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Original Research Paper

General Surgery

RARE EPIDIDYMAL ADENOMATOID TUMOR : A CASE REPORT

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KEYWORDS :

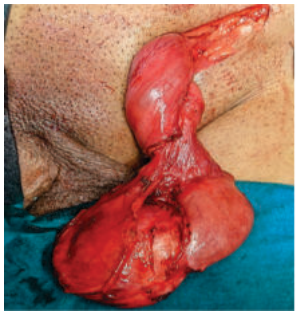
INTRODUCTION

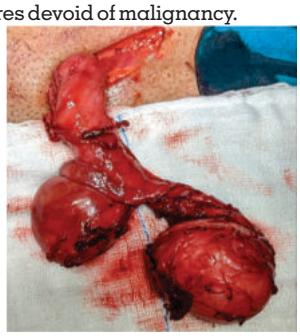
Paratesticular tumors are rare, accounting for only five percent of intrascrotal neoplasms. The majority of these tumors are of mesothelial origin and are referred to as adenomatoid tumors. These tumors typically present as a small, painless mass surrounding the epididymis, the tail of the epididymis being the most common location, the head is rarely affected, though they may also arise in the testicular tunics or the spermatic cord. Men in their third or fourth decade are most commonly affected. [1] Generally, these tumors are not cancerous, yet it is essential to distinguish them from malignant growths of the testis prior to surgery.

Case Summary:

57 Year old male came with complaint of swelling in left hemiscrotum since 8 years, which gradually progressed to the size of approximately 10x4cm, associated with pain of dull aching character in the scrotum since a week. On examination there was a non tender, solitary, hard swelling of size 10x5cm in the left hemiscrotum, swelling was not seperately felt from the testis, without any tethering to the scrotal skin or any palpable inguinal nodes. Patient was admitted for evaluation and further management, USG scrotum was done which showed - a solid heteroechoic extratesticular lesion of size 3.9x3.8x4.4cm likely arising from tail of epididymis, with instrinsic vascularity causing mass effect on left testis and displacing it superiorly, a radiological impression of epididymal leiomyoma or adenomatoid tumor of scrotum was made. Tumor markers screening (Beta-Hcg, AFP, LDH) for testicular tumors were negative.

Patient was planned for exploration with frozen biopsy & proceed. Left sided high inguinal incision was made and intra-operatively a solid, hard, globular epididymal mass of size about 5x4cm was noted posterolateral to the left testis with a feeding vessel arising from testicular artery. Mass was meticulously dissected away from the testis, excised in-toto and sent for frozen biopsy, which was suggestive of adenomatoid tumor with features devoid of malignancy.





Patient and his relatives were informed about positive prognosis, despite that they insisted on orchidectomy. Therefore, high inguinal orchidectomy was also performed. Finally a 14Fr Romovac drain was placed and wound closure was done. Post-operative duration remained uneventful. Drain was removed on post-operative day 3 and patient was discharged, patient has been doing well on follow up. Final histopathological examination confirmed the frozen biopsy report.

DISCUSSION:

Paratesticular tumours are rare and account for about 5% of all intrascrotal tumours. Between 70% and 80% of all these tumours are benign and 30% of these occur in the epididymis. [2] Epididymis tumours are commonly soft tissue or mesothelial neoplasm in origin. Benign cystadenomas, papillary tumours and adenomatoid tumours are the most common, although malignant sarcoma or secondary metastasis from a carcinoma may also occur. They are extremely rare. The outlook for benign adenomatoid tumors is usually positive. Despite treatment of choice being excision, in our case, the mass was hard in consistency, and after having explained the situation, patient and relatives insisted on orchidectomy. Ultrasonography reveals that adenomatoid tumors usually appear to be of similar or greater echogenicity than the regular testicular tissue. [3] Kassis et al. demonstrated that five of their patients exhibited a variety of echogenicity patterns. Essential elements in devising a surgical approach to these subjects were the superficial and lower pole positioning of the lesion, along with the discomfort and mobility of the growth that could be felt on palpation. [4] Conclusively, it appears that the combination of clinical features and ultrasound results is more conducive to properly managing these rare and complicated tumors, as opposed to relying solely on ultrasound results. MRI can add as aid in diagnosis, to look for origin of the lesion, T1 with Gadolinium contrast shows enhancement, T2 shows low signal intensity relative to the testicular parenchyma. [5] Histologically, the tumors consist of epithelial-like cells with vacuoles and fibrous stroma. [6] The treatment of choice is surgical excision and these tumors are usually benign upon microscopic examination.

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