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Pathology

"A RARE CASE OF ADENOMATOID TUMOR OF EPIDIDYMIS" A CASE REPORT.

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INTRODUCTION-

Adenomatoid tumours of genital tract are rare benign tumors. They occur in both sexes, however in males they are more localised to epididymis. Adenomatoid tumours account 55% of epididymis tumours, followed by leiomyoma (11%) and cystadenomas (9%). They originate from mesoderm cells of genital tract and are paratesticular type of tumour with less than 5% of all intrascrotal swellings (1). Histologically these tumours are divided into three subtypes-Tubular, Angiomatoid and Plexiform. The epididymal tumors generally presents with no symptoms except for mild discomfort in scrotum on strenuous activity which subsides after discontinuation of activity. On physical examination they are represented by small round nodular and hard masses at tail of epididymis region .The size of tumor vary from few millimetres to upto 12 cm (2). Ultrasonography of inguinoscrotal region shows well defined solid, less-perfused hypoechoic lesions around 1 to 2 cm in size with hypoechoic masses inside solid masses. Blood investigations including tumour markers (AFP, b-HCG, CEA) are normal. Histo-pathologically shows cuboidal epithelial cells lined tubular clusters with fibrous stoma. This are rare tumor and usually benign and rarely invasive. Treatment is surgical excision.

CASE REPORT-

A 28-year-old male presented with complaint of swelling over posterior aspect of testes that he palpated three months ago in his left scrotum during self-examination. Lump was painless, progressively increasing in size. He did not report any trauma or inflammation of the area. There were no other symptoms reported except for mild discomfort in the scrotum during exercise that too subsided after discontinuation. On physical examination a small, round, painless nodule in the left scrotum, localized in the tail of the epididymis. Surrounding areas are unremarkable. On ultrasonography the scrotum documented the presence of a solid hypoperfused, hyperechoic, well-demarcated, localized at the tail of the epididymis, 2 × 1.5 cm in size. The preoperative laboratory examination (blood routine and coagulation profile) and the values of the specific tumor markers AFP, LDH, CEA, and b-HCG were normal. Surgery was done which was uneventful. Specimen was sent to pathology department for histopathological examination. On gross examination- single grey tan tissue measuring 2x2x1cm. Cut section- grey brown, fleshy. On microscopic examination sections studied from the tissue show a cellular tumor. The tumor cells are present in the sheets, glandular pattern and also in a pseudovascular pattern. The tumor cells are large with central nuclei, 0-1 nucleoli and abundant clear to vacuolated cytoplasm. The stroma is minimal and has moderate lymphomononuclear infiltrate. (Figure A &B).

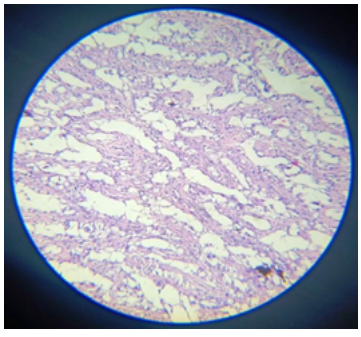

Figure A: (10X) Tumour showing characteristic Adenomatoid appearance.

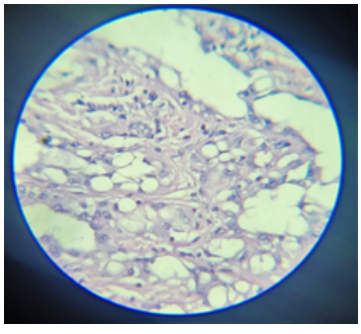

Figure B: (40X)

DISCUSSION-

Adenomatoid tumour of epididymis are rare benign tumors with middle aged males are most commonly affected. Mean age of presentation is 30 to 40 years. However they can affect any age. The cases reported in childhood as well as in geriatric population. The tumors can be unilateral or bilateral with left side most commonly affected than right. Tumors are mostly located at lower poles of epididymis. They are mainly benign and localised and rarely locally invasive (1). Ultrasonography of inguinoscrotal region is feasible to distinguish boundaries as well as shape, size of these tumors (2). Ultrasonography reveals benign solid masses separated from testes, well circumscribed hypoechoic and less vascularity. MRI may be required if ultrasound findings are not conclusive. FNAC can be performed but are usually inconclusive and biopsy is required for confirmation. Excision en mass is considered treatment if doubt of malignancy is considered in ultrasonography. Microscopically these tumours shows three patterns- tubule, cords and nests (3), surrounded by cuboidal epithelium and amphophilic, eosinophilic and vacuolated cytoplasm. stroma is fibrous and occasionally hyalinised (4). They show immunohistochemistry positivity to markers like CK, Cam5.2, CK7, Calretinin, Vimentin, WT1 etc., (5). Other tumour markers AFP, CEA, B-hCG are negative. The mesodermal origin is confirmed by

identification of histochemical stain. Enmass tumour resection is considered curative as it is a benign tumour and is rarely invasive with no recurrence reported in Indian literature till now. Scope of further exploration has been reported by few studies and not of much significance (6).

CONCLUSION –

Adenomatoid tumors of epididymis are rare benign tumors, rarely invasive. Surgeons must be familiar with tumors before deciding treatment plans. Ultrasonography and MRI are helpful to distinguish the site of origin. Histopathological examination of specimen is required for confirmation.

REFERENCES-

1. Kuhn MT, Maclennan GT. Benign neoplasms of the epididymis. J Urol. 2005;174:723. doi: 10.1097/01.ju.0000170979.21638.e4.
2. de Klerk DP, Nime F. Adenomatoid tumors (mesothelioma) of testicular and paratesticular tissue. Urology. 1975;6:635–41. doi: 10.1016/0090-4295(75)90521-X.
3. Srigley JR, Hartwick RW. Tumors and cysts of the paratesticular region. Pathol Annu. 1990;25:51–108.
4. Delahunt B, Eble JN, Nacey JN, Thornton A. Immunohistochemical evidence for mesothelial origin of paratesticular adenomatoid tumour. Histopathology. 2001;38:479. doi: 10.1046/j.1365-2559.2001.1163a.x.
5. Skinnider BF, Young RH. Infarcted adenomatoid tumor: a report of five cases of a facet of a benign neoplasm that may cause diagnostic difficulty. Am J Surg Pathol. 2004;28:77–83. doi: 10.1097/00000478-200401000-00008.
6. W A Hassan,N.Udaka,A.Udeya,Y.Ando ,and T.Ito, "Neoplastic lesions in CADASIL syndrome:report an autopsied Japanese case,"International Journal of Clinical and Experimental Pathology,vol.8no6,pp.7533-7539,2015.