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An inguinal hernia with cryptorchidism with a Leydig cell tumor in an elderly man: A case report



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ABSTRACT

INTRODUCTION: Cryptorchidism is common in children but is rare in the elderly. It often presents with a constellation of signs and symptoms similar to routine inguinal hernias. We present the case of an elderly man with cryptorchidism containing a Leydig cell tumor and provide clinical insights.

PRESENTATION OF CASE: An 84-year old man was admitted with an incarcerated right lower quadrant hernia. Both testes were absent on palpation of the scrotum. After reduction of the hernia, computed tomography scan revealed a round lesion in the hernia sac, which was suspected to be the ectopic testis. Laparoscopic exploration was performed in combination with an open anterior approach. The hernia orifice was the right internal inguinal ring, and the inguinal canal was obliterated by adhesions because the spermatic cord did not pass through it. The ectopic testis was resected with the hernia sac, and the hernia repaired with a KUGEL™ patch (Bard, USA).

DISCUSSION: Laparoscopic exploration was useful to delineate the anatomy of this unusual inguinal hernia. The open anterior approach was necessary to dissect the ectopic testis and the hernia sac. Pathological findings revealed tumor cells with clear cytoplasm in the resected testis, diagnosed as a Leydig cell tumor. **CONCLUSION:** The combination of laparoscopic and anterior approaches facilitated the surgical treatment of an unusual inguinal hernia with cryptorchidism. The resected ectopic testis should undergo thorough histopathologic examination.

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1. Introduction

Cryptorchidism is common in childhood and often presents simultaneously with an inguinal hernia. However, it is rare to be initially diagnosed in the elderly, because cryptorchidism is usually diagnosed and treated at a young age. We present an elderly patient with an unusual inguinal hernia with cryptorchidism, treated with a combined laparoscopic and open anterior approach. The resected specimen contained a Leydig cell tumor in the resected ectopic testis. This work has been reported in conformity with the SCARE criteria [1].

2. Presentation of case

An 84-year-old man presented with repeated episodes of vomiting and abdominal pain. Physical examination showed an incarcerated hernia in the right lower quadrant. The hernia was easily reduced under mild sedation. The hernia orifice was palpable in the right lower abdomen. The external inguinal ring was not dilated, and both testes were not palpable in the scrotum. The patient had been diagnosed with “bilateral testicular deficiency” in childhood and had received no further examination or treatment. Preoperative blood tests showed no abnormalities.

Computed tomography (CT) scan of the abdomen after hernia reduction revealed that the hernia sac was located in the right lower quadrant and extended outside of abdominal musculature superiorly. The hernia orifice seemed to be located at the inguinal ring, but the anatomic details remained unclear. The hernia sac contained a round mass, thought to be an ectopic testis (Fig. 1). The patient complained of intermittent abdominal pain, and was considered to be at risk of recurrent incarceration. It was considered that the mass thought to be an ectopic testis should be resected along with

Abbreviations: CT, computed tomography; TEP, totally extraperitoneal; TAP, transabdominal preperitoneal.

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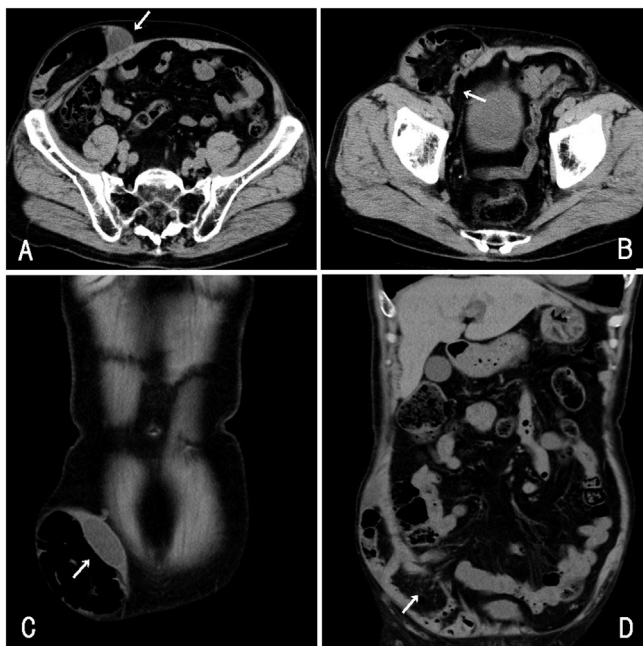


Fig. 1. Computed Tomography (CT) scan findings.
 A. The hernia sac extends to the subcutaneous layer on the external oblique aponeurosis, and contained a round mass (arrow).
 B. The hernia protrudes from the lateral side of the right epigastric vessels (arrow).
 C. The round cystic mass is positioned superiorly in the hernia sac (arrow).
 D. The hernia orifice is seen at the right internal inguinal ring (arrow).

