

Testicular volume in adolescent varicocele

Dear Sir,

Adolescent varicocele is a common finding. 7.8-14.1% of male adolescents are found to have varicoceles, which are mostly left sided and asymptomatic.^[1] Prophylactic management of varicocele in adolescents lacks literature support, although a decline in the testicular volume over time of >20% calls for intervention.^[2] The routine use of an orchidometer to determine testicular growth impairment is limited by its relative insensitivity to assess precise volume variations. USG is a viable alternative and preferred modality for a routine annual follow-up, as it can accurately record sequential growth alterations.^[3] We retrospectively evaluated the last 100 patients of adolescent varicocele referred to us. We found that the testicular volume was not available in the USG reports of 71% of these patients. Repeating the USG increases costs.

I have written this letter with the hope of raising awareness among radiologists and ultrasonologists of the need to record testicular volumes in all adolescents who present with varicocele in their USG reports.

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MRI criterion for prediction of involvement of circumferential resection margin in rectal cancer

Dear Sir,

We read the article "MRI in T staging of rectal cancer: How effective is it?" by Mulla *et al.*,^[1] published recently in this journal. We agree with the authors that MRI is moderately accurate in T staging for rectal cancer. As pointed out by the authors, the status of the circumferential resection margin (CRM) is very important as this will decide whether a patient needs neoadjuvant chemo radiotherapy before surgery. Involvement of the CRM is an independent predictor of increased chance of recurrence after surgery. Currently, MRI is the modality of choice to evaluate the status of the CRM.

However, it would be interesting to know the criterion used by the authors for predicting the involvement of the CRM. Beets *et al.*^[2] have shown that on MRI, a distance of 6 mm will predict a tumor distance of at least 2 mm on histology with 97% confidence and a crucial distance of 1 mm can be predicted by a distance of 5 mm on MRI with high confidence. Other authors^[3] have also confirmed the same fact in their studies, and currently on MRI, 5 mm is the cutoff used for prediction of involvement of the CRM in our institution. Any tumor within 5 mm of the CRM will have a high chance of involvement of the CRM.

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