



## A RARE CASE OF SCROTAL ARTERIOVENOUS MALFORMATION IN A MIDDLE-AGED MALE MANAGED BY SURGICAL EXCISION.

### Urology

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### ABSTRACT

**Introduction-** The incidence of vascular lesions in scrotum has been very rarely described in medical literature. Vascular lesions in scrotum include varicocele, haemangioma, lymphangioma and arteriovenous malformations. **1 Case Presentation-** We present a case of middle-aged male with scrotal av malformation managed by surgical excision. **Conclusion;** Thus, scrotal arterio-venous malformation being a rare entity needs to be effectively diagnosed and managed by a urologist.

### KEYWORDS

#### INTRODUCTION

The incidence of vascular lesions in scrotum has been very rarely described in medical literature. Vascular lesions in scrotum include varicocele, haemangioma, lymphangioma and arteriovenous malformations.<sup>1</sup> Among them all, arteriovenous malformations (AVM) are the least common.<sup>2-5</sup> Their areas of frequent appearance of arteriovenous malformations are the throat, limbs, trunk sites, intracranial and extracranial;<sup>6</sup> therefore, it is said that AVM in the scrotal region are the most rare.<sup>1,6,8</sup> Alterations in the morphogenesis of the vessels results in the formation of AVM and hence, they are present from birth,<sup>9</sup> and hence, they grow proportionately to the growth of the child.<sup>6,9</sup> They are characterized by large feeding vessels, hyper-vascularity and excess of arteriovenous connections at the nidus level.<sup>10</sup> The presentation may be asymptomatic or present with growth in size, bleeding, pain or azoospermia,<sup>1,8</sup> and cause infertility, heart failure, and even fatal hemorrhages.<sup>4,11</sup>

#### Case Presentation

A 41-year-old male presented to the urology outpatient department with complaints of irregular swelling over the midline of scrotum extending up to the perineum since last 5 years which has progressively increased in size over the last 5 years. (Figure-1)



**Figure-1- Clinical Picture Of The Swelling Over The Scrotum And Perineum.**

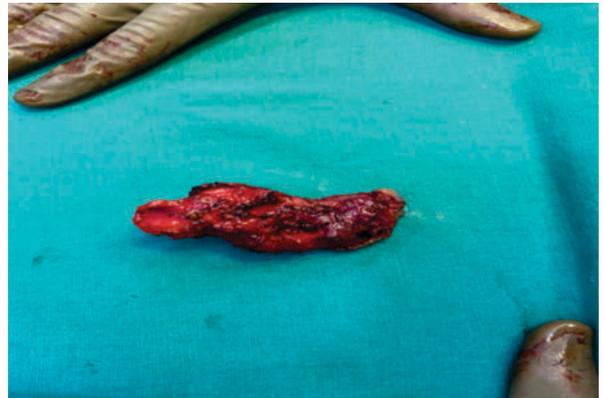
The patient reports history of excision of similar swelling in childhood at the age of 5 years. Clinical examination revealed a midline scrotal swelling about 10 cm \*5 cm in dimensions extending upto the perineum. The overlying skin was pinchable over the swelling. The patient was further evaluated using ultrasound along with colour doppler which revealed evidence of scrotal arterio-venous malformation. The patient underwent excision of the swelling through perineal incision (Figures-2,3) and the resected specimen was sent for histopathological examination (Figure-4)



**Figure-2- Intraoperative Photograph Of The Swelling Being Excised Through A Perineo-scrotal Incision.**



**Figure-3: Intraoperative Image Of The Scrotal Swelling Being Excised.**



**Figure-4: Clinical Photograph Of The Resected Specimen.**

## DISCUSSION

As the incidence of Scrotal AVM are extremely rare, representing less than 1% of vascular neof ormations, this makes them difficult to diagnose and to find adequate treatment.<sup>4,6</sup> For their diagnosis, the physical exam should be taken into account, as well as evaluation of scrotal inflammation, pain, and history of hemorrhages.<sup>7</sup> However, for a precise diagnosis, an angiogram is needed to show the feeding vessels, nidus, and drainage veins, which are essential for embolization, surgical incision or combined treatment.<sup>1,2,8,9</sup>

The management involves surgical excision with careful dissection and ligation of the feeding vessels. Meticulous dissection is essential so that excessive bleeding and in toto resection is done to prevent its recurrence.

## CONCLUSION

Thus, scrotal arterio-venous malformation being a rare entity needs to be effectively diagnosed and managed by a urologist.

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