University Journal of Surgery and Surgical Specialties

ISSN 2455-2860 Volume 2 Issue 4 2016

leiomyosarcoma of spermatic cord-case report for its rarity

KAVI MOZHY ILAKKIYA
Department of General Surgery,
TIRUNELVELI MEDICAL COLLEGE

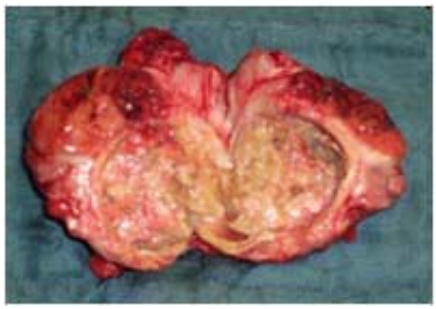
Abstract :
Leiomyosarcoma of spermatic cord are extremely rare.About 110 cases have been reported in the literature.A 65 year old man with 2 year history of painless lump in the right hemiscrotum.scrotal examination revealed a 1510cm hard mass with irregular surface.USG reported as right testicular mass.we treated patient with radical inguinal orchiectomy. Histology suggested a leiomyosarcoma of spermatic cord. Although the condition is rare,it should be one of the differential diagnoses for a firm-to-hard lump in the cord. Apart from radical orchidectomy, there has been added benefit of adjuvant radiotherapy to prevent any loco-regional lymph node recurrence.

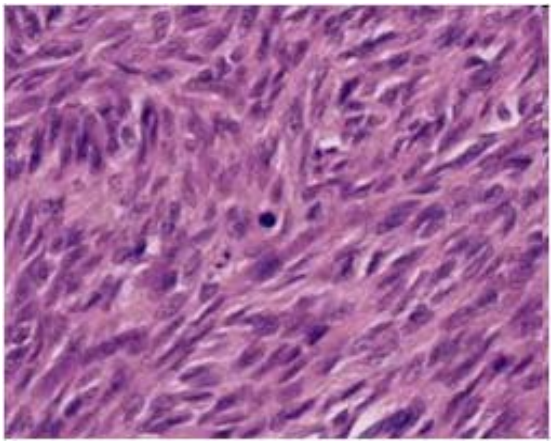
Keyword :leiomyosarcoma,spermatic cord,orchiectomy

A 65 year male presented with 2- years history of painless lump in the right hemiscrotum.he had no history of trauma,sudden increase in size or associated pain.

The patient denied lower urinary tract infection.There is no associated comorbid condition.On examination,moderately built,no pallor,icterus,lymphadenopathy with vitals stable.systemic examination normal .Clinical examination of the scrotum revealed a 15*10cm,non-tender,hard lump in right side of scrotum, irregular surface and lump was not freely mobile and was attached to the right spermatic cord.Testicularsensation absent.Right bubonocele present.left testis normal.There is no organomegaly/mass/freefluid.left supraclavicular fossa free. left supraclavicular fossa free.DRE-No abnormality detected.
Routine blood investigations were normal.chest Xray shows solitary pulmonary nodule in left midzone.USG revealed right testicular mass and left testis normal.CT scan thorax shows well defined nodular lesion in both lung fieldsProceeded with high orchidectomy in right side and herniorrhaphy done.specimen of testis with cord structures measuring 24*9*6cm mass.on cross section 9*8*3cm compressing the normal testis.mass

is variegated,whitish,yellowish with whorly pattern.





Post op period was uneventful. Microscopic examination showed tumour composed of sheets.fascicles and intersecting bundles of spindle cells with blunt ended nuclei and acidophilic fibrillary cytoplasm,tumour cell margin with ectatic staghorn shaped vascular sprouts and multinucleated giant cells.increased atypical mitotic figures.extending into testicular tissue compressing the atrophic seminiferous tubules and reported as “leiomyosarcoma of spermatic cord”.

Discussion:Leiomyosarcoma accounts for 5% –10% of soft tissue sarcoma. A review of 10 series of paratesticular sarcomas in adults showed that leiomyosarcoma is the most commonly reported histological variety, with a peak incidence in the sixth and seventh decade. Leiomyosarcoma originates from the spermatic cord, the scrotum or the epididymis. The most common spermatic cord type arises from undifferentiated mesenchymal cells of the cremasteric muscle and vas deferens. The less frequent epididymal form originates from the smooth muscle surrounding the basement membrane of the epididymis canal. The natural course of leiomyosarcoma depends on site, size, grade and evidence of nodal or distant metastasis. Anatomically, leiomyosarcoma is divided into 3 subgroups: deep soft tissue, cutaneous–subcutaneous and vascular origin. According to the American Joint Committee on Cancer, staging system spermatic cord leiomyosarcoma is a deeper variety of subgroup.Preoperative diagnosis of spermatic cord leiomyosarcoma is difficult and usually made by histological examination. Clinically leiomyosarcoma presents as a painless, firm, para-testicular intra- scrotal mass and therefore diagnostic evaluation should be similar to that of any testicular tumour. Scrotal ultrasound is a useful primary way to assess the mass and its relation to the testis. Once the diagnosis of leiomyosarcoma has been established by surgery, clinical staging is necessary. Radical orchidectomy is the standard primary surgical procedure followed by adjuvant radiotherapy to reduce the local recurrence. The primary treatment with radical orchidectomy is an essential approach, but a single case report with local excision and surveillance has been reported.A reported survival rate is 50%–80% and microscopic residual disease in 27% of cases and therefore warrants an additional adjuvant treatment Despite such a high incidence of lymphatic spread, no report has yet shown a significant survival benefit from the addition of RPLND to radical orchidectomy. In conclusion

References

1.Russo P. Urologic sarcoma in adults. *Urol Clin North Am 1991;18:581-7. [PubMed]*

2 Weiss SW, Goldblum JR. Leiomyosarcoma, In: *Enzinger and Weiss's Soft tissue Tumors 4th ed. St.Louis (MI): Mosby Inc; 2001. p. 727-48.*

3 Folpe AL, Weiss SW. Paratesticular soft tissue neoplasms. *Semin Diagn Pathol 2000;17:307-18.[PubMed]*

4 Woodward PJ, Schwab CM, Sesterhenn IA. Extra testicular scrotal masses. *Radiographics 2003;23:215-40. [PubMed]*

5 Lopes RI, Leite KR, Lopes RN. Paratesticular leiomyosarcoma treated by enucleation. *Int Braz J Urol2006;32:66-7. [PubMed]*

6 Blitzer PH, Dosoretz DE, Proppe KH, et al. Treatment of malignant tumors of the spermatic cord: a study of 10 cases and a review of the literature. *J Urol 1981;126:611-4. [PubMed]*