Case Report

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Benign Mesothelioma of the Epididymis: Case Report

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Key Words

Mesothelioma
Mesothelial tumors
Epididymal neoplasm
Paratesticular tumors

Abstract

A case of benign mesothelioma of the epididymis, successfully treated with local resection, is reported. Conservative surgery is allowed when malignancy is excluded by frozen section.

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Introduction Case Report

Adenomatoid tumors constitute the major part of epididymal neoplasms. Mesotheliomas are rare and are mostly – not only in urology – considered to be malignant [1]. Although recent reports advocated radical surgery for benign epididymal mesothelioma [2], we believe that local resection can be curative.

A 37-year-old healthy man presented with a painless, slowly growing tumor in the left hemiscrotum, discovered 3 months earlier. Previous history was irrelevant; there was no contact with carcinogens, such as asbestos or methylnitrosamine, no trauma or infection. Clinical examination revealed a painless solid tumor of 1.5 cm in diameter adjacent to the epididymal head. Scrotal ultrasound showed a well-defined solid mass and a mild hydrocele (fig. 1). Scro-

Fig. 1. Longitudinal ultrasonography of the left hemiscrotum (A) aspect of the left epididymal head (e), normal testis (t) and mild hyd
schematic drawing (B): solid well-defined mass at the superior
(h).

Epididymal Mesothelioma

Fig. 2. Schematic drawing of peroperative findings with two distinct mesothelial tumors.

Fig. 3. Microscopical view of the smallest tumor, showing its papillary aspect. HE. $\times 25$.

tal exploration confirmed the presence of a pedunculated polypoid red tumor and a second smaller one located more distally on the epididymis measuring 2 mm (fig. 2). Both were locally resected and frozen section revealed no malignancy. Definitive pathological examination showed a papillary neoplasm with branching fibrous stalks covered by a single cuboidal epithelial layer without cellular atypia and with little mitotic activity. The diagnosis of a benign serous papillary tumor of mesothelial origin was withheld (fig. 3).

One year after surgery the patient is without complaints and without clinical or ultrasonographic signs of recurrence.

Discussion

There is some controversy about the classification of this neoplasm. It belongs to the group of Miscellaneous Neoplasms and Non-Neoplastic Lesions of the WHO classification [1]. It could be considered as a müllerian remnant as are the appendix testis and the prostatic utricle [3], but the pathological examination strongly suggests a mesothelial origin. Since there are no malignant characteristics, the tumor has to be considered as a benign mesothelioma. Although

mesotheliomas are considered to be potentially malignant, there is no doubt that solitary or multifocal mesothelial tumors, behaving clinically and pathologically as obviously benign lesions, exist [4]. They can be found on the peritoneum but can also occur on paratesticular structures [5].

With respect to the surgical management local resection and frozen sections should allow to avoid orchi- or epididymectomy. The latter still has to be performed when definitive pathological examination shows malignancy [6].

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