



Figure 3. Transverse image showing both testes during Valsalva manoeuvre, and marked flow within the left ITV.

from the mediastinum or a single dilated parenchymal vein with dilated subcapsular veins [3]. The present case also showed the most dramatic colour Doppler appearances. All cases demonstrated ipsilateral extratesticular varicocele.

Clinically, there was also a difference in that the intratesticular varicocele in our patient was not associated with any symptoms. All previously reported cases have had ipsilateral complaints: scrotal pain ($n=2$), tenderness ($n=1$) and scrotal mass ($n=1$), which are likely to be attributable to the extratesticular abnormality.

The ITV was associated with moderate testicular atrophy in our case; a smaller testis was also seen in one of the other four reported cases. The contribution made by abnormal descent of the testis, or subsequent orchidopexy, to the development of the

ITV is unclear, but the atrophy that resulted may be relevant. Two of the other reported cases mention previous surgery: one patient's symptoms dated from an inguinal herniorrhaphy as a child, and another patient had undergone ipsilateral varicocelectomy 17 years before presentation. However, as all cases of ITV so far reported are associated with ipsilateral ETV, both may share a similar aetiology and have similar consequences for patient fertility.

In summary, this rare entity of intratesticular varicocele can be diagnosed on the ultrasound appearances of multiple intratesticular tubular structures. The main differential diagnosis is of tubular ectasia of the rete testis [5] which can be excluded by visualization of flowing blood, either on standard realtime images, or on colour Doppler with and without Valsalva manoeuvre.

References

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