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RESEARCH ARTICLE

CASE REPORT :EPIDIDYMAL ADENOMATOID TUMOR : A RARE TYPE OF BENIGN PARATESTICULAR TUMORS

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Abstract

Introduction:-

Adenomatoid tumors of paratesticular origin is a rare benign intra scrotal tumor arising from mesothelium[1]. The tailof epididymis is the most common location for these rare tumors[2]. Clinical features typically include painless, slow-growing, intra scrotal masses, that may be discovered incidentally during physical examination. They are usually small, round, and well-demarcated tumors, with smooth appearance[3]. Ultrasonographic studies are the imaging modality of choice to visualize these tumors.[1]. Surgical excision is the ministry of treatment, and histopathologic examination must be done to exclude concurrent malignant tumors[4]. Here we represent a case of a 51-year-old-male with anadenomatoid epididymal tumor who was managed with testis-sparing surgery.

Case Presentation:

A 51-year-old-male,with no previous medical illness, presented to our clinic with left testicular painful swelling forsix-month duration.Patient has no previous history of lower urinary tract symptoms, genitourinary tractinfections,scrotalsurgeries, or trauma.

On physical examination, Patient was found to have a round,firm,non-mobilemass with mild tenderness, that measures approximately 1x2 cm, located near to lower pole of the left testes.Laboratory investigations were performed, including serum Alpha-Fetoprotein (AFP), Beta-human Chorionic Gonadotrophin (B-HCG), and Lactic Dehydrogenase (LDH); all of which were within normal reference range. Scrotal ultrasound was done, andshowed a left extratesticular solid hyperechoic lesion, measuring 2.3 x 2 x 2.2 cm, with subtle internal vascularity on color Doppler ultrasound examination (Figure 1). Left inguinalexploration was performed after patient counseling.Intra operative examination revealed a benign-looking, rounded,encapsulated, whitishmass, arising from tail of the epididymis.The mass was excisedand sent for frozen section,which was negative for malignancy.Histopathologic examination of the surgical specimen confirmed the diagnosis of benign paratesticularLeiomyoadenomatoid tumor, with no concurrent malignancy (Figure 2). Patient's postoperative course was uneventful.

Discussion:-

Adenomatoid tumors (AT) are rare and generallybenign tumorsof mesothelial origin[1]. They account for 30% of all paratesticular neoplasms, and are the second most common paratesticular neoplasia after lipoma.[1]ATs usually originate in the epididymis, and approximately 14% of these tumors arise from testicular tunica. [1]The usual

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clinical presentation is painless intrascrotal slow-growing masses, which may be discovered incidentally during physical examination, or during other procedures, and behave in a benign fashion, with no reported metastasis or recurrence in the literature[3].Adenomatoid tumors can be seen in all age groups,however, they are mostly seen in middle-agedmen.[3]Most of Epididymal adenomatoid tumours are located in the tail of the epididymis, round or oval in shape, and smooth in appearance. Typically, their sizes are small, with the average being 2cm in diameter, but few can be quite large and could reach up to 12cm. Most of these tumorsare unilateral and often on the left side. [1]. The gold standard imaging modality to investigate these tumors is scrotal ultrasound. Imaging features include well demarcated, homogenous, hypoechoic mass, with hypovascularity.Ultrasound studies are usually sufficient to identify these lesions; however, some tumors may have complex features, in which magnetic resonance imaging may be helpful.[1] Surgical excision is the treatment modality of choice, and typical small ATs can be managed with Testis-sparing surgery (TSS) and frozen section examination. Histopathogical examination after surgical excision is necessary to exclude other malignant tumors if present[4].

Conclusion:-

Adenomatoid tumors are very benign intra scrotal tumors. Careful preoperative evaluation is mandated to differentiate those tumors from other malignant testicular tumors before attenuating any surgical intervention.

