

Surprise hanging in the scrotum- subcutaneous pedunculated lipoma

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Abstract

Introduction: Scrotal lipomatosis, one of the diseases of the scrotal contents, is a rarely seen condition with an unknown etiology.

Case report: We report a case of large subcutaneous pedunculated lipoma presenting as a case of scrotal swelling mimicking as a third testicle. A 68 year old male patient came with complaints of swelling in his scrotum since 3 years. No history of pain, rapid increase in size or skin changes over the swelling. No history of cough impulse or loss of weight. We encountered an unusual case of scrotal swelling presenting as the third testis, which when planned for excision was diagnosed to be subcutaneous pedunculated lipoma on operating table.

Conclusion: Extra testicular tumours are rare tumours of the scrotum which can grow exceptionally large and pose significant diagnostic challenge. Surgical exploration is the management of choice.

Keywords: Lipoma; Scrotal Lipomas; Extra testicular; Benign Tumours

Introduction

The Scrotal lipomatosis, one of the diseases of the scrotal contents, is a rarely seen condition with an unknown etiology. It may be seen in association with Multiple symmetrical lipomatosis^[1]. Most lipomas occurring in the scrotum originate and develop in the spermatic cord. In rare cases, a lipoma can originate outside the spermatic cord and such lipomas can grow extra ordinarily large^[2]. We report a case of large subcutaneous pedunculated lipoma presenting as a case of scrotal swelling mimicking as a third testicle.

Case presentation:

A 68 year old male came with a slow growing progressive painless swelling in his scrotum since 3 years. It did not increase or decrease in size with episodes of exertion. There was no other significant positive history. On examination it was large (17x7cm), non tender, soft swelling with well defined margins (Fig. 1). The lump was localized in the left scrotum and was not reducible. The left testis was felt separately and was normal.



Fig. 1: Showing the lipoma presenting as a scrotal swelling with deviation of midline raphe to right

Patient was a known hypertensive with regular medication. A 2D real time abdominal study showed echogenic lesion with fatty content in the posterior aspect of the scrotum in the midline- probably lipoma. Upon FNAC, it was found to be a benign adipocytic lesion probably lipoma. On further investigation with MRI inguino-scrotum, left inter scrotal large lipoma arising from left inguinal region extending into the inter-testicular region within dartos fascia was reported. With the diagnosis of lipoma of the (spermatic) cord in mind a scrotal exploration with excision was planned. Upon exploration with a low inguinal incision, the soft tissue was found to be a fatty tissue beginning from

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the outlet of the inguinal channel and outside testicle expanding into the scrotum (Fig. 2).



Fig. 2 : Intra operative picture of lipoma seen arising from the inguinal region

On extending incision into the left inguinal (Fig. 3), it was discovered to be a subcutaneous pedunculated lipoma arising from the external oblique extending into the scrotum to present as a scrotal lipoma.

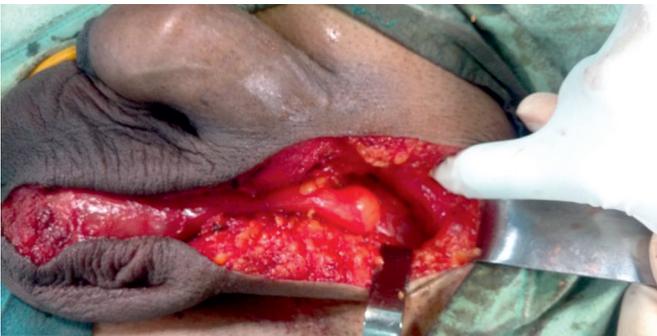


Fig. 3: Post Lipoma excision, note the inguinoscrotal incision taken

The lipoma was remote from the testis and epididymis and was completely extracted with relative ease from the adjacent structures sparing the testis and epididymis (Fig. 4).