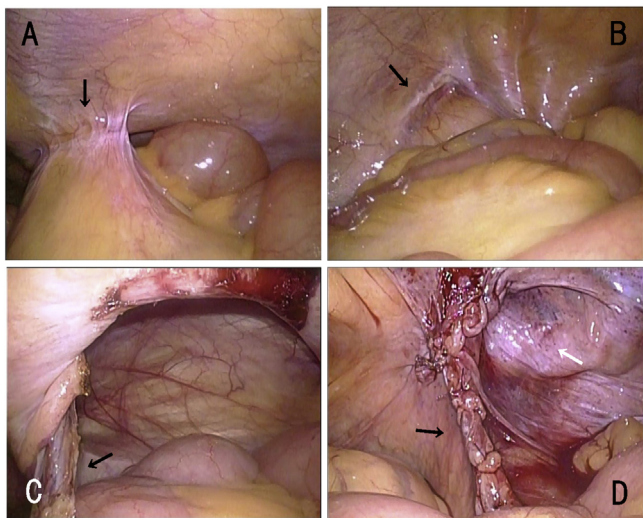


Fig. 2. Laparoscopic findings.
 A. The mesentery of the small intestine is adherent (arrow) to the hernia orifice.
 B. There is no hernia in the left internal inguinal ring (arrow).
 C. After dissection of the adhesions, a large hernia orifice was found lateral to the right inferior epigastric vessels (arrow).
 D. After hernia repair, the peritoneum was sutured next to the right epigastric vessels (black arrow) following resection of the hernia sac. The hernia orifice was closed (white arrow) with a Kugel patch which was laid onto the pre-peritoneal space.

a hernia repair. Hernia repair was then performed under general anesthesia.

A laparoscope was initially inserted through the umbilicus, and the hernia was evaluated intraperitoneally. The hernia orifice was found at the right internal inguinal ring, and was diagnosed as an inguinal hernia. Adhesions from the mesentery of the small intestine to the area alongside the internal inguinal ring were seen (Fig. 2A). The right inguinal canal was obliterated by adhesions

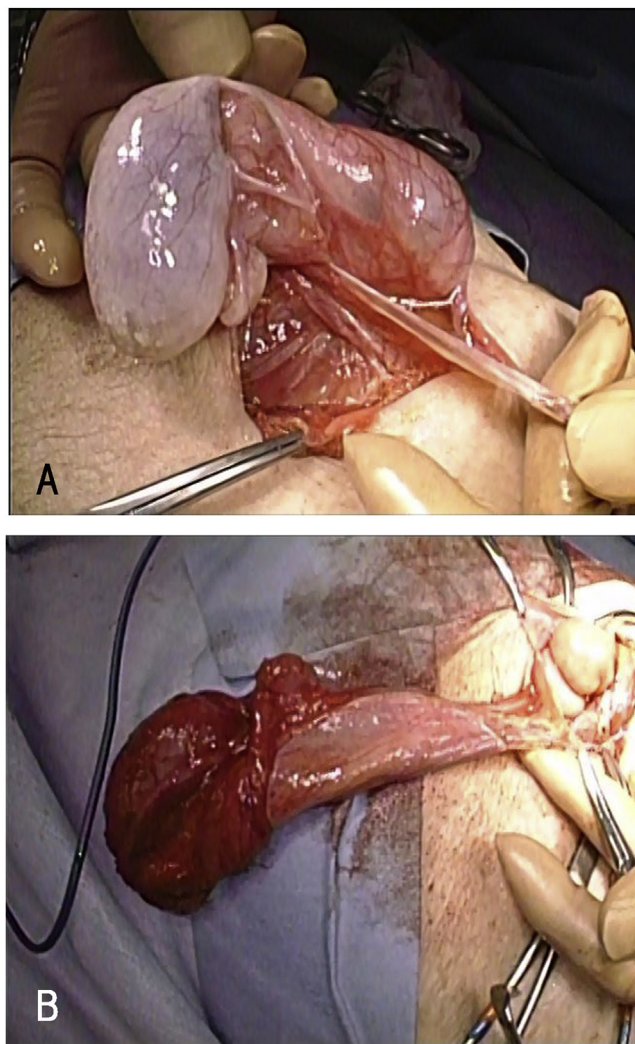


Fig. 3. The ectopic testis.
 A. The ectopic testis was found inside of the cystic lesion in the distal portion of the hernia sac.
 B. The spermatic cord is connected to the atrophied testis.

because the spermatic cord was not passing through it, and the hernia sac extended outside of the abdominal wall musculature superiorly. The ectopic testis could not be seen in the hernia sac from the intraperitoneal view. There was no hernia at the left internal inguinal ring (Fig. 2B), and the left testis was not seen in the abdominal cavity.

A 5 mm port was inserted in the right lower quadrant and adhesions around the right inferior epigastric vessels were divided (Fig. 2C). It was difficult to resect the hernia sac with the ectopic testis laparoscopically, and a 6 cm incision was made above the inguinal ligament transversely along a skin fold. The hernia sac which extended to the subcutaneous layer on the external oblique aponeurosis, was dissected. The ectopic testis was found inside the cystic lesion (likely a hydrocele) in the distal portion of the hernia sac (Fig. 3A), with attached spermatic cord. This finding established the diagnosis of an inguinal hernia with cryptorchidism. The ectopic testis was atrophied (Fig. 3B), and resected with the hernia sac after ligation of the spermatic cord. The resected specimen was sent for histopathological analysis. The hernia was repaired with a (10 × 15 cm) KUGEL™ patch (Bard, USA) which was laid on the pre-peritoneal space.

Pathologic findings revealed atrophic and hyalinized seminiferous tubules with a thickened basement membrane (Fig. 4A). Germ

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