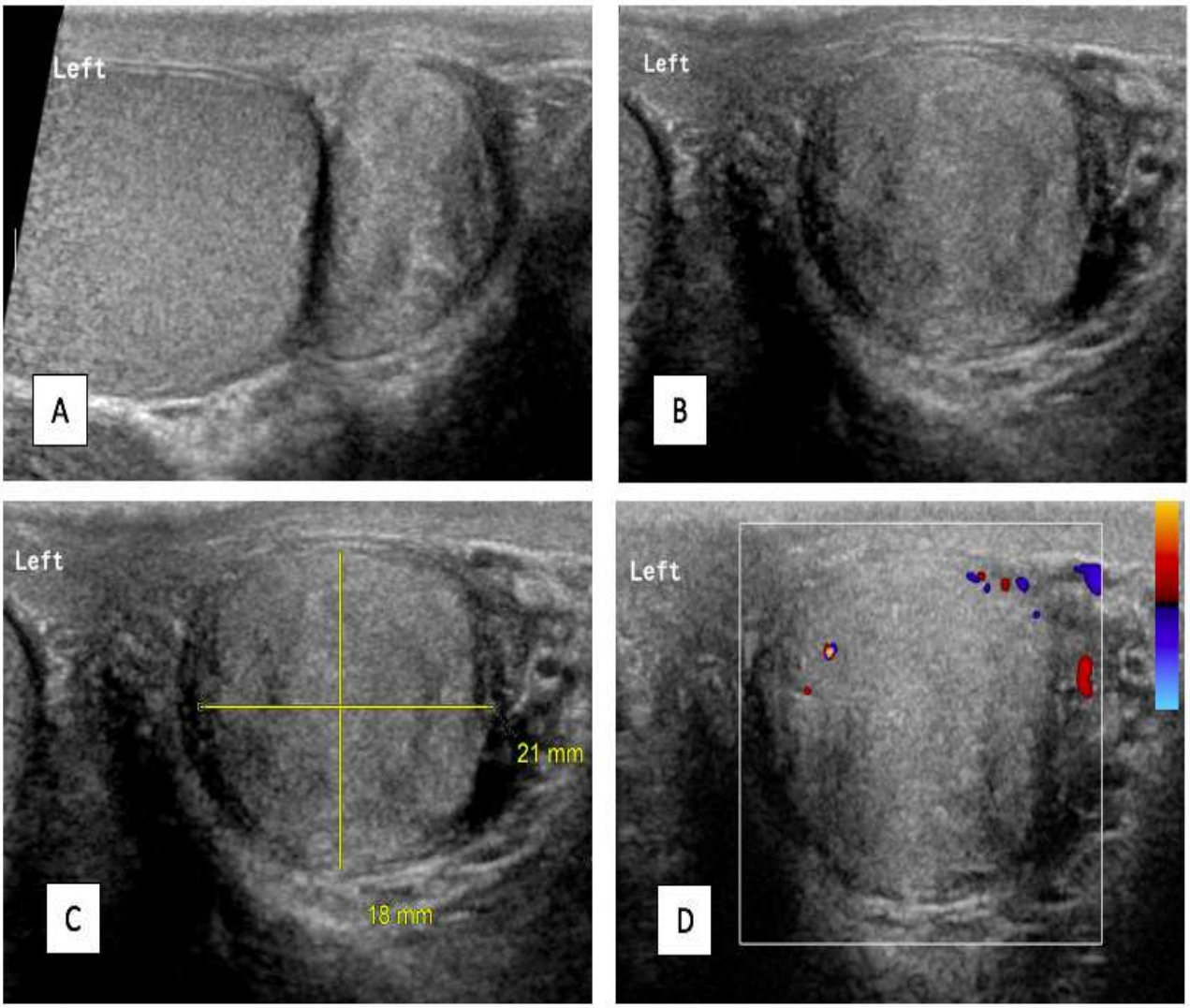

Figure 1:- Grey scale longitudinal (A) and transverse (B&C) images showing a well-defined, solid, rounded, mildly hyperechoic left para-testicular lesion measuring 1.8 x 2.1 cm. Mild internal vascularity is seen in it on color Doppler ultrasound examination (D).

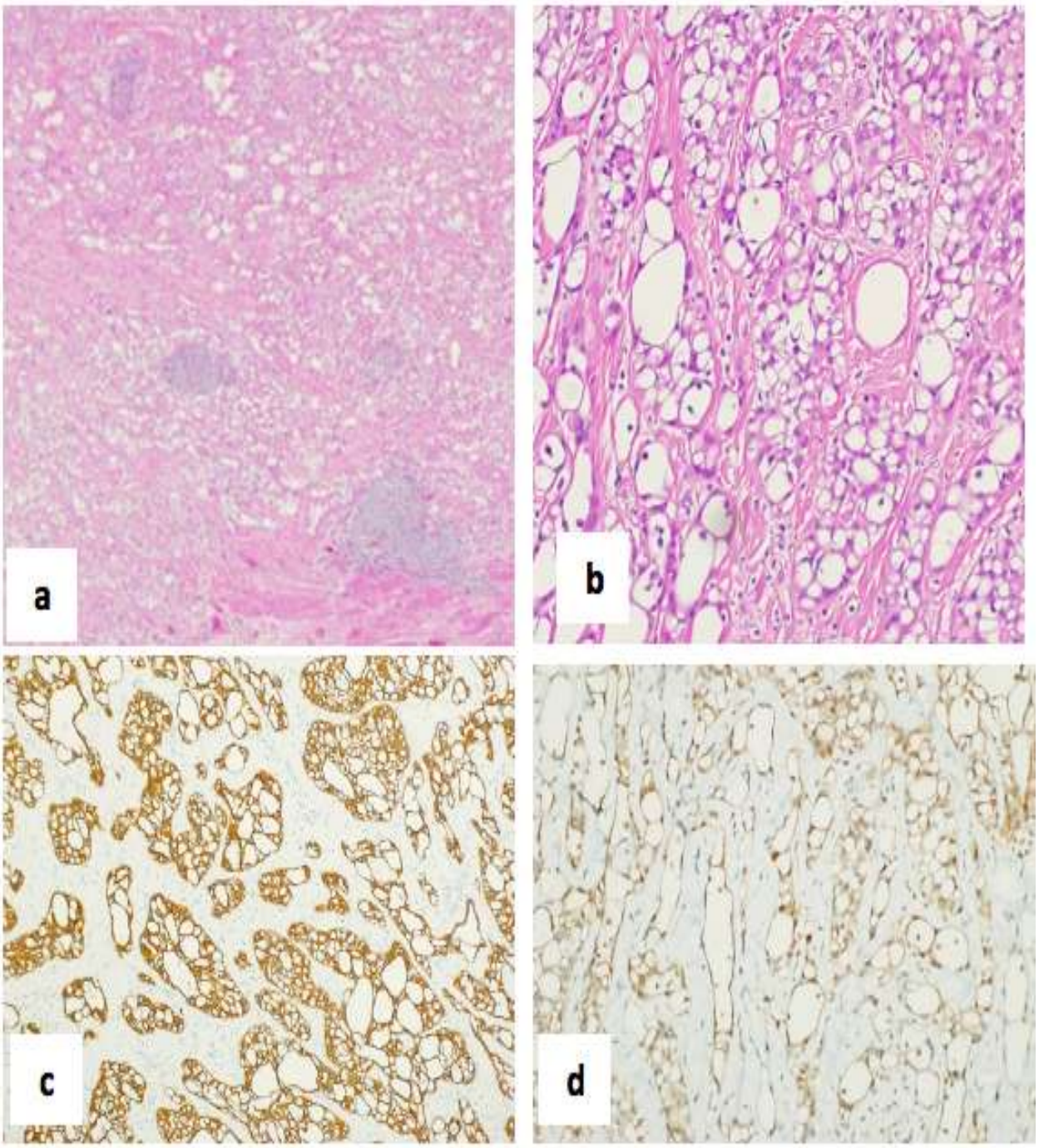

Figure 2 a + b:- HE x 100, he X 200: well demarcated, non-encapsulated solid aggregates of cells forming cleft-like adenoid spaces lined by low columnar to cuboidal flattened epithelial-like cells. The stroma showed lymphoid aggregates. c- Cytokeratin (AE1/AE3) is diffusely positive in the tumor cells. d- Calretinin is diffusely positive in the tumor cells.

Bibliography:-

[1] J. X. Abdullah, "Adenomatoid tumor of epididymis-A case report," Urology Case Reports, vol. Volume 28, no. 101022,ISSN 2214-4420, 2020.

[2] D. S. Q. Ameet kumar lalwani, "ADENOMATOID TUMOR OF EPIDIDYMIS: A PARATESTICULAR TUMOR (CASE REPORT," Pakistan journal of radiology, Vols. Vol 30, No 2, 2020.

[3] M. A. M. S. A. B. A. M. T. Y. Nasser Almohaya, "Leiomyoadenomatoid tumors: A type of rare benign epididymal tumor," Urology Case Reports, vol. 38, no. 101700, 2021.

[4] S. Giannone, G. Tulone, R. Giaimo, M. Vella, D. Baiamonte, P. Mannone, N. Pavan and A. Simonato, "Testis sparing surgery in small testicular masses: A case report of adenomatoid tumor," Journal of Clinical Images and Medical Case Reports, vol. volume 3, no. ISSN 2766-7820, 2022.