

# ORIGINAL RESEARCH PAPER

**General Surgery** 

# A RARE CASE OF PARA TESTICULAR FIBROUS **PSEUDOTUMOR**

**KEY WORDS:** paratesticular pseudotumor, benign scrotal mass, Orchidectomy, fibrous tissue.

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Paratesticular pseudotumors are rare benign lesions that can mimic malignancies in clinical presentation. They are often confused with malignant tumors due to the lack of distinctive symptoms and imaging findings. Accurate diagnosis relies on histopathological examination after surgical excision. This case report discusses a rare presentation of a paratesticular pseudotumor in a 22-year-old male who presented with an asymptomatic scrotal mass with normal blood investigation and tumor marker. USG and MRI reveal paratesticular fibrous pseudotumor. High inguinal orchidectomy done in view of size and non-separable from testis underscoring the importance of considering pseudotumors in differential diagnoses of scrotal masses. The findings in this report highlight the clinical, diagnostic, and management aspects of paratesticular pseudotumors.

### INTRODUCTION

Paratesticular pseudotumors are an uncommon clinical entity that may present as painless scrotal masses. These lesions can arise from the spermatic cord, epididymis, or other structures surrounding the testis. While malignant tumors are more frequently considered in such cases, benign entities like pseudotumors must be included in the differential diagnosis. This case report focuses on a rare presentation of a paratesticular pseudotumor, emphasizing the need for careful diagnostic workup and management.

#### **Case Presentation**

A 22-year-old male presented with a painless swelling in the right scrotum for 15 days with no complaint over left side and associated with stretching sensation. Patient has no comorbidities or any operative history.

## On clinical Examination

Approximately 9x 8 x 6cm sized hazelnut like hard nodular mass in right hemiscrotum with Thickened right spermatic cord, separately palpable from mass.

Non tender and normal local temperature.

Cough impulse absent.

Overlying skin were normal

Normal abdominal examination and no lymphadenopathy noted.

## Investigations

Blood investigations normal with normal level of AFP, B-HCG

Ultrasound of Scrotum revealed multiple heterogeneously hypoechoic lesions are noted in right scrotal. Right spermatic cord appears bulky and show raised vascularity. Both tests & epididymis appear normal in size & echotexture. On MRI correlation the lesion appears homogenously hypointense. Findings/p/o Benign Para testicular neoplastic aetiology Fibrous pseudotumor of scrotum likely.

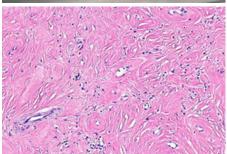
Upon surgical exposure multiple firm pedunculated mass originating from the spermatic cord and tunica vaginalis was found with testis completely surrounded by tumour. Decision was made for right sided high inguinal orchidectomy after clinical examination and ultrasound findings. Right high inguinal orchidectomy was done with uneventful postoperative course.

## **Histopathological Examination**

Grossly, they showed a yellowish-white cut. surface, were

stony hard in consistency. Microscopically, specimen was composed of dense collagen-tich, hyalinized, partly storiform fibrotic tissue with tiny calcifications and a low cell density of interspersed spindle-like cells and lympho-follicular infiltrates.





## CONCLUSIONS

This case report highlights the importance of considering benign conditions such as pseudotumors in the differential diagnosis of paratesticular masses. They are benign lesions of testicular tunics. Ultrasonography and MRI help in preoperative diagnosis with final diagnosis made on histopathology examination. Awareness of this rare condition can help prevent unnecessary radical procedures and ensure appropriate patient management.

### REFERENCES

- Eldin, N. N., and Senouci, A. B. (1993). "Benign fibrous pseudotumors of the scrotum." Journal of Clinical Urology, ASCE, 5(4), 478-496.

  Jones et al. (1980). Fibrous pseudotumor of the testicular tunics. Journal of
- Urology, 123(6), 876-878.
- Ahmed et al. (2017). Paratesticular fibrous pseudotumor: A case report and  $review of the \ literature. Journal of \ Medical \ Case \ Reports, 11(1), 1-5.$