Cirugía y Cirujanos. 2016;84(2):164–168

CIRUGÍA y CIRUJANOS
Órgano de difusión científica de la Academia Mexicana de Cirugía
Fundada en 1933
www.amc.org.mx www.elsevier.es/circir

CLINICAL CASE

Hemangiolymphangioma of the spermatic cord in a 17 year-old: A case report☆

José Fernando Rogel-Rodríguez[a,*], José Fernando Gil-García[b], Pasquinelly Velasco-García[a], Fernando Romero-Espinoza[c], Tahitiana Zaragoza-Salas[a], Gabriel Muñoz-Lumbreras[a]

[a] *Departamento de Cirugía General, Centro Médico Adolfo López Mateos, Toluca, Estado de México, Mexico*
[b] *Departamento de Urología, Centro Médico Adolfo López Mateos, Toluca, Estado de México, Mexico*
[c] *Departamento de Cirugía Plástica y Reconstructiva, Centro Médico Adolfo López Mateos, Toluca, Estado de México, Mexico*

Received 31 March 2014; accepted 19 November 2014
Available online 8 March 2016

KEYWORDS
Hemangiolymphangioma;
Orchiectomy;
Spermatic cord

Abstract
Background: Hemangiolymphangiomas are extremely rare tumours arising from blood and lymphatic vessels. It is a benign disorder, and 95% are of the neck and axilla.
Objective: To present a case of hemangiolymphangioma of the spermatic cord with contralateral recurrence.
Clinical case: A 17-year-old patient with a progressively growing tumour in the right inguinoscrotal region. Examination revealed a painless, movable and soft right inguinoscrotal tumour, mobile and soft. Surgical resection showed a 25 cm × 25 cm tumour from spermatic cord, right testicle, and subcutaneous cellular tissue. Histopathological study reported a hemangiolymphangioma.
Conclusions: The spermatic cord is an unusual location of hemangiolymphangiomas with contralateral recurrence. Surgical treatment, with histopathological diagnosis, is associated with good prognosis.

☆ Please cite this article as: Rogel-Rodríguez JF, Gil-García JF, Velasco-García P, Romero-Espinoza F, Zaragoza-Salas T, Muñoz-Lumbreras G. Hemangiolinfangioma de cordón espermático en adolescente de 17 años, reporte de caso. Cirugía y Cirujanos. 2016;84:162–166.

* Corresponding author at: Departamento de Cirugía General, Centro Médico Adolfo López Mateos, Segundo piso, Av. Nicolás San Juan, s/n, Col Ex Hacienda las Magdalenas, C.P. 50100, Toluca, Estado de México, Mexico. Tel.: +52 (722) 276 0860.
E-mail address: fernandorogel6@gmail.com (J.F. Rogel-Rodríguez).

PALABRAS CLAVE
Hemangiolinfangioma;
Orquiectomía;
Cordón espermático

Hemangiolinfangioma de cordón espermático en adolescente de 17 años, reporte de caso

Resumen
Antecedentes: Los hemangiolinfangiomas son tumores benignos raros, provenientes tanto de vasos sanguíneos como linfáticos. El 95% se encuentran en cuello y axila.
Objetivo: Reportar el caso de un hemangiolinfangioma de cordón espermático con recurrencia contralateral.
Caso clínico: Paciente masculino de 17 años de edad, con tumour en región inguinoescrotal derecha, de crecimiento progresivo. A la exploración física se encontró tumour derecho inguinoescrotal doloroso, de consistencia blanda y móvil. Se resecó un tumour de 25 × 25 cm que tenía involucro de cordón espermático, testículo derecho y tejido celular subcutáneo. El estudio histopatológico confirmó el diagnóstico de hemangiolinfangioma.
Conclusión: Es inusual la localización de hemangiolinfangiomas de cordón espermático, que además tuvo recurrencia contralateral. Debe confirmarse su diagnóstico con estudio histopatológico. El tratamiento es quirúrgico y se obtiene buen pronóstico.

Background

Hemangiolymphangiomas are mixed lesion with a vascular and lymphatic component.[1] They are generally benign in nature leading to favourable prognosis. They can be congenital or appear in infancy.[2]

There is a prevalence in the male of 2.4:1. There is greater risk of the hemangiolymphangiomas presenting in premature babies and in live newborns incidence is 1:12,000. 40–60% of these are discovered at birth (congenital), 80–90% during the first 2 years of life (the age with most frequent presentation) and this frequency decreases with age.[3]

In 95% of cases, presentation is more frequent in: head, neck and axilla; 5% may be located in: mediastinum, retroperitoneum and mesentery, and is extremely rare in the groin. It may be associated with Klipple–Trenaunay–Weber syndrome, which is a rare congenital disease which was characterised by arteriovenous fistulas and multiple hemangiomas.[2–4]

They are benign tumours which may infiltrate adjacent organs and cause severe malformations in the cavity and extremities.

The aetiology is unknown. One theory considers that during embryogenesis lymphatic tissue was deposited in the wrong areas with the result that an appropriate connection with central lymphatic pathways was obstructed, and were joined together with blood vessels.[4]

In general the tumours are asymptomatic, and several reports describe that pain is rare, and that the main concern is over function and aesthetics. Complications will depend on the affected organ, and may include vascular compromise through obstruction, lymphedema, and compartment syndrome (which is extremely rare).

Aim

Our report is a case of hemangiolymphangioma of the spermatic cord with contralateral recurrence and upon which no known reports exist on this location, according to our review of references.

Clinical case

A 17 year old male patient with a history of left scrotal and testicular hemangiolymphangioma surgical resection at the age of 2, and tonic–clonic seizures treated with valproate and magnesium.

During the treatment and control of a tonic-clonic seizure by the Emergency Service of the Centro Médico Adolfo López Mateos (ISEM), a physical examination revealed the following in the right hypogastrium and inguinal and testicle region: increase in hypogastrium volume and a 25 cm × 25 cm tumour at pubis level spreading to the inguinal channel and right scrotum sac; it was painful to the touch, soft in consistency, moveable, with scrotal skin attached, enlargement of the spermatic cord and the right testicle; the left scrotal sac had no testicle. Adenomegalias were not found (Fig. 1). The patient stated that the increase in volume had been progressive, over 2 years and there was a piercing pain on touch, with discomfort even from contact with underclothes. An assessment was made by the Urology Unit, which requested computed tomography of the abdomen and pelvis. This showed amorphous heterogeneous imaging with densities of 114 to 42 Houndsfield Units in the right scrotal sac. When contrast imaging was used its spread to the inguinal canal and subcutaneous cellular tissues became clear, with an