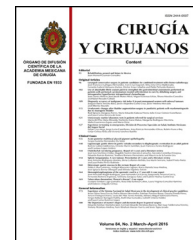




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CLINICAL CASE

Hemangiolympangioma of the spermatic cord in a 17 year-old: A case report[☆]



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KEYWORDS

Hemangiolympangioma;
Orchiectomy;
Spermatic cord

Abstract

Background: Hemangiolympangiomas 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 hemangiolympangioma 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 hemangiolympangioma.

Conclusions: The spermatic cord is an unusual location of hemangiolympangiomas with contralateral recurrence. Surgical treatment, with histopathological diagnosis, is associated with good prognosis.

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PALABRAS CLAVE

Hemangiolinfangioma;
Orquiectomía;
Cordón espermático

Hemangiolympangioma de cordón espermático en adolescente de 17 años, reporte de caso**Resumen**

Antecedentes: Los hemangiolympangiomas 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 hemangiolympangioma 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 hemangiolympangioma.

Conclusión: Es inusual la localización de hemangiolympangiomas de cordón espermático, que además tuvo recurrencia contralateral. Debe confirmarse su diagnóstico con estudio histopatológico. El tratamiento es quirúrgico y se obtiene buen pronóstico.

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Background

Hemangiolympangiomas 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 hemangiolympangiomas 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 Klippel–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 hemangiolympangioma 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 hemangiolympangioma 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 Hounsfield 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

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