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Citation	泌尿器科紀要 (2000), 46(10): 731-733
Issue Date	2000-10
URL	http://hdl.handle.net/2433/114381
Right	
Type	Departmental Bulletin Paper
Textversion	publisher

VENOUS HEMANGIOMA OF THE SCROTUM: A CASE REPORT

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We report a case of intrascrotal hemangioma. A 68-year-old man who had noticed a swelling in his left scrotum over the past 1 year was seen at our hospital. Under a diagnosis of intrascrotal tumor, total excision of the mass was performed. Histopathological examination revealed venous hemangioma of the scrotum.

(Acta Urol. Jpn. 46: 731-733, 2000)

Key words: Intrascrotal tumor, Hemangioma

INTRODUCTION

Hemangioma of the scrotum is a relatively rare lesion, 42 cases having been reported in the Japanese literature. Especially, venous hemangioma of the scrotum is very rare, only 5 cases among the reports of venous hemangioma written clearly having been reported. Recently, we encountered a patient with this disease who complained of a painless left scrotal mass. We discuss the features of this disease with a review of the literature.

CASE REPORT

A 68-year-old man who had noticed a swelling in his left scrotum over the past 1 year was seen at our hospital. On physical examination, he appeared to be healthy except for the intrascrotal mass. The large soft mass including a partly hard, slightly indurated mass was palpated on the left side of the scrotum without any redness, local heat, spontaneous pain or tenderness, and the mass showed no transillumination. On palpation, the mass was discriminated from the testis, epididymis and spermatic cord in the left scrotum. Laboratory evaluation including complete blood count, urinalysis, electrocardiogram, chest X-ray film, and intravenous pyelogram were all normal, and close examination failed to detect any anomalies in the body. Ultrasonography of the scrotum showed a large and homogenous solid tumor measuring about 15×10×5 cm and left normal testis. Computed tomography and magnetic resonance imaging of the scrotum revealed a solid tumor in agreement with the ultrasonographic findings (Fig. 1). Under a diagnosis of intrascrotal tumor, surgical exploration was done on July 8, 1996 through an inguinal incision. Total excision of the mass was performed (Fig. 2). The lesion was adherent to the scrotal skin, but easily dissectable from the testis. The specimen weighed about 150 g. It had a smooth surface and was encapsulated forming a whole homogenous mass.

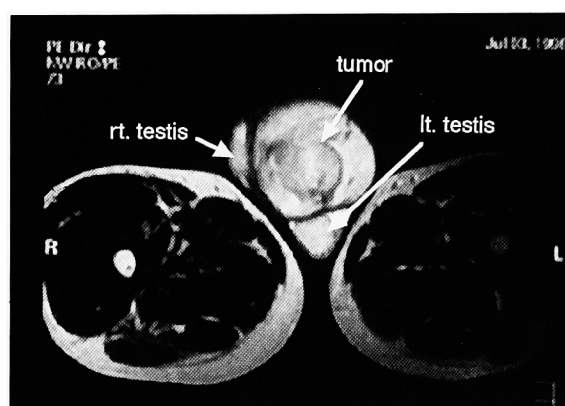


Fig. 1. Magnetic resonance imaging of the scrotum revealed a large and homogenous solid tumor and left normal testis.

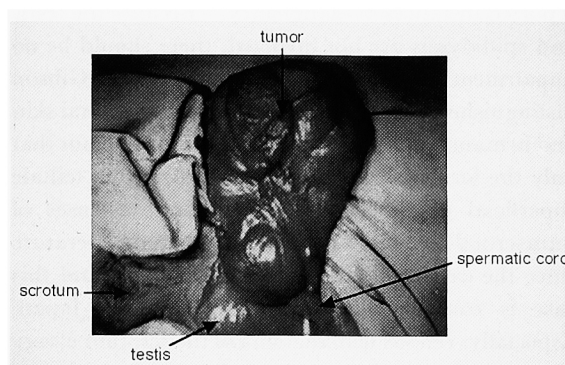


Fig. 2. Gross appearance of the intrascrotal mass at the operation. The resected specimen weighed about 150 g.

Histopathological examination revealed venous hemangioma of the scrotum (Fig. 3). Hemangioma was composed mainly of venous vessels, partly including small capillaries. The postoperative course was uneventful and the patient was discharged on the 11th postoperative day. He has not had any recurrence for 3 years after the operation.

DISCUSSION

Hemangioma of the scrotum is congenital, and

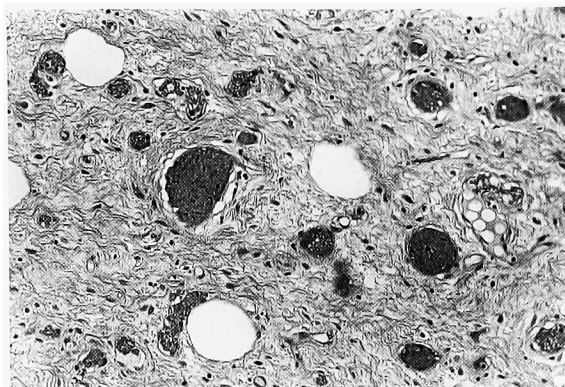


Fig. 3. Microscopic appearance of the resected specimen revealed venous hemangioma (H & E, $\times 40$).

relatively rare. Usually there is no history of trauma and the lesion is not painful. This hemangioma is not translucent nor is there any calcification on radiographic examination. Palpation of the mass gives the sensation of a bag of worms, not unlike a varicocele. Differential diagnosis must include testicular lesions, benign and malignant, as well as inguinal hernia and lesions of the cord and epididymis, atheromatous cyst, dermoid, teratoma and lipoma of the scrotum¹⁻⁴). Treatment generally is agreed to be surgical since the lesion could rupture and cause significant hemorrhage and the precise diagnosis is in doubt. The overlying skin does not have to be excised since the lesion can readily be enucleated with an adequate margin of normal tissue around it. Prognosis is good, and there have been no reported instances of malignancy. Because the testis and epididymis are not involved, there should be no impairment of their future function⁵⁻⁷). Gibson distinguished between hemangioma of the scrotal skin and hemangioma of the scrotal wall, pointing out that only the former would be expected to have a telltale superficial discoloration⁸). We found 42 cases of intrascrotal hemangioma in the Japanese literature since the case reported by Iwasaki in 1958, and this case is considered as the 43th report in Japan. Especially, venous hemangioma of the scrotum is very rare, only 5 cases having been clearly reported, and this case is considered as the 6th report⁹⁻¹⁵).

CONCLUSION

We reported a case of intrascrotal hemangioma. We discussed the features of this disease with a review of the literature.

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(Received on March 10, 2000)
(Accepted on May 11, 2000)

和文抄録

陰囊内静脈血管腫の1例

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陰囊内血管腫の1症例を経験したので報告する。症例は68歳の男性，1年以上前より左陰囊内容の腫大に気付いていたが徐々に増大してきたため当科を受診し

た。陰囊内腫瘍の診断にて腫瘍摘除術を施行した。術後病理組織診断は静脈血管腫であった。

（泌尿紀要 46：731-733，2000）