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PHOTO QUIZ

A patient with an inguinal mass: a groin hernia?

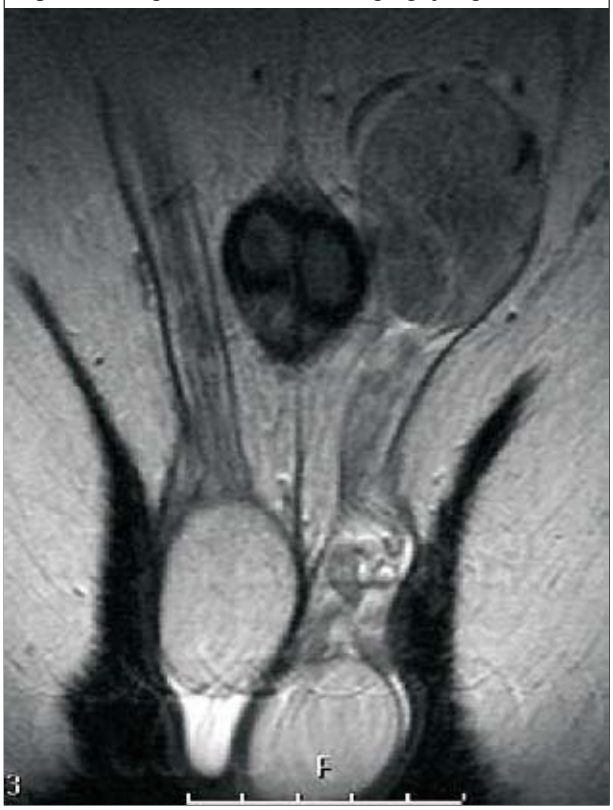
F.J. Vogelaar[1*], H.M. Schuttevaer[2,3], J.M. Willems[4]

Departments of [1]Surgery and [2]Radiology, Rijnland Hospital, Leiderdorp, the Netherlands, Departments of [3]Radiology, and [4]Gerontology and Geriatrics, Leiden University Medical Centre, Leiden, the Netherlands, *corresponding author: tel.: +31 (0)71-582 89 05, fax: +31(0)71-582 89 03, e-mail: j.vogelaar@rijnland.nl

CASE REPORT

A 66-year-old man was admitted to our hospital with a possible left-sided groin hernia. He had no history of trauma and no urinary tract symptoms. His previous medical history revealed insulin dependent type 2 diabetes. On physical examination a firm non-tender mobile mass of 3 to 4 cm was found above the left testis. No hernia was felt. Routine laboratory tests were normal. Ultrasound of the scrotum and inguinal region showed a non-specific, well-circumscribed mass of 3 x 4 cm on the left side. The lesion itself showed increased vascularity. Magnetic resonance imaging of the scrotum and inguinal region was performed (*figure 1*).

Figure 1. *Magnetic resonance imaging of inguinal mass*



WHAT IS YOUR DIAGNOSIS?

See page 400 for the answer to this photo quiz.

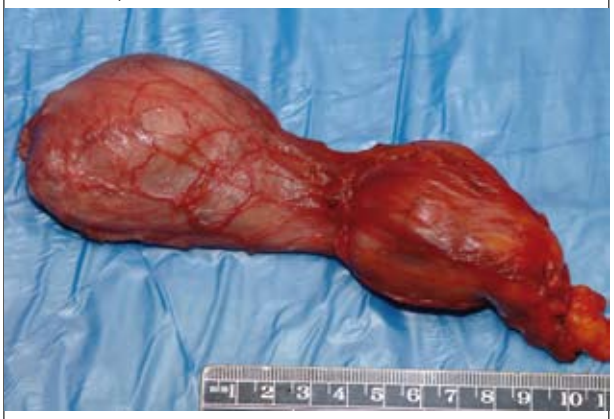
ANSWER TO PHOTO QUIZ (PAGE 399)

A PATIENT WITH AN INGUINAL MASS: A GROIN HERNIA?

DIAGNOSIS

Magnetic resonance imaging of the inguinal region revealed a circumscribed tumour in the spermatic cord without signs of growth into circumferential tissues. The staging CT scan of the chest, abdomen and pelvis did not reveal any local or distant metastases. A radical orchidectomy along with excision of the spermatic cord mass (*figure 2*) was performed. The patient's postoperative recovery was uneventful. Microscopic examination revealed a leiomyosarcoma with intermediate grade of malignancy and with negative margins. Clinical and radiological follow-up at 12 months showed no recurrence.

Figure 2. *Spermatic cord after surgical resection (272 x 180 mm)*



At the left side of the picture the testis is located and at the right side the spermatic cord leiomyosarcoma.

Leiomyosarcoma of the spermatic cord is rare, about 110 cases have been reported in literature.[1] The clinical presentation is often an inguinal or scrotal mass, painful or painless, and is sometimes accompanied by a hydrocele. A review of paratesticular sarcomas in adults showed a peak incidence in the sixth and seventh decade. The most common means of spread is lymphatic, haematogenous (lung) and furthermore by local extension to the scrotum, inguinal canal or pelvis. Radical orchidectomy is the standard primary surgical procedure and the importance of adequate surgical margins has been well documented. To reduce local recurrence, adjuvant radiotherapy can be applied.[2] A reported survival rate is 50 to 80%[3] but probably half of the patients experience tumour recurrence.[4] Therefore, thorough clinical and radiographical long-term follow-up is essential. In clinical practice, spermatic cord leiomyosarcoma, although rare, should be in the differential diagnosis for a firm palpable mass in the scrotum or inguinal region especially in older men.

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