

Extratesticular Fibrous Pseudotumor in a 6 Year Old – A Case Report

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I. Introduction

Tumors have been reported to arise out of virtually any layer of the components of the scrotal wall [2]. Both benign and malignant tumors of the scrotum are rare [1]. The extratesticular scrotal contents are the epididymis, spermatic cord and fascia derived from the descent of the testis during the embryological phase through the abdominal wall. As compared to the testicular masses the extratesticular masses are benign [70%]. The exact incidence of paratesticular soft-tissue neoplasms is difficult to estimate, and this is particularly true for benign tumours, which may often go unreported [3]. Pre pubertal testicular and paratesticular tumors represent 1-2% of all solid pediatric lesions with an incidence of 0.5-2 per 100000 children. Paratesticular tumors account for only 15% and are mostly benign. [4] Paratesticular tumours, although infrequent, have a high incidence of malignancy; it has been estimated that 70% of paratesticular tumours are benign and 30% are malignant. Although it is often difficult to determine with certainty the exact site of origin of paratesticular tumours, it is thought that the spermatic cord is the most common, accounting for 90% [3]. With the exception of cystadenomas of the epididymis, occasional dermoid cysts of the spermatic cord and rare papillary tumours, most tumours involving the testicular adnexal structures are of mesenchymal origin [4]. Paratesticular tumours are commonly either soft-tissue neoplasms or are mesothelial in origin.

II. Case Report

A 6 year old male child presented in the outpatient department with the complaints of scrotal swelling since 2 years. The swelling was not associated with pain or fever. On examination it was found to be a firm mass 2x2 cm in the left scrotum. Bilateral testis were normal. No lymphadenopathy was found. There was no history of trauma. Ultrasound of scrotum suggested it to be a scrotal fibroma. Tumor markers were found to be normal.

Exploration of the scrotum with excision biopsy of the mass was done which was found to be arising from the scrotal wall. The testis was found to be separate from the swelling. The histopathological diagnosis was that of a Fibrolipoma. The child recovered with uneventful postoperative period.

III. Discussion

In spite of the variations of histological subtypes, the clinical presentation is almost invariably a mass or swelling, which may or may not be painful and is occasionally accompanied by a hydrocele. These findings are not specific to a tumour type and cannot distinguish between a benign and a malignant tumour [5]. The age of the patient at presentation and the onset and duration of symptoms may provide helpful clues for diagnosis. High-resolution scrotal ultrasonography remains the primary imaging method and when used with the knowledge of relevant clinical data, may be extremely helpful in establishing the diagnosis. In general, benign tumours are homogeneous and hyperechoic [6,7], whereas malignant ones are either homogeneously hypoechoic or have a heterogeneous pattern of hypo- and hyperechoic areas [8]. However, the ultrasonographic appearance may be misleading and a homogeneous, hyperechoic liposarcoma has been reported [9]. MRI may identify the tumour better and define its relationship to various paratesticular structures in more detail, which is not always possible with ultrasonography [10]. All benign tumours of the paratesticular region can be managed by adequate surgical resection, but a close follow-up for some of these tumours has been recommended, because of occasional recurrences and rare malignant transformation. Careful histological assessment with the knowledge of the various subtypes is important to planning adequate treatment and predicting their clinical outcome.



Left Sided Parascrotal Tumor Seen With Normal Right Sided Testis

References

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