

# GIANT LIPOMA OF SPERMATIC CORD MIMICS IRREDUCIBLE INGUINAL HERNIA: A CASE REPORT

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Inguinal herniorrhaphy is the most common general surgical operation performed. Although fatty protrusions are often observed along the path of the spermatic cord, true lipomas are not commonly reported. We encountered a 42-year-old male patient who developed a large lipoma of the right spermatic cord with indirect inguinal hernia. After herniorrhaphy and tumor excision, the patient had an uneventful convalescence. There has been no recurrence up to the time of writing (20 months).

**Key Words:** inguinal hernia, cord lipoma, herniorrhaphy  
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Inguinal herniorrhaphy is the most common general surgical operation performed [1]. The incidence of spermatic cord lipoma or fatty protrusion found in the groin area during inguinal hernia surgery varies widely (22.5–75%) [2–4]. Isolated masses of fatty tissue along the inguinal canal during herniorrhaphy have been loosely termed “lipoma” in the surgical literature. However, it is very rare to observe a true lipoma. The lipoma or fat protrusion can present as an accompaniment to inguinal hernia, femoral hernia and in the situation of a missing hernia sac. It is resected routinely during hernia repair and is rarely significant to the hernia sac as a groin bulge.

## CASE PRESENTATION

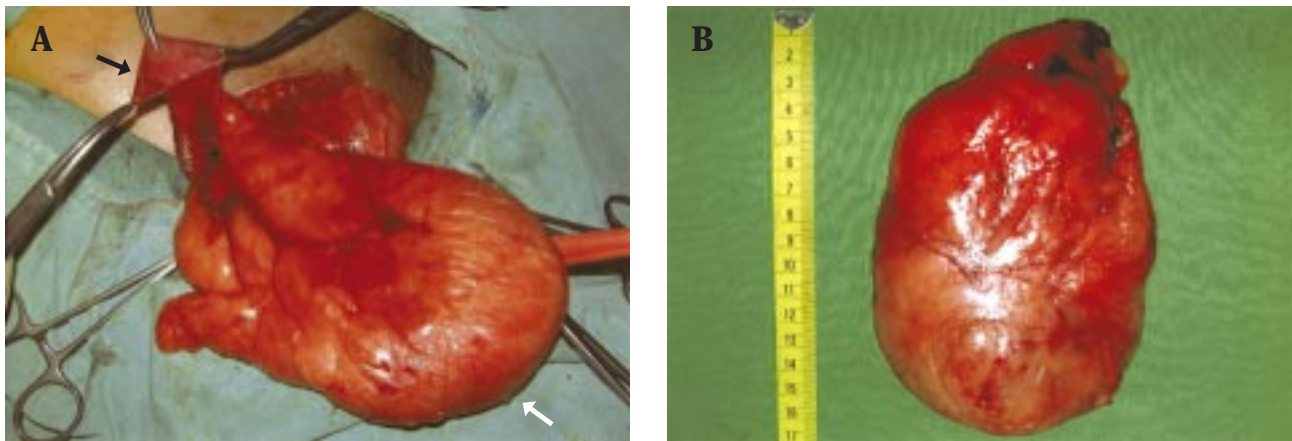
A 42-year-old male, with a body mass index (BMI) of 30.48 kg/m<sup>2</sup> (height, 162 cm; weight, 80 kg), was admitted to the surgical department due to persistent right groin swelling with no sign of bowel obstruction for 4 years. The groin swelling could not be transilluminated or reduced

manually. He also complained of tenderness and a more pronounced bulge while coughing and straining. At surgery, an indirect inguinal hernia and a circumscribed, separate, large fatty mass were found. The fatty mass, measuring up to 15 × 10 × 3 cm, was confined to the spermatic cord and protruded around the deep inguinal ring and extended through the superficial inguinal ring (Figure). The hernia sac was ligated and the mass was dissected from the cord structure and resected. Pathologic examination showed a lipoma composed of mature fat cells. The postoperative course was uneventful and there was no recurrence.

## DISCUSSION

The incidence of lipoma or fat protrusion found during inguinal hernia surgery ranges from 22.5% to 75% [2–4]. This wide range is due to the different definitions of lipoma and fat protrusion. In a prospective series of 140 inguinal hernias in 129 patients, Fawcett and Rooney used the term lipoma for the fatty swelling confined to the inguinal canal with no connection to the extraperitoneal fat, and a protrusion that was continuous through the deep inguinal ring to the extraperitoneal fat [3]. Fatty protrusions were found in 46 hernias, but there was only one true lipoma according to the pathology. A postmortem study by Heller et al demonstrated that inguinal canal lipoma is a common feature in the adult male population [4]. They also found no significant

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**Figure.** (A) Indirect inguinal sac (black arrow) with huge lipoma (white arrow) found during surgery. (B) Resected lipoma, 15 cm at its greatest dimension.

correlation between mass length and either age or BMI. In our case, the mass was 15 cm at its greatest length; to date, there has been no case reported in the English literature with a mass length greater than 15 cm.

According to Rosenberg, deformable fatty tissues insinuate through the deep inguinal ring and widen the inguinal canal in indirect inguinal hernia [5]. A spermatic cord lipoma may obscure an indirect inguinal hernia [6]. An indirect inguinal hernia and an inguinal fat mass may co-exist, but more importantly, an isolated inguinal canal fat mass is common and is frequently of sufficient size to cause difficulties in preoperative diagnosis [4]. In our case, a huge lipoma protruding from the internal inguinal ring was found. After separating this mass from the spermatic cord, a thin-walled indirect hernia sac was divided.

Differentiation of a groin hernia from lipoma is difficult during physical examination. Lilly and Arregui described a relationship between groin pain and cord lipoma [2]. Of 18 patients with cord lipoma without a hernia sac, 14 had groin pain. The incidence of pain was high, but the specificity should be considered, as tenderness and groin pain are the most common complaints in many situations. In our case, the patient had tenderness and groin pain that could be

attributed to compression of the inguinal nerves by the large lipoma.

Fatty protrusions are commonly found during inguinal hernia repair, but a true lipoma is rare. Both fatty protrusions and true lipoma can cause hernia-type symptoms. They should be removed during hernia repair, whether they are associated with the hernia or not [2].

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# 巨大脂肪瘤以無法復位的腹股溝疝氣表現

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腹股溝疝氣是一般外科醫師最常遇見的手術。雖然手術時常可在腹股溝管內發現脂肪組織，但是真正的脂肪瘤卻不多見。一位 42 歲男性病患，合併間接型腹股溝疝氣與巨大脂肪瘤，將疝氣修補與腫瘤切除之後，持續追蹤二十個月，並無復發的情形。我們提出此病例，以供日後診斷時參考。

**關鍵詞：**腹股溝疝氣、精索脂肪瘤、疝氣修補術

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