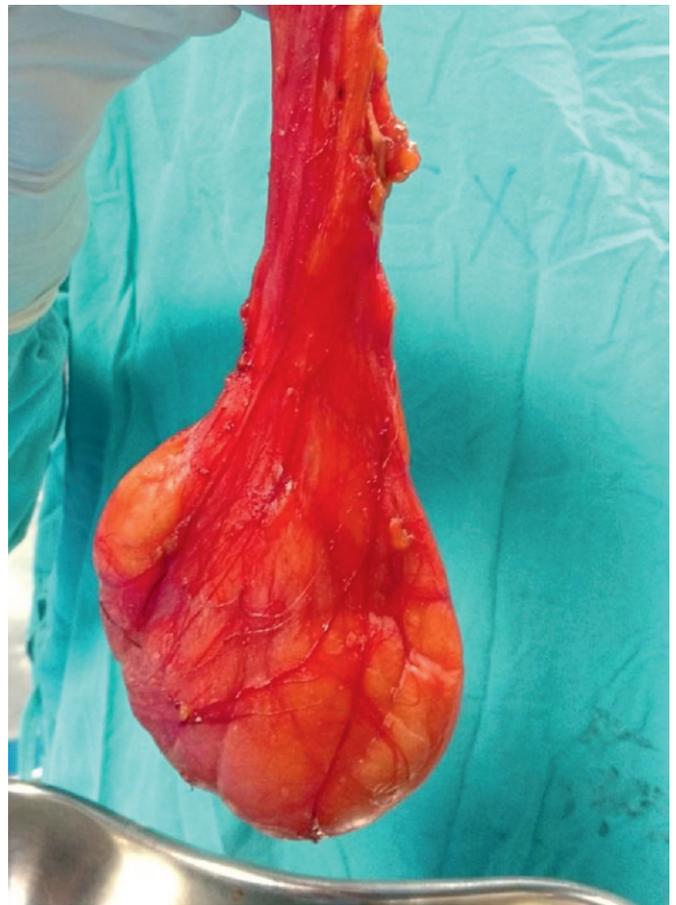


Fig. 4: Specimen of the excised lipoma sent for histopathology

Post operative and follow up phases were uneventful. The histopathology report also revealed the said lump to be a lipoma.

Discussion

Lipoma is the most common benign tumor of the paratesticular area, usually arising from the spermatic cord^[3]. In case of a scrotal swelling, varicocele, hydrocele, testicular tumor, scrotal hernia, epididymitis, and orchitis are the diseases that are first thought of^[1]. A practical classification was described by Minami where he divided intrascrotal lipomas into three types: (a) those originating from the subcutaneous tissue posterior to the spermatic cord, which spread into the scrotum and are called scrotal lipomas, (b) those arising from the fat tissue within or outside the spermatic cord, which develop in the spermatic cord and are called spermatic cord and tunica vaginalis tumors and (c) those originating from fat lobules of the dartos tunica of the scrotum which are rarely seen and called primary scrotal lipomas^[2]. In this case of ours, it is a scrotal lipoma. The most frequently reported cases of lipomatosis are those associated with multiple systemic lipomatosis, where

fat aggregates are usually seen in the upper half of the body, neck, shoulder, and arms.

Although more than 200 symmetrical lipomatosis cases have been reported, scrotal involvement has been observed in only a very small number of these patients. The etiology of this disease, which is usually seen from the 3rd to the 5th decade, is not fully known^[1]. In the same way, it was shown that scrotal lipomatosis in obese men may signify a distinct pathological manifestation of obesity involving the scrotum^[1].

Very few scrotal lipomas have been reported in the literature, and due to lack of a uniform classification system, it is all the more difficult to estimate the exact number^[2].

Ultrasonography, CT and MRI scans play an important role in the evaluation of scrotal masses. USG help in differentiating an intra testicular or an extra testicular mass. On MRI, owing to lipoma's characteristic signal intensity, high and low on T1 and fat-suppressed T1- weighted images respectively it is easier to know its origin and extent^[3]. Therefore we believe that the management of these scrotal swellings should consist a scrotal and inguinal exploration as well, regardless of the swelling being confined to scrotum or not^[4].

Extra testicular tumours are rare tumours of the scrotum which can grow exceptionally large and pose significant diagnostic challenge. Surgical exploration is the treatment of choice with appropriate radiological investigation to backup the diagnosis of a scrotal lipoma.

Learning points:

- Scrotal lipomas are rarely seen
- Clinically, imitates inguinal hernias
- Although mostly benign, sarcoma should be suspected when swellings are large, rapidly growing, heterogenous and infiltrating other scrotal structures

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