Testis – Spermatocele

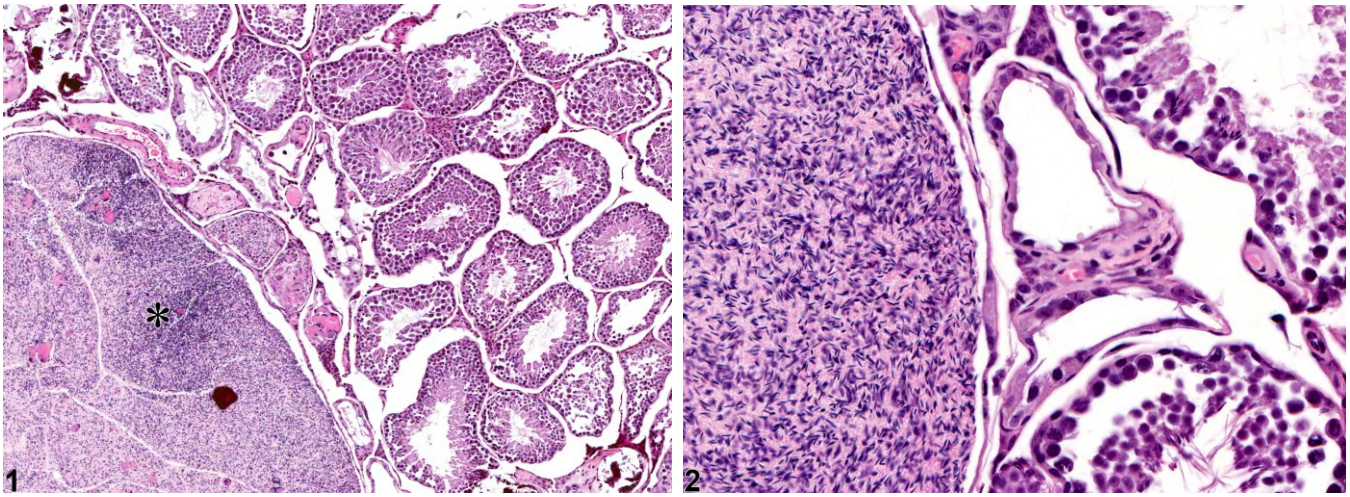
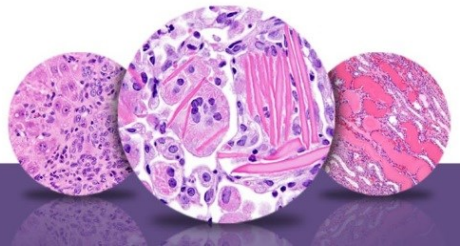


Figure Legend: Figure 1 Testis - Spermatocele in a male B6C3F1 mouse from a chronic study. There is a large spermatocele in the testis (asterisk). **Figure 2** Testis - Spermatocele in a male B6C3F1 mouse from a chronic study. Higher magnification of the spermatocele in Figure 1.

Comment: A spermatocele refers to the cystic accumulation or impaction of spermatozoa in a seminiferous tubule or duct causing it to increase to more than twice its normal diameter. If the diameter is less than this, the term “sperm stasis” should be used (see “Testis - Sperm Stasis”). If the accumulation is accompanied by an inflammatory reaction, the term “sperm granuloma” should be used (see “Testis - Sperm granuloma”). Spermatoceles occur more commonly in the epididymis, but they are also sometimes seen within the testis, and particularly within the subcapsular rete testis of the mouse (Figure 1, asterisk and Figure 2). Spermatoceles can occur in association with reduced fluid absorption in the efferent ducts leading to sperm impaction and obstruction within the rete testis and adjacent seminiferous tubules. This can be a chemically induced finding, but in general spermatoceles are incidental, age-related findings. An association between age-related germ cell degeneration and spermatocele formation has been described.

Recommendation: Spermatocele should be diagnosed when present, but need not be graded. They should be discussed in the pathology narrative only if they are considered treatment related. Bilateral involvement should be recorded when present.



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