Angioleiomyoma para testicular, about a very rare case: Case report

Cheikh Saad Bouh Khatraty 1, *, Mohamed Amine Malki 1, François Junes 2, Mustapha Ahsaini 1, Soufiane Mellas 1, Jalal Eddine El Ammari 1, Mohammed Fadl Tazi 1, Mohammed Jamal Fassi 1 and Moulay Hassan Farih 1

1 Department of urology, University hospital Hassan II, fez Morocco.
2 Department of urology, Hospital centre of libourne, France.

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Abstract

Para testicular Angioleiomyoma is a very rare benign tumor. We present the case of a 48-year-old patient who presented with a scrotal mass, he underwent surgical treatment and then the anatomopathologist confirmed that it was an angioleiomyoma.

Keywords: Angioleiomyoma; Testicle; Tumor; Scrotum; Orchidectomy

1. Introduction

Angioleiomyoma is a benign tumor that develops at the expense of smooth muscles and vessels. The majority of angioleiomyomas are located in the subcutaneous tissue of the extremities (1). Para testicular localization is very rare, with very few cases reported in literature. Although it is a benign tumor, it can simulate testicular cancer.

2. Case Presentation

This is a 48-year-old patient married with 2 children, with no notable pathological history apart from a right inguinal hernia operated 10 years ago, who presented with a scrotal mass that had appeared 2 years ago and was progressively increasing in size. Clinical examination revealed a nonpainful mobile mass, well limited in the right Para testicular region, and the mass was separated from both testicles (figure 1).

Biological tests were normal, notably for testicular tumor markers: alpha-foetoprotein, human chorionic gonadotropin and lactate dehydrogenase.

Scrotal ultrasound revealed a homogenous, well limited mass 8,5 cm long, with both testicles intact and a border separating the mass from the right testicle.

We proceeded with surgical excision of the mass while retaining the testicle (figure 2).

The mass was sent for anatomopathological study, which confirmed an angioleiomyoma (figure 3).

*Corresponding author: Cheikh Saad Bouh Khatraty.

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Figure 1 Clinical examination, palpation of the mass with individualization of the two testicles

Figure 2 Surgical excision of the mass while retaining the testicle

Figure 3 Macroscopic appearance of tumor
3. Discussion

Angioleiomyoma is a benign tumor that generally develops between the third and fifth decades of life (2). These benign lesions are generally asymptomatic and not very painful (3).

The time between treatment and the onset of symptoms varies in the literature from 2 months to 30 years (3).

Ultrasound can provide useful information for the diagnosis of a scrotal mass. However, it’s difficult to confirm the malignant or benign nature of a scrotal mass on the basis of ultrasound (3). Testicular cancer tumor markers were normal in our case as in the literature (4). Definitive diagnosis is made by histology (5).

Accurate evaluation of an indeterminate testicular tumor should facilitate organ preservation if the benign nature is detected pre or intraoperatively. Treatment of such lesions should be conservative, to avoid unnecessary orchidectomy (6).

4. Conclusion

Scrotal masses are generally malignant tumors; we report on a very rare localization of angioleiomyomas which is paratesticular alone. We have found less than five cases in the literature, but angioleiomyomas, although rare, remain benign tumors whose diagnosis and proper management can avoid orchidectomy.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References


