Case Report

Received: September 12, 1988

Accepted: July 6, 1989

Urol Int 1990;45:63-64

A Rare Scrotal Mass: Fibrous Pseudotumor of Epididymis

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Key Words

Fibrous pseudotumor
Fibroma
Benign tumors of epididymis
Paratesticular tumors

Abstract

Fibrous pseudotumor, also called multiple fibromata or pseudofibromatous periorchitis, is a rare testicular fibromatous condition. It is a benign fibroproliferative lesion with dense hyalinization and sometimes focal calcification. Most of the cases occur in the testicular tunics, whereas a few originate from the epididymis.

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Introduction

Primary benign tumors of the epididymis are quite rare. Fibrous pseudotumor, most of which arising from the testicular tunics, is one of the rarest of all [3, 4]. The first case was reported by Balloch [1] in 1904. Herein we present a case of this rare condition originating from the epididymis.

Case Report

A 35-year-old man presented to the Urological Outpatient Clinic with a totally asymptomatic mass in the right side of his scrotum of 6-month duration. The patient reported a progressive enlargement of mass during this period without any pain or discomfort. He had no history of trauma, surgery or any signs of orchitis. On physical examination, a mobile, well-circumscribed and firm single nodule 2 X 3 cm in diameter was palpated beneath the right testis. No other pathological sign was seen in the scrotum. This situation suggested to us a benign condition and the operative findings also supported these physical signs. It was a pediculated mass originating from the epididymal region. Because of its benign appearance, the mass was excised with its long pedicle.

Histology (fig. 1–3)

Macroscopically, the mass was 2.5 cm in diameter and encapsulated. At the tip of the pedicle there was a small ductus. There a bony structure was observed, 1 cm in diameter surrounded by dense hyalinized fibrous tissue in the cross-section of the mass. Microscopically, the mass was surrounded by a capsule with thick hyalin-

ized fibrous tissue. Beneath it the mass was composed of hyalinized bundles of fibrous tissue having concentric lamellated appearance in some regions. Also there were small calcific structures looking like psammoma bodies scattered throughout the cut surface. These calcified structures were made up with regular bony lamellae.

Discussion

Paratesticular tumors are intrascrotal masses originating from the epididymis, the spermatic cord or surrounding structures containing connective tissue. Fibrous pseudotumor is one of the rarest group encountered among the paratesticular tumors [2, 7]. Although two thirds of the cases originate in the tunica vaginalis, about 10% of these tumors are found in the epididymis and the spermatic cord. These nodular structures have the appearance of well-circumscribed, oval and mobile benign tumors [5]. These may be single or multiple and they are sometimes associated with diffuse fibrous thickening of the testicular tunics [5, 6]. About half of the cases were associated with hydrocele and 30% have a history of prior trauma or inflammation [5, 7]. These benign tumors sometimes originate in the lower part of the spermatic cord near the epididymis as in our case [3].

Microscopically, these nodules are composed of hyalinized tissue and proliferative fibroblasts in a rich vascular stroma with scattered collagen bundles. Sometimes

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Fig. 1. General view of the present case. Fibrous hyalinized collagen bundles and small calcific deposits are scattered. $\times 40$.

Fig. 2. Another area of the pseudotumor. Small and large calcific deposits are evident. $\times 40$.

Fig. 3. With a higher magnification a calcific deposit gives the impression of being a psammoma body. $\times 100$.

there may be foci of calcification and bone formation [2, 5]. Local excision of the tumor is the treatment of choice. Total orchiectomy should be avoided unless there is evidence of malignant development in testis and epididymis [2, 4].

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