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Benign intrascrotal lipoblastoma in a 4-month-old infant: a case report and review of literature

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Abstract Lipoblastomas are rare benign soft tissue tumors that occur primarily in young children. Most lipoblastomas occur in the extremities, trunk, head, and neck. An intrascrotal location is unusual. We describe a case of a 4-month-old infant with an intrascrotal lipoblastoma and discuss the differential diagnosis and review the literature.
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Lipoblastoma is a very rare benign neoplasm of the fetal embryonal white fatty tissue occurring most commonly in infants and young children [1]. Boys are 3 times more commonly affected than girls [2]. This tumor presents as a localized well-circumscribed lesion (lipoblastoma) or as a multicentric lesion (lipoblastomatosis) [3]. Most lipoblastomas occur in the superficial tissues of the arms and legs but may also arise in the head and neck, parotid, eyelid, tonsillar fossa, trunk, mediastinum, and retroperitoneum [3]. We describe a case of a 4-month-old male child with an intrascrotal lipoblastoma. To the best of our knowledge, only 6 previous cases of lipoblastoma [1-6] have been reported in this rare site.

1. Case report

A 4-month-old male infant presented to the Pediatric Surgery Department, Al Hada Armed Forces Hospital, Kingdom of Saudi Arabia, with a huge, painless right-sided intrascrotal mass observed by the parents with a rapidly progressive course. On physical examination, there was a huge intrascrotal solid, soft, and painless mass more on the right side (Fig. 1), with both testicles palpated in the inguinal regions. Scrotal ultrasound and computed tomographic scan (Fig. 2) showed a large fatty tumor more at the right side and bilateral inguinal testes. The lesion was approached through a right inguinal incision, and the fatty scrotal tumor was easily dissected from the dartos muscle, except at the right side where it was tightly adherent to the scrotal layers. The tumor was totally removed. The testes were spared and had been displaced by this large tumor to the inguinal region. Both testes were surgically fixed to the scrotum. On macroscopic appearance, the tumor was solid, was encapsulated, appeared grayish-yellow, and measured 10 × 9 × 6 cm (Fig. 3). The cut surface showed a lobular arrangement. Histologic examination of the mass (Figs. 4 and 5) showed white fat with lobular architecture separated by strands of fibrous septae of varying degrees of differentiation. Most adipocytes were mature and interspersed with various types of lipoblasts. Some of the lipoblasts were small and

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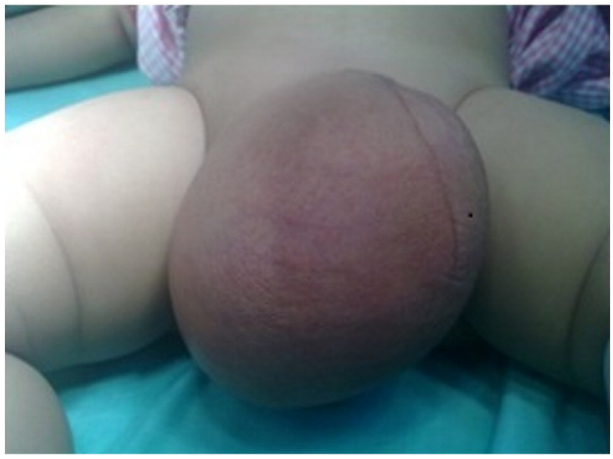

Fig. 1 Four-month-old male infant with a large disfiguring scrotal mass.

round with a signet ring appearance; others were larger and had a multivacuolated cytoplasm as well as a notched nucleus. Poorly differentiated mesenchymal cells (stellate and nonvacuolated spindle cells) were also present and embedded in a myxoid stroma. There were no mitotic figures. A cytogenetic analysis was not available because of lack of fresh tumor tissue. The patient had an uncomplicated recovery and was free of disease at 13 months postoperative follow-up.

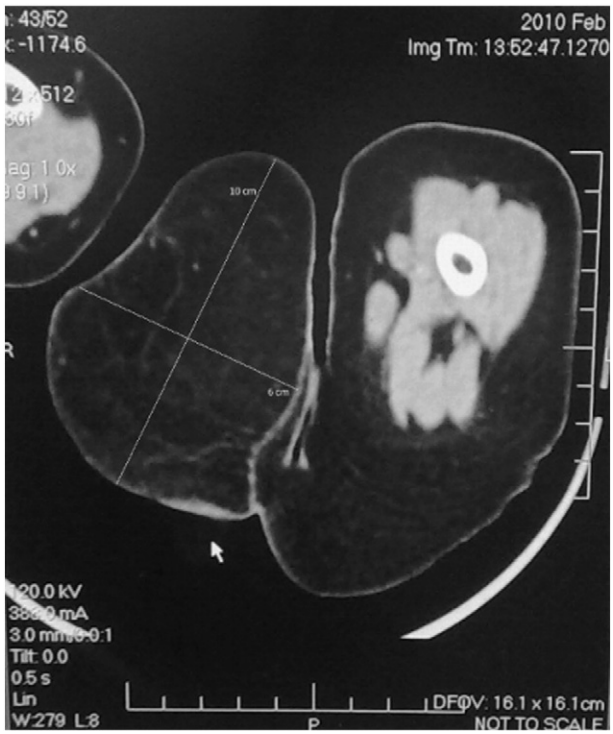

Fig. 2 Computed tomographic scan of the mass showing a large fatty scrotal tumor (10 × 6 cm).

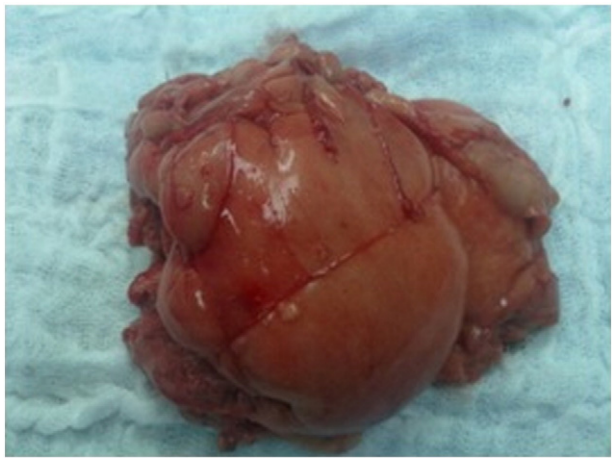

Fig. 3 Gross appearance of the resected specimen. It is 10 × 9 × 7 cm in diameter with grayish-yellow color and lobular architecture.

2. Discussion

Lipoblastoma and lipoblastomatosis are rare benign mesenchymal tumors of fetal white fat tissue that are almost exclusively observed in young children. Only rare examples have been reported in older children and young adults [7]. Lipoblastoma has also been referred to as embryonal lipoma, benign childhood adipocytic tumor, fetal lipoma, and infantile lipoma [8]. In the pediatric population, adipose tumors represent approximately 6% of all soft tissue neoplasms. Approximately two thirds of these are simple lipomas or variants, whereas up to 30% are lipoblastomas [9]. Van Meurs [10] in 1947 was the first to describe the ability of a lipoblastoma to differentiate into a common lipoma. This observation supports the concept that lipoblastomas are a result of a

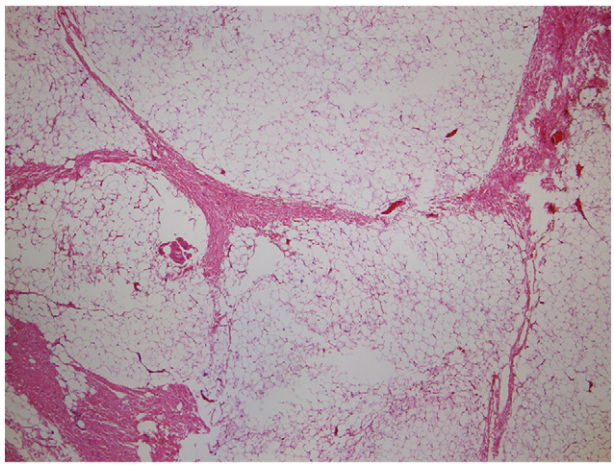

Fig. 4 Microscopic view of the tumor showing white fat with lobular architecture separated by strands of fibrous septae and areas of myxoid changes (hematoxylin and eosin stain, original magnification ×40).

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