



CASE REPORT

Epidermoid cyst of the testis

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KEYWORDS

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Summary Testicular epidermoid cysts are rare, benign, keratin-containing intratesticular neoplasms. Preoperative sonography and biopsy are important criteria for the selection of testicular-preserving operations. More than 300 cases of testicular epidermoid cysts have been reported in the literature. We present a case of a 23-year-old man who complained of an asymptomatic right testicular mass, which, when examined, was found to be a firm, small-sized, mass lesion with a smooth surface. On ultrasonography, this mass appeared as a heterogeneous and well-demarcated intratesticular lesion. All laboratory investigations, including tumor markers, were normal. Histological diagnosis was an epidermoid cyst of the testis, and the obtained testicular tissue was normal.

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1. Introduction

Extratesticular tumors are more common than intratesticular tumors, and more than 95% of intratesticular tumors are malignant.¹ Benign intratesticular tumors are rare and represent less than 1% of all testicular tumors. Epidermoid cyst of the testis is a rare benign intratesticular tumor. Radical orchiectomy is the standard procedure of treatment for malignant testicular tumors. Therefore, determining modes for testis preservation is extremely

important for benign intratesticular tumors. Ultrasonography is the modality of choice for the characterization of palpable testicular lesions. This study presents a case of an epidermoid cyst of the testis and a review of sonographic images and pathologic features of the epidermoid cyst reported in the literature.

2. Case report

A 23-year-old man, who denied any systemic disease, history of recent trauma, or history of urinary tract infection, noted a right testicular mass for more than 5 years. A physical examination showed a hard mass, measuring 2 cm × 3 cm, without pain and with a tender sensation. All laboratory investigations, including tumor

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markers (AFP, beta-HCG, and LDH) were normal. A scrotal ultrasound with Doppler was performed, which revealed a 2–3 cm well-circumscribed heterogenic intratesticular mass with an echogenic rim (Fig. 1). No blood flow to the mass was detected by the Doppler ultrasound imaging (Fig. 1). The patient underwent enucleation of the mass through a right inguinal incision. An intraoperative frozen section was interpreted, and the regular pathological examination showed an epidermoid cyst and no evidence of malignancy. Enucleation of the lesion was then performed. The final pathology report stated that the mass was an epidermoid cyst without teratomatous elements (Fig. 2). No recurrence of the tumor was noted after a 1-year follow-up.

3. Discussion

Testicular cancer is relatively uncommon, with only approximately 5500 new cases being reported per year in the United States. Extratesticular tumors are more common than intratesticular tumors, and more than 95% of intratesticular tumors are malignant.¹ Although benign intratesticular tumors are rare, its diagnosis is important to avoid unnecessary surgical intervention.

Since Dockerty and Priestley first described epidermoid cysts of the testis in 1942, approximately 300 cases have been reported in the literature. Testicular epidermoid cysts are benign keratin-containing tumors, comprising up to 14% of childhood testicular neoplasms² and 2% of adult testicular neoplasms.³ They occur in any age group from young children to the elderly, but are most common in people between the ages of 10 and 40 years.⁴ A firm, nontender, testicular mass is palpable in most cases.⁵ Serum levels of germ cell tumor markers are normal.⁶ The keratinized epithelium interspersed with connective tissue may provide this lesion with the classic “onion peel” configuration on an ultrasound.⁷ Epidermoid cysts range from 1 to 3 cm in diameter. Ultrasound findings of epidermoid cysts include

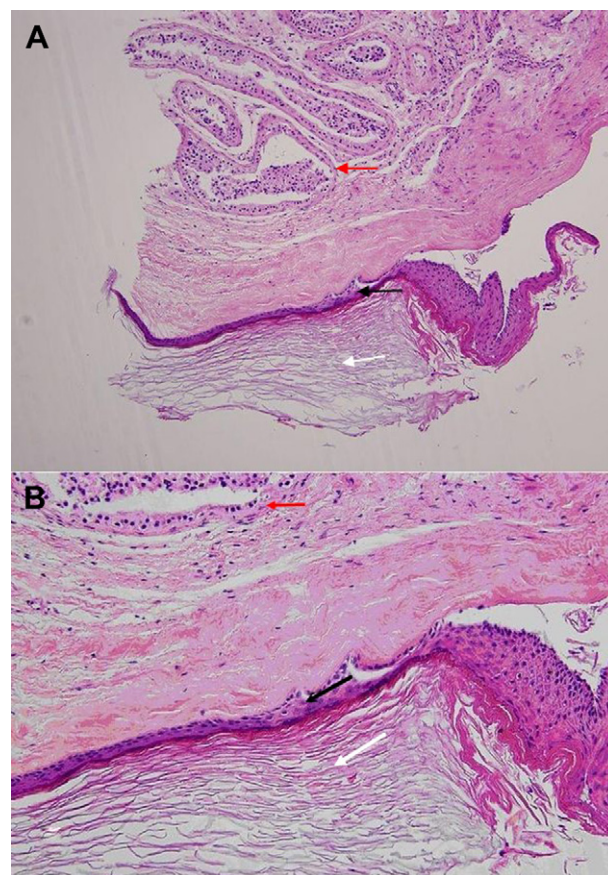


Figure 2 (A) A histological section of a lesion of the epidermoid cyst (H&E 50 \times). (B) Microscopically shown compressed normal testicular parenchyma (red arrow), stratified squamous epithelial cell (black arrow), and cyst lumen filled with keratin debris (white arrow) (H&E 100 \times). H&E = hematoxylin and eosin.

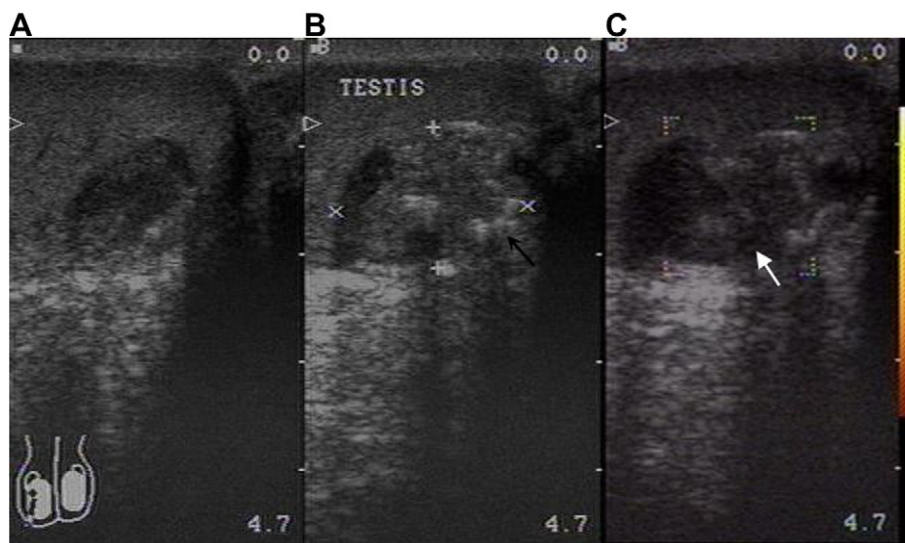


Figure 1 (A) A well-circumscribed heterogeneous mass (B) with an echogenic rim (black arrow). (C) Color Doppler ultrasonography reveals no vascularity within mass (white arrow).

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