Intrascrotal Extratesticular Angiolipoma in a 3-Year-Old Child: A Report of an Uncommon Case: Original Image

İntraskrotal Ekstra Testiküler Anjiyolipom: Sık Rastlanmayan Bir Olgu Sunumu

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ABSTRACT Angiolipoma is an uncommon benign lipomatous neoplasm which occurs more frequently on the arms and trunk in teenagers and young adults. It is rare in children and in patients older than 50 years. Angiolipomas often present as tender or rarely non-tender subcutaneous nodules with overlying skin discoloration. A case of intrascrotal angiolipoma was reported in this article. A three-year-old child was operated due to right scrotal mass (9 x 5 cm). The pathologic examination revealed angiolipoma. An angiolipoma may be present as a scrotal mass and this pathological entity should be considered in the differential diagnosis of scrotal masses in childhood. To the best of our knowledge, this case is the first report of intrascrotal angiolipoma in the English literature. The case was been reported in view of its rarity, atypical presentation and atypical clinical picture.

Key Words: Angiolipoma; soft tissue neoplasms; urogenital neoplasms

ÖZET Anjiyolipom, sıklıkla genç ve erişkinlerde kol ve gövdede yerleşim gösteren, yağ dokusunun seyrek görülen iyi huylu tümöral oluşumudur. Anjiyolipomlar çocuklarda ve 50 yaş üzerinde sık görülmezler. Anjiyolipomlar sıklıkla ağrılı ve seyrek olarak da hassas olmayan cilt altı nodül ve üