



Figure 1. Left inguinal mass.



Figure 3. Left posterior scrotal wall mass.



Figure 2. CT axial view demonstrating pronounced right inguinal adenopathy.



Figure 4. CT axial view with posterior scrotal wall mass.



Figure 5. CT axial view demonstrating left inguinal exophytic mass.

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A 62-year-old man presented to the emergency department with concerns about fatigue, weight loss, and a self-described “boil” on his left lower abdomen. He stated that the lesion appeared and became rapidly progressive during the preceding 3 months. Physical examination revealed a mildly wasted, elderly man with a 4-by-5-cm exophytic mass in the left inguinal fold (Figure 1) and contralateral firm adenopathy (Figure 2). Subsequent complete genitourinary examination revealed a 6-by-3-cm exophytic mass on the posterior, left scrotal wall (Figures 3 and 4) that was not offered in history by the patient.

For the diagnosis and teaching points, see page e6.

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*(continued from p. e5)***DIAGNOSIS:**

Metastatic squamous cell scrotal cancer. Computed tomography (CT) revealed a mass extending from the wall of the scrotum. The left inguinal mass was a superficial extension from the adjacent lymph nodes (Figure 5). Urologic consultation recommended that the patient undergo partial scrotoectomy and lymph node dissection. Ultimately, pathology confirmed the provisional diagnosis of metastatic squamous cell scrotal cancer.

The chief concerns of weight loss and skin lesions admonishes the emergency provider to fully undress the patient and adequately assess for gross adenopathy. Squamous cell carcinoma of the scrotum is rare. Historically called chimney sweeper's disease, it was the first cancer linked to occupational exposure. Through improved working conditions, the cause has evolved to chronic inflammation, human papillomavirus, iatrogenic interventions, and poor hygiene.¹ Keen physical examination and cross-sectional imaging are mainstays of the initial evaluation.² Management primarily consists of wide local excision and histologic evaluation of adjacent lymph nodes.³

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