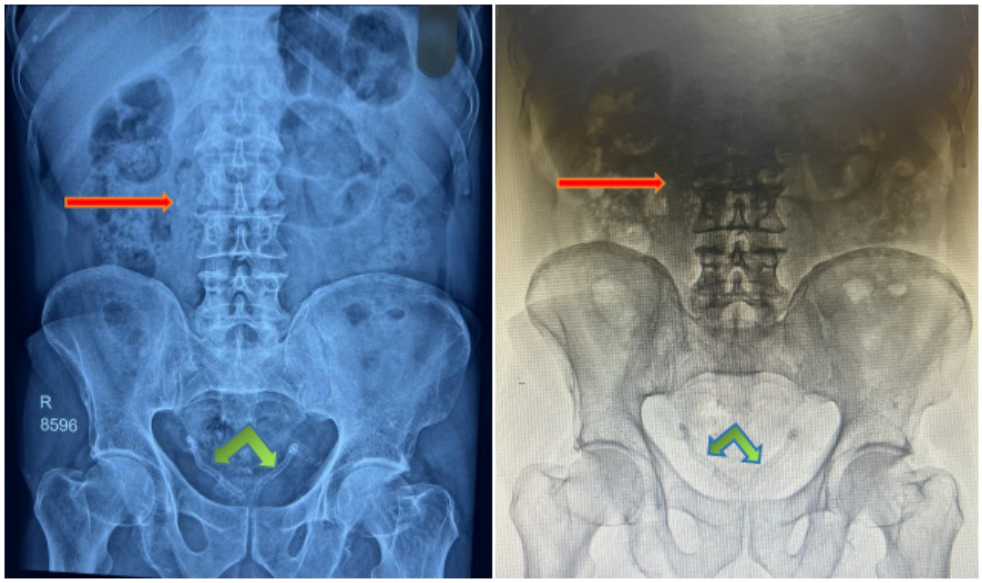

Figure 1: (A) X-ray KUB showing radiopaque shadow in the right upper ureteric region(red arrow) and bilateral symmetrical calcification in the pelvis (green arrow). (B) X-ray KUB with a negative image depicting the same.

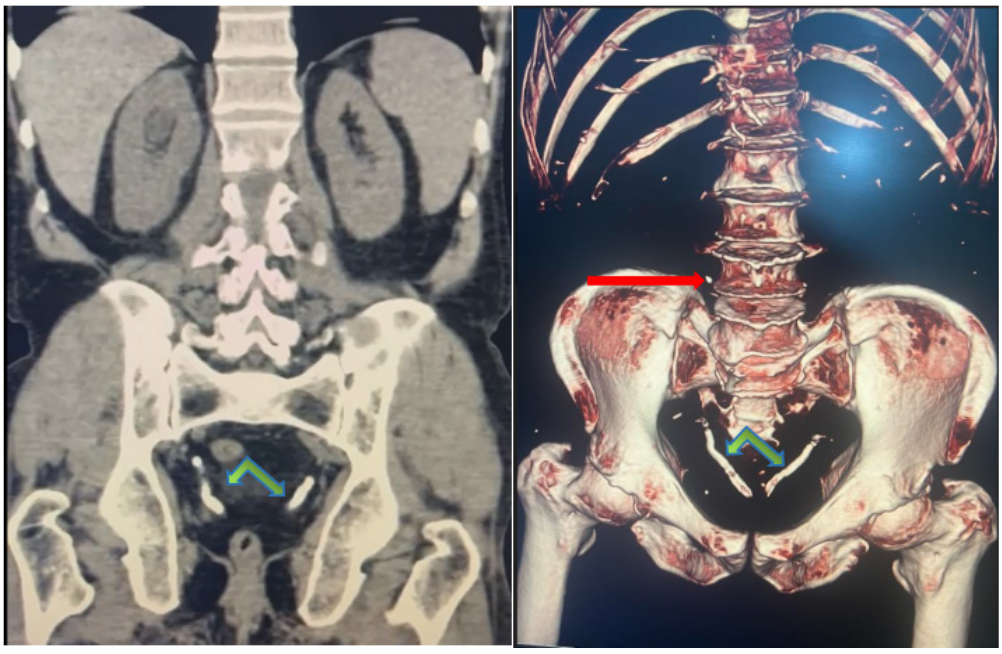

Figure 2: CT KUB (A) with 3D reconstruction (B) showing bilateral symmetrical vas deferens calcification (green arrow) with right upper ureteric calculus seen in 3D image (red arrow).

the vas deferens is more likely to be unilateral and irregular or segmental. [4] The calcification should also be differentiated from the linear calcifications of blood vessels in the pelvis. [5] So here is an incidental bilateral symmetrical vas deferens calcification case in a non-diabetic male, probably due to age-related changes.

Learning Points

- Bilateral symmetrical calcification of the vas deferens is the finding of calcium deposits in both vas deferens, which is often an incidental finding during imaging for other reasons.
- Patients ought to be informed about the benign characteristics of the condition to alleviate any unwarranted fears and concerns.

PATIENT CONSENT

Written informed consent was obtained from the patient for publication of this report.

AUTHORS' CONTRIBUTION

All authors contributed to the completion of this work. The final manuscript was read and approved by all authors.

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CONFLICT OF INTEREST

None.

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