

## Seminal Vesicle Calcification-Does it Really Matter?

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### Abstract

A 45 year old male, a case of Type II Diabetes Mellitus, Systemic Hypertension, Dyslipidemia, Coronary Artery Disease with Chronic Kidney Disease, Stage 5. He was incidentally found to have bilateral seminal vesicle calcification during Pre-transplant workup. Patient is married and has two children. He tested negative for Genito-Urinary tuberculosis. Calcification of the vas deferens and seminal vesicles is a rare condition. The exact incidence is not known. It has been described in association with diabetes, hyperparathyroidism and genitourinary tuberculosis. The actual significance or management is not known for this condition. However, it may be implicated in male factor infertility and symptoms from the urogenital tract. Treatment is targeted for the underlying pathology.

**Keywords:** Seminal vesicle calcification; Infertility

### Introduction

Bilateral seminal vesicle (SV) calcification is not a common condition. It is seen rarely in older age groups (>50 years) in association with certain diseases. It is commonly associated with diabetes mellitus, tuberculosis or hyperparathyroidism. The reason for predilection to diabetes is unclear. Other rare causes are inflammatory disorders like gonorrhoea, schistosomiasis and prostatitis [1-3].

Our patient was a 45 year old male, a case of Type II Diabetes Mellitus, Systemic Hypertension, Dyslipidemia, Coronary Artery Disease with Chronic Kidney Disease, Stage 5. He was incidentally found to have bilateral seminal vesicle calcification during Pre-transplant workup. Patient is married and has two children. He tested negative for Genito-Urinary tuberculosis.

The ideal workup of a case with SV calcification must include a detailed history and physical examination including a digital rectal examination. Urine examination (Microscopy and culture), Serum glucose, Calcium, Urea, Creatinine, PSA must be checked. Semen analysis must be done in cases presenting with infertility. Imaging should include a trans rectal ultrasound to rule out obstruction and invasive carcinoma. Computed Tomography is done if deemed necessary. Then appropriate management is instituted based on the findings.

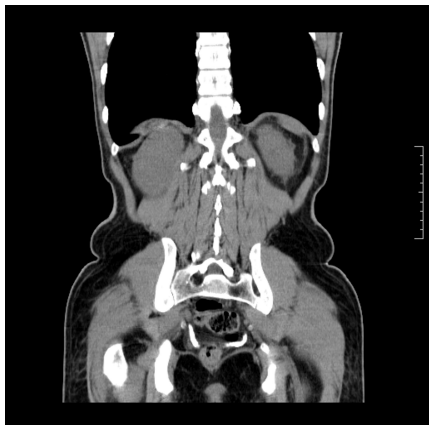
Here we report a case of bilateral seminal vesicle calcification, which is rare in young males. We suggest a diagnostic algorithm to manage the patients (Figures 1-3).



Figure 1: X-Ray KUB showing Seminal Vesicle Calcification.



Figure 2: CT image showing Seminal Vesicle Calcification.



**Figure 3:** CT image showing Seminal Vesicle Calcification.

## References

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