



The “striated” testis

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The “striated” testis refers to a specific ultrasound appearance of a pattern of alternating lines of differing echogenicity within the testicular parenchyma (Fig. 1a, b) [1]. These striations are seen along the anatomic distribution of the interlobular septa extending from the mediastinum testis [1], in a pattern likened to the stripes of a zebra’s coat (Fig. 2). This appearance can be unilateral or bilateral and may involve the entire testis or only a portion of it [2]. While initially described in a case of testicular fibrosis, the striated appearance may also be seen in the setting of infection, infarction, trauma, or neoplasm, including non-Hodgkin’s lymphoma [1–3]. Clinical features and the presence of additional sonographic findings, such as focal mass or abnormal testicular size or vascularity, can help narrow the differential diagnosis [1].

Interstitial fibrosis may result in a unilateral or bilateral striated appearance due to glandular atrophy and interstitial proliferation, and its diagnosis is supported in the setting of small testicular size [2]. In addition to aging, possible etiologies of testicular fibrosis include prior trauma, torsion, or infection, as well as a history of alcoholism, radiation, or Klinefelter syndrome [1, 2]. Fibrosis is the most likely etiology in older men absent a history of malignancy, and in these cases no further evaluation is necessary [2].

In orchitis, a striated testis can be the result of septal accentuation due to engorged vessels and can persist beyond the episode of orchitis [4]. Ischemia may also produce a striated testicular appearance related to interstitial edema [2]. Posttraumatic striation should be suspected in cases with

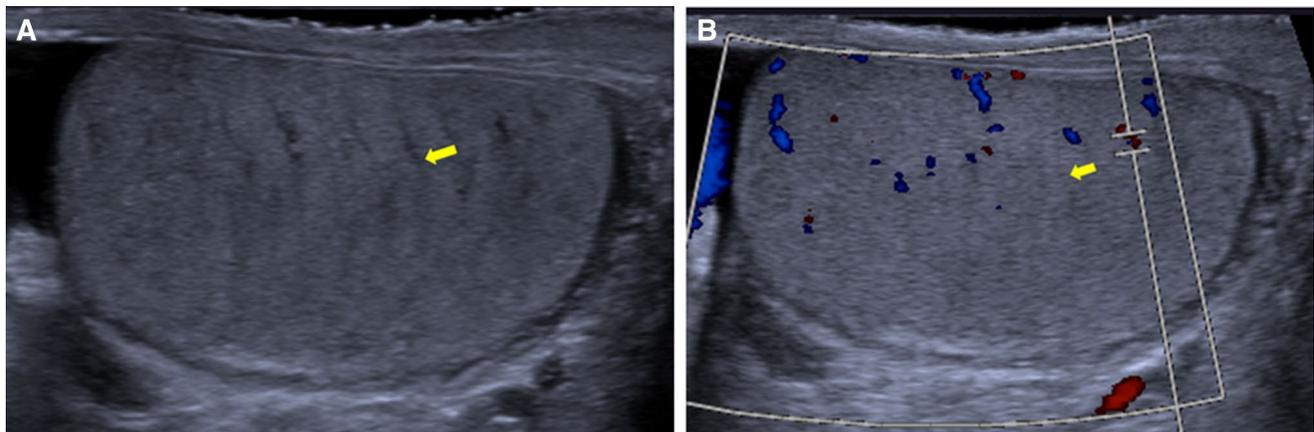


Fig. 1 Sagittal testicular ultrasound image (a) demonstrates a diffuse pattern of alternating lines of differing echogenicity, the “striated” testis (yellow arrow). Sagittal color Doppler ultrasound image (b) in

the same patient shows that the striations (yellow arrow) are separate from normal vessels

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Fig. 2 A “classic” striated pattern of alternating black and white stripes!

appropriate clinical history and has been reported in the setting of prior testicular biopsy [2].

Tumor infiltration of the testicular interstitium may be the cause of a striated appearance in the setting of testicular neoplasm, generally accompanied by testicular enlargement [2]. This diagnosis should be considered in patients with a history of prior testicular cancer, leukemia, known primary

cancer with proclivity for testicular metastasis (particularly prostate and lung cancer), or lymphoma [2, 5].

Compliance with ethical standards

Conflict of interest All the authors declared that they have no conflict of interest.

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