# Painless Scrotal Lumps in Adults

## Red flags

- Suspected testicular cancer

## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red flags</td>
<td>1</td>
</tr>
<tr>
<td>Assessment</td>
<td>2</td>
</tr>
<tr>
<td>History</td>
<td>2</td>
</tr>
<tr>
<td>Hydrocele</td>
<td>2</td>
</tr>
<tr>
<td>Epididymal cyst or spermatocele</td>
<td>2</td>
</tr>
<tr>
<td>Varicocele</td>
<td>2</td>
</tr>
<tr>
<td>Inguinal hernia</td>
<td>3</td>
</tr>
<tr>
<td>Testicular cancer</td>
<td>3</td>
</tr>
<tr>
<td>Examination</td>
<td>3</td>
</tr>
<tr>
<td><strong>Within testis</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Separate from testis, in the epididymis</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Separate from testis and epididymis</strong></td>
<td>3</td>
</tr>
<tr>
<td>Scrotal skin lumps</td>
<td>3</td>
</tr>
<tr>
<td>Investigations</td>
<td>4</td>
</tr>
<tr>
<td>Management</td>
<td>4</td>
</tr>
<tr>
<td>Referral</td>
<td>4</td>
</tr>
<tr>
<td>Information</td>
<td>5</td>
</tr>
<tr>
<td><strong>For patients</strong></td>
<td>5</td>
</tr>
<tr>
<td>Sources</td>
<td>5</td>
</tr>
</tbody>
</table>
### Assessment

1. Take a **history**

#### History

- Significant pain – suggests infection or ischaemia e.g., testicular torsion, strangulated hernia, epididymo-orchitis.
- When lump first appeared and whether it has changed in size.
- Reducibility, and whether it disappears when supine.
- Associated symptoms that may be seen with metastatic testicular cancer e.g:
  - back pain
  - weight loss
  - dyspnoea
  - cough.

2. Consider common causes of painless scrotal lumps:

#### Hydrocele

- Swelling usually confined to the scrotum.
- Translucent.
- Lies anterior to, and surrounds, the testis.
- If hydrocele is tense, the testis may not be palpable. Ultrasound can be useful to confirm diagnosis and check testis (if impalpable).

#### Epididymal cyst or spermatocele

- Confined to scrotum.
- While classically separate from the testis, this can be hard to feel on examination.
- Present as smooth swellings arising from the epididymis.
- Common in men aged > 30 years and enlarges slowly.
- Can occur at any point along the length of the epididymis and can grow slowly to be much larger than the testis.
- Will transilluminate and be fluctuant.
- Only need ultrasound if clinical uncertainty.

#### Varicocele

- Confined to upper scrotum.
- Separate from testis and epididymis.
- Lump is more prominent when standing.
- Dilation of the veins of pampiniform plexus, usually left-sided.
- May be associated with male subfertility.
- If sudden onset left-sided or bilateral varicoceles, arrange an ultrasound of the kidneys to exclude renal carcinoma.
Inguinal hernia

- Inguino-scrotal swelling
- Usually reducible
- Usually has a cough impulse

Testicular cancer

- Confined to scrotum.
- Lump within testis.
- Peak age bracket is 20 to 40 years.
- Usually a hard lump which is firmer than the normal testis and may completely replace the testis.

3. Perform an examination

Examination

Examine the patient standing and lying. Hernias and varicoceles are more prominent when standing.

- Any marked tenderness suggests infection or ischaemia e.g., testicular torsion, strangulated hernia, epididymo-orchitis.
- If the swelling extends into the groin, it is likely to be an inguinal hernia, or sometimes a hydrocele. Hernias are usually reducible and have a cough impulse.
- If the swelling is confined to the scrotum, with upper border felt above swelling, check if it is:

  **Within testis**
  A lump confined to the testis that does not transilluminate is likely to be testicular cancer.

  **Separate from testis, in the epididymis**
  If the lump is separate from the testis, it is likely to be an epididymal cyst or spermatocoele.

  **Separate from testis and epididymis**
  - A varicocele is a swelling in the upper scrotum which is separate from the testis and epididymis, and often disappears when supine.
  - Feels like 'a bag of worms'.

- Some patients who present with a scrotal lump may have a scrotal skin lump.

Scrotal skin lumps

Several skin conditions may affect the scrotum e.g:

- Cutaneous cysts
- Warts
- Molluscum contagiosum
4. **Arrange investigations**

### Investigations

Apply a low threshold for ordering an ultrasound when investigating testicular lumps. Examination findings do not always distinguish scrotal lump aetiology.

- If suspected testicular cancer, arrange an urgent scrotal ultrasound.
- Arrange scrotal ultrasound to exclude underlying testicular cancer, hydrocele can obscure underlying testicular tumours.
- If new left-sided or bilateral varicocele, also arrange an ultrasound of the kidneys.

Microlithiasis on testicular ultrasound is not indicative of an underlying testicular cancer.\(^1\)

### Management

1. If marked tenderness or history of significant pain, arrange immediate urology referral or admission.
2. If testicular cancer suspected, phone to arrange an urgent urology referral, without delay for ultrasound.
3. If varicocele in patient who is infertile or subfertile, arrange routine urology referral.
4. Reassure and observe if:
   - varicocele.
   - hydrocele.
   - epididymal cyst.
   - spermatocele.
5. If the lump is large and uncomfortable, consider referring for further assessment.

### Referral

- If marked tenderness or history of significant pain, arrange immediate urology referral or admission.
- If testicular cancer suspected, phone to arrange an urgent urology referral, without delay for ultrasound.
- If no indication for urgent review, arrange:
  - routine urology referral for ongoing troublesome symptoms.
  - assessment by a general surgeon for inguinal hernia.
Information

For patients

Better Health Channel: [Testicular Self Examination](#)

Sources

References


Last Reviewed: October 2017

[Disclaimer](#)