

Skrotal Leiomyom: Olgu Sunumu ve Literatürün Gözden Geçirilmesi

Scrotal Leiomyom: A Case Report and Review of the Literature

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Özet

Leiomyomlar düz kas içeren herhangi bir organ ve yapıdan gelişebilen benign neoplazmlardır. Skrotal ciltten gelişen genital leiomyomalar oldukça nadir görülen tümörler olup skrotumun tunika dartos tabakasından kaynaklanmaktadır. Elli yaşında erkek olgu ağrısız skrotal nodül ile kliniğimize başvurdu. Fizik muayenede sağ skrotal alanada 2x2 cm boyutlarında düzgün sınırlı ve düzenli kitle saptandı. Skrotal tümör eksize edildi. Histopatolojik incelemede leiomyomun tipik bulguları gözlemlendi.

Key Words: Skrotum, tümör, leiomyom, tedavi

Abstract

Leiomyomas are benign neoplasms and they may arise from any structure or organ containing smooth muscle. Genital leiomyomas of the scrotal skin are extremely rare benign tumors, originating from the tunica dartos of the scrotum. A 50-year-old man admitted to our clinic with a painless scrotal nodul. Physical examination revealed a 2x2 cm in diameter well defined, regular mass in the right scrotal area. Scrotal tumor was excised. Histopathological examination showed the typical findings of leiomyoma.

Key Words: Scrotum, tumor, leiomyom, treatment.

Introduction

Leiomyomas are benign tumors of smooth muscles that can arise almost anywhere in the body (1,2). Although they are often seen in the uterus (95%), it has been reported in the renal pelvis, bladder, spermatic cord, epididymis, testis, prostate, the glans penis or scrotum (3-6). Skin is the second commonest location for leiomyoma. Herein we present a case of a leiomyoma of the scrotum.

Case Report

A 50- year-old man admitted to our clinic with a nodular scrotal mass. On physical examination a 2x2 cm in diameter well defined, regular mass in the right scrotal area (Figure 1) was detected. We did not find the tenderness and systemic examination was unremarkable. Biochemical and routine hematologic analysis were within normal range. Ultrasonography demonstrated a solid heterogenous, hypoechoic mass. Scrotal tumor was enucleated. Excisional mass of scrotal skin showed a nodular lesion. The longest diameter of well demarcated nodular lesion was 3 cm. The lesion was without capsule, yellow and solid appearance. The tumoral lesion was evaluated as leiomyoma of scrotal skin on the basis of histomorphological and immunohistochemical findings. Six months after surgery, there were no recurrence.



Figure 1. A well demarcated solid nodular lesion with yellow cut surface.

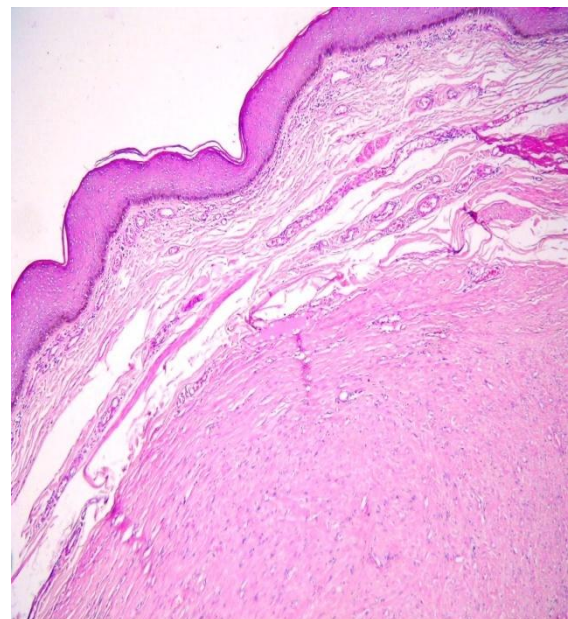


Figure 2. Mesenchymal tumoral lesion formed by spindled cells in subcutaneous layer of scrotal skin (HE, X5).

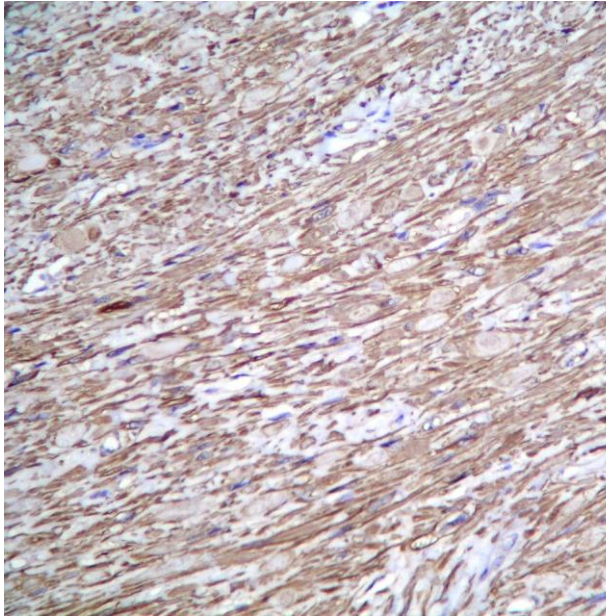


Figure 3. Tumor cells showing diffuse cytoplasmic positivity by desmin (DAB, X20).

Discussion

In contrast to testicular tumors, most extratesticular solid masses are benign (7). Paratesticular tumors may arise from epididymis, tunica albuginea, spermatic cord, and scrotal smooth muscle. Scrotal smooth muscle tumours originate from the subcutaneous tissue or tunica dartos. These tumours can further be categorized as leiomyoma, atypical leiomyoma and leiomyosarcoma. Cutaneous leiomyomas account for approximately 5% of all leiomyomas, and genital leiomyomas, such as scrotal leiomyoma, has a lower incidence rate (8)

Leiomyomas usually present between the fourth and sixth decades of life and clinically appear as a circumscribed, painless swelling or pedunculated scrotal mass measuring 1-14 cm with the average of 6.4 cm as in the our case (8-10). However, pain and hydrocele may be an associated feature. Due to its painless and slow growing nature, it has

been reported that patients usually present late. Clinically, the differential diagnosis includes a sebaceous cyst, fibroma and, if painful, a schwannoma (11).

Leiomyomas are usually well circumscribed and surrounded by a gray-white fibrous capsule. The cut surface bulges and exhibits a whorled pattern. At microscopic analysis, the tumour is seen to consist of smooth muscle spindle cells arranged in interlacing bundles with varying admixtures of fibrous, often hyalinized connective tissue (12,13). On USG, leiomyomas have been reported as a whirling pattern with multiple narrow areas of shadowing without obvious calcifications in the solid mass. Conservative surgical removal is the most appropriate treatment (14). Radiotherapy should be avoided for treating leiomyomas as it may induce a malignant transformation (15). Follow-up is necessary and if recurrence is there a thorough investigation should be carried out to rule out any possibility of malignancy (1).

In conclusion, although a relatively rare pathology, scrotal leiomyom should be considered in the differential diagnosis of testicular and paratesticular tumors.

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