

# İNKARSERE İNGUİNAL HERNİ GÖRÜNÜMÜNDE KASIK LİPOSARKOMU: OLGU SUNUMU

## Inguinal Liposarkoma Presenting as an Incarcerated Inguinal Hernia: Case Report

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### ÖZET

Kasıkta liposarkomlar oldukça nadirdir. 81 yaşındaki hasta, sol inguinal bölgede kitle ile hastanemize başvurdu. Hasta inkansere ingiunal herni tanısıyla ameliyat edildi. Fıtık onarımı yapıldıktan sonra kесе altında 10x5 cm lik kitle saptandı. Spermatik kord ve testis damarları korunarak kitle eksize edildi. Patolojik tetkikinde liposarkom olarak rapor edildi. Olgumuz literatür eşliğinde gözden geçirilmiştir.

**Anahtar kelimeler:** *Inguinal herni, İnkarsere, Liposarkom*

### ABSTRACT

Inguinal liposarcomas are relatively rare. 81-year-old patient, was admitted to our hospital with left inguinal mass. He was diagnosed with the left groin non reducible inguinal hernia for the first time and received a hernia repair. The mass(10x5 cm), however, was found to be a tumor it situated along the spermatic cord and testicular vessels. The mass was partially removed, sparing the elements of cord. We report a case of inguinal liposarcoma presenting as incarcerated inguinal hernia and review the related literature.

**Key words:** *Inguinal hernia, Incarsera, Liposarcoma*

### INTRODUCTION

The liposarcoma is a malignant tumour of the adipose tissue that arises from the primitive mesenchymal cells. These neoplasms have been usually found in the soft tissues of limbs, trunk, mediastinum, retroperitoneum and occasionally in the spermatic cord. The clinical aspect is frequently a complaint of scrotal or inguinal painless mass, mimicking an inguinal hernia and the diagnosis of tumor is performed mainly during surgery (1) . Herein, we report a case of liposarcoma, mimicking incarcerated inguinal hernia and successfully treated.

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## CASE PRESENTATION

Our case was a 81-year-old man admitted to our hospital with left inguinal mass. There were no specific abnormalities in the laboratory data, and the tumor markers were within normal limits. He was diagnosed with non reducible inguinal hernia for the first time and received a hernia repair. The mass(10x5 cm), however, was found to be a tumor it situated along the spermatic cord and testicular vessels. The tumor was resected near part of the internal inguinal ring, sparing the elements of cord (Figure 1). The transversalis fascia was repaired by direct suture and a polypropylene mesh was located above. Histopathological diagnosis showed well-differentiated liposarcoma of the sclerosing type. Postoperative computed tomography (CT) revealed a minimal residual edema and fluid in the internal ring. The patient was sent to oncology hospital during postoperative 3th days due to marginal biopsies were positive for tumour.

## DISCUSSION

Inguinal liposarcomas are relatively rare and in most cases these tumors are thought to originate in the spermatic cord. The origin of the tumor is believed to be the retroperitoneum (1,2). These neoplasms have been usually found in the soft tissues of limbs, trunk, mediastinum, retroperitoneum and occasionally in the spermatic cord (1,3).

Incarcerated inguinal hernia is a common surgical indication in the emergency room. Delayed diagnosis can result in ischemic bowel or bowel perforation. The reported incarcerated contents include bowel loop, mesentery, omentum and, rarely, malignant lesions, such as lymphoma, liposarcomas, metastatic tumors etc (4).

The clinical aspect is frequently a complaint of scrotal or inguinal painless mass, mimicking to an inguinal hernia and the diagnosis of tumor is performed mainly during surgery, as in our patient. In the case of a firm not reducible painless inguinal mass without signs and symptoms of bowel obstruction, an abdominal tumor with inguinal or scrotal extension should be suspected and preoperatively excluded. The ultrasonography, (US) and computed tomography (CT) scan may be helpful to plane a correct therapeutic strategy

before intervention (1). Essential components of treatment include early diagnosis and resection. Early diagnosis and prompt surgical intervention provide the only chance of a successful outcome.



**Figure 1:** The tumor resected near part of the internal inguinal ring, sparing the elements of cord.

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