Case Report

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Lipoma of spermatic cord

Abstract

Lipoma of spermatic cord is rare. They should be considered in the patient with groin pain and normal examination results. A case of lipoma of cord in a 82year old man is presented. Presentation was as a painless swelling for which he never sought medical advice. Ultrasonography showed hyper echoic lesion. Fine needle aspiration of swelling yielded adiposities. Excision of swelling was done.

Keywords: lipoma, painless swelling, spermatic cord

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Imtiaz A Wani, Feroz Iqbal, Hamid Samoon, Ishfaq Ganiae, Mushtaq Sheikh, Yawar Mir
Department of Surgery, India

Correspondence: Imtiaz A Wani, Amira Kadar, Srinagar, Kashmir 190009, India, Email imtazwani@gmail.com

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Introduction

Number swellings appear in scrotum, out of which approximately 70% originate in the spermatic cord. Among these, lipoma of cord is commonest but is seldom encountered. They appear as a slow-growing, painless swelling in the inguinal area. They can cause hernia-type symptoms in the absence of a true hernia. With advent of laparoscopic pre-peritoneal surgery, lipoma of the cord once considered rare and insignificant, has been cast in a new light with diagnostic and therapeutic implications. The clinical diagnosis is confirmed by Ultrasonography, computed tomography scan and, occasionally, by exploratory scototomy. Excision of lipoma is treatment of choice.[1]

Case report

An 82year old male presented with painless swelling of right groin of 18months duration for which he was asymptomatic. General physical as well as systemic examination was normal. Local examination showed a 17×11×7.3 centimeter swelling, with thinned overlying skin, soft, non tender, with restricted mobility, having negative cough impulse and the transillumination test (Figure 1). Ultrasonography showed a hyper echoic lesin. Fine needle aspiration yielded adiposities. Patient had excision with intraoperative swelling, soft, yellowish with adhesions with adjacent structures which were easily released, weighing about 756grams (Figure 2) (Figure 3). Post operative period period was uneventful and no recurrence seen in follows up of 11months.

Figure 1 Showing Inguinal Swelling.

Figure 2 Showing Lipoma on Cord.

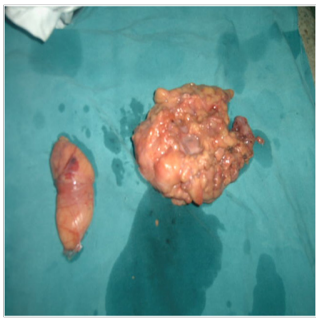

Figure 3 Showing excised specimen.

Discussion

Lipoma of the cord is a poorly recognized entity that can be present with groin symptoms and clinical findings indistinguishable from inguinal hernia. Occasionally extra peritoneal fatty protrusions are often observed along the path of the spermatic cord into the inguinal canal occurring in more than one-fifth of the patients with inguinal hernia, but true Lipomas are not commonly found.[2] Its incidence was poorly appreciated prior to the laparoscopic era.[3] 70% of spermatic cord tumors are benign, out of which spermatic cord lipoma constitutes 30-35% of benign tumors. The etiology is unknown but linked to constitutional factors like obesity. This progresses always as an asymptomatic usually unilateral extra testicular intrascrotal mass showing a swift growth to masses larger than 10cm with no other clinical symptoms or signs of tumor, frequently seen in the

fifth or sixth decade of life. Rarely, spermatic cord can transform to liposarcoma.[4]

Diagnosis is confirmed by ultrasound and computed tomography scan, when doubtful, and the histology is confirmatory during scrotomy. On ultrasonography this appears homogeneous, a little hyper echoic compared with the next testicle. The differential diagnosis is not easy and includes incarcerated hernia. This benign tumor can be clearly seen during laparoscopic exploration of the preperitoneal space tissue but can be easily overlooked, a unique pitfall, at the time of transabdominal preperitoneal (TAPP) laparoscopic hernia repair and this can lead to an unsatisfactory results.[5,6] Tumor resection is that required. Awareness and appropriate treatment of the cord lipoma helps to reduce the risk of relapses and pseudo-relapses.

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Conflict of interest

The author declares no conflict of interest.

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