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CASE REPORT

A Rare Case of Paratesticular Leiomyoma Presenting as an Inguinal Hernia

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Abstract

Leiomyomas are rare, slow growing benign tumors originating from smooth muscle cells which can involve any region of the body. The presentation of leiomyoma in paratesticular region is very rare. Ultrasound imaging is variable and not specific in paratesticular pathologies. The treatment modality for paratesticular leiomyoma is simple excision, eliminating the need for orchiectomy. Here we present a case of paratesticular leiomyoma which presented with symptoms mimicking inguinal hernia.

Keywords: Leiomyomas, intratesticular, paratesticular

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Introduction

All the scrotal pathologies are classified as intratesticular or paratesticular pathologies. Lipoma, adenomatous, leiomyoma, fibroma, hemangioma, neurofibroma and cystadenoma are the types of non malignant Paratesticular tumours. Leiomyoma is not a commonly found tumor. The incidence is also less [1,4].

Leiomyomas generally present as asymptomatic painless scrotal mass. But the presentation of a painful mass is very rare. This tumor has no age specific characteristics. There is a probability of this tumor being malignant. Hence surgical exploration and histopathological confirmation is needed.

Case Presentation

A 40 year old gentleman with no comorbidities presented with occasionally

painful left-hemiscrotal mass since 9 years. On examination, the patient is conscious, alert and moderately built. On examination of the groin a non-tender mass in the left hemiscrotum, which was soft in consistency. No cough impulse was present and we could get above the swelling. Right testis was found to be normal. There was no regional lymphadenopathy.

A scrotal Doppler was done which showed omental herniation into the left inguinal region reaching till the base of the scrotum and vascularity was seen. After pre anesthetic evaluation the patient underwent diagnostic laparoscopy. intraoperatively all the hernia orifices were found to be normal and there was no defect seen. Hence we proceeded with an open groin exploration in view of the possible scrotal mass (Figures 1 and 2).



Figure 1. Scrotal doppler showing the left epididymis

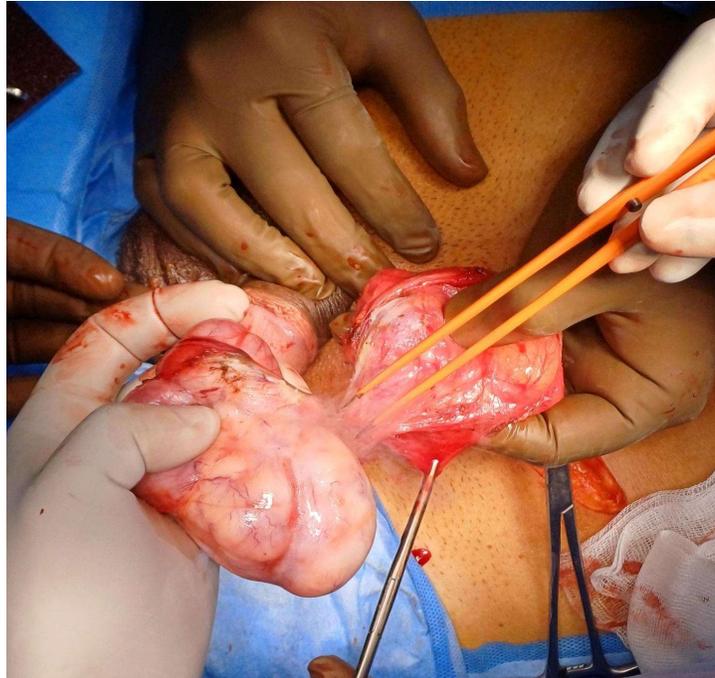


Figure 2. Intraoperative Image of the Left Testis and the Paratesticular Mass

There was a 7*5cm well encapsulated scrotal swelling near to Left testicle was normal and separate from the mass. On cut section the mass was fleshy and greyish white. The mass was sent for histopathological evaluation [1].

He tolerated the procedure well. After the surgery patient has no complaints. Hence he was discharged the next day after surgery. Histopathological report came out to be leiomyoma with cystic degeneration and no capsular invasion present.

Discussion

Epididymis, tunica albuginea, tunica vaginalis and vestigial remnants comprise the paratesticular region [4]. Paratesticular leiomyomas are most commonly present in middle-aged and elderly males, with average age at diagnosis being 50 years as per review of reported cases. The most uncommon

tumor of the male genital tract is leiomyoma. It accounts for 7% of all intrascrotal tumors.

It is a slow growing tumor and mostly asymptomatic. Here leiomyoma was an incidental finding in the testicular exploration via the laparoscopic approach in view of inguinal hernia. Leiomyomas originate from subcutaneous smooth muscles and tunica dartos. Under the microscope, the tumor consists of smooth muscle cells admixed in interlacing bundles; sometimes it contains hyalinized connective tissue component [4]. As in our case it can appear as swelling that has been isolated in the paratesticular region,

Leiomyomas are difficult to diagnose using ultrasonography. These kind of tumors do not require a radical surgery and mere excision of the same would suffice for complete cure. Radical orchidectomy is performed only in patients suspicious of malignancy or the swelling is inseparable from the testicle.

Conclusion

leiomyoma is a rare benign pathology, which is difficult to diagnose but surgical excision provides complete treatment [5].

Conflicts of interest

The authors declares that they do not have conflict of interest.

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