Rare Image

UNUSUAL PRESENTATION OF SPERMATIC CORD CYST IN AN ADULT CADAVER

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ABSTRACT

There are many lesions found in the inguinoscrotal region. The awareness and histopathological confirmation of masses in the inguinal scrotal region is necessary as some of them have prolonged clinical course with late recurrences. During routine dissection of the inguinal region of undergraduate teaching in Department of Anatomy a lump was found on the spermatic cord of a 45-50 year old male cadaver. This lump was found close to the left superficial inguinal ring, after dissection it was seen as protruding out of superficial inguinal ring and was attached to the spermatic cord which was thicker than those seen during routine dissection.

KEY WORDS: Inguino Scrotal Region; Hernia; Lump Spermatic Cord.

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INTRODUCTION

A variety of benign and malignant masses can be found in the inguinal scrotal region. Benign causes of masses most commonly found are hernia, abscess, hydrocele,varicocele etc. A mass found in this region needs to be explored further'[1,2] . Lumps in inguino-scrotal areas due to hernias can be difficult to differentiate from other extratesticular scrotal swellings like cysts of epidydimis, spermatic cord lesions or scrotal wall lesions. We are reporting a spermatic cord lump which was found during routine dissection of the inguinal region in a cadaver which was connected to the spermatic cord. The clinical history of patient was unavailable as it was found in the cadaver.

Spermatic cord lesions can be due to trauma or tumours [3]. Cystic masses of the epididymis include the simple epididymal cyst and spermatocele which can present as scrotal swelling. Spermatoceles contain spermatozoa whereas epididymal cysts contain clear fluid.

Hernias in inguino-scrotal regions are difficult to differentiate from other causes on physical examination. In a case study a sarcoma in the inguinal region made preoperative diagnosis difficult since the clinical findings were very similar to that of inguinal hernia [4]. Another type of sarcoma on microscopic examinations showed fibrosis of spermatic cord [5]. A case report on a type of sarcoma revealed that patient went to the urologist complaining of a painless mass in the upper left scrotum that progressively enlarged. He was otherwise asymptomatic. Examination revealed a non-tender, mobile, firm, nodular mass in the left spermatic cord, several centimeters above the testicle (this is similar to what we saw during dissection). Overlying skin changes and inguinal hernia were absent. The rest of the physical examination (including testicles, scrotum, penis, and abdomen) was

normal. On removal of the mass it was reported it as liposarcoma by histopathology [6]. The awareness and histopathological confirmation of masses in the inguinal scrotal region is necessary as some of them have prolonged clinical course with late recurrences. An unusual inguinoscrotal swelling is being reported as follows.

CASE REPORT

A lump was found outside the left superficial inguinal ring during the routine dissection of the inguinal region. On close inspection it was in close contact with the spermatic cord and on palpation it appeared solid. The spermatic cord which was thicker than seen in normal cadaver was traced from testes in the scrotum to the deep inguinal ring.

The entire mass together with the left testes and spermatic cord was removed from the scrotal sac through blunt dissection. The size of the lump was 2.5× 0.7 × 2.3cm. The tissue was taken in ten percent formalin and was preserved in the same for 1 week. Tissue was labeled and embedded in paraffin, sections were cut at 5µ with rotary microtome. The slides were analysed under the microscope after staining with Haematoxylin and Eosin. The slides showed fibrosis predominantly with few ductules and empty spaces.

Thin and compressed lining cells could be seen at the periphery.

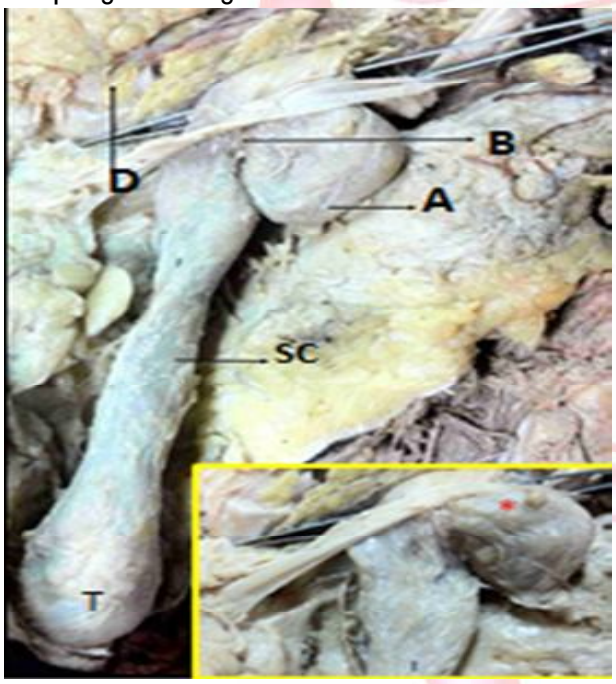

Fig 1: Shows the dissection of the left inguinal region and upper thigh. The Testis **(T)** have been exposed along with the spermatic cord **(SC)** upto the superficial inguinal ring **(D)**. The Lump **(A)** is attached to the spermatic cord **(C)** close to Superficial ring **(D)**. The inset shows the enlarged view of the lump marked with*.

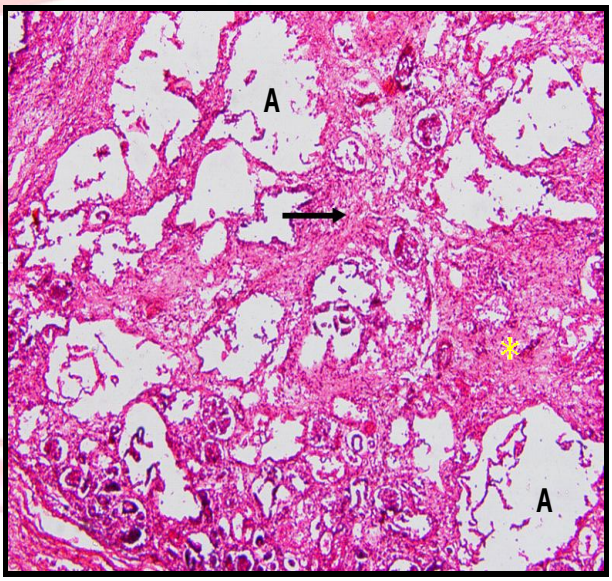

Fig 2: The micrograph shows a section of the lump stained with haematoxylin and eosin stain and seen under 40X magnification. Abundant fibroconnective tissue* - fibrosis with empty looking cystic spaces(A).

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