

## HAEMANGIOMA OF THE EPIDIDYMIS

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### SUMMARY

Haemangioma of the epididymis is a rare cause of an intrascrotal mass. Despite the advances in pre-operative diagnosis of intrascrotal masses, potential risk of malignancy dictates radical orchidectomy in all patients presenting with a painless lump in the scrotum.

**Key words:** Epididymis, Haemangioma, Tumour, Intrascrotal mass.

### CASE REPORT

A 27-year-old male patient presented with the complaint of swelling in the right hemiscrotum for one month. He had noticed that this painless swelling has increased in size during the last week. He had neither history of trauma, nor signs and symptoms of tuberculosis or infection.

Physical examination disclosed a painless lump measuring 5X7 mm around the right testis which was fixed to the scrotal wall. There was also a right varicocele. Systemic examination was otherwise normal. Urinalysis, chest X-ray, blood alpha-fetoprotein and beta-human chorionic gonadotrophin levels were normal; PPD skin test was negative. Scrotal ultrasound revealed that the right scrotal wall was hypertrophic, testis measuring 35 X 23 mm and a multilocular hypoechoic mass of 3.3 X 2.8 mm was noted at the head of the epididymis (Fig. 1). An abdominal CT scan was also normal. The patient underwent right inguinal exploration with the initial diagnosis of a malignant epididymal tumour. On exploration, the testis appeared to be normal, and a vascular encapsulated mass of 1.5 cm diameter was noted at the head of the epididymis. A high inguinal orchidectomy was performed.

Histological examination showed vascular structures lined with endothelium and their lumen full of erythrocytes (Fig. 2). The diagnosis of epididymal haemangioma was made. The patient is well with no evidence of disease after 18 months.

### DISCUSSION

Haemangioma of the epididymis is rare. Broth et al (1) reported 17 cases to be vascular in origin among 278 tumors of the epididymis that he had reviewed. Later, Elsasser (2) reviewed the literature and found 15 haemangiomas among 500 epididymal tumours. A peculiar finding that needs to be explained in our patient is the presence of a right varicocele; which was also noted with epididymal angioma (3). We believe that this is a coincidental finding. The multilocular hypoechoic lesions seen in the ultrasound images can be interpreted as vascular structures. However, due to rarity of this tumour it is difficult to conclude ultrasound with such a diagnosis. Thus, despite the fact that scrotal ultrasound may be helpful in the differential diagnosis of an intrascrotal mass; potential risk of malignancy dictates radical orchidectomy in all patients presenting with a painless lump in the scrotum.



Fig. 1: Ultrasound images showing a multilocular hypoechoic mass at the head of the epididymis.

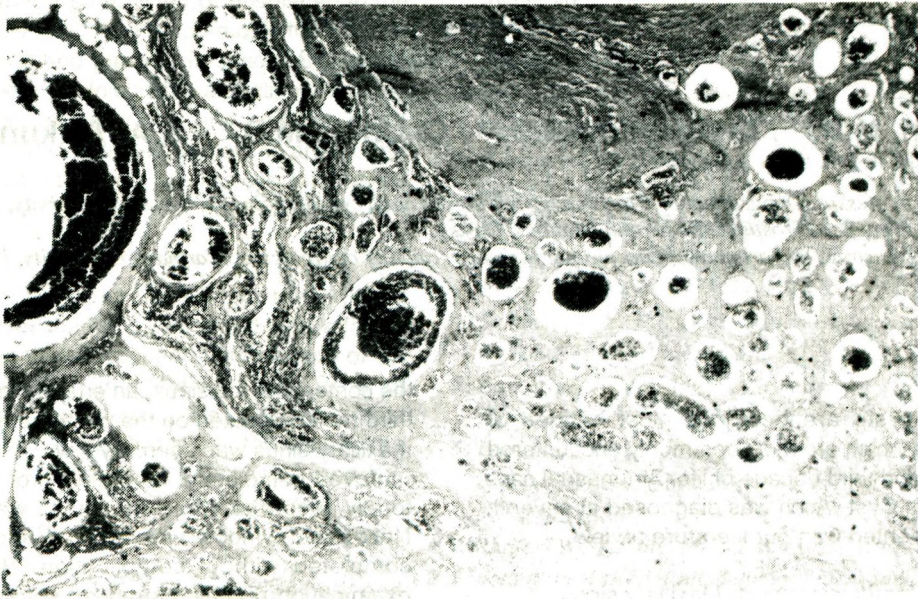


Fig. 2: Histological examination showed haemangioma at the epididymis (HE X 35).

#### REFERENCES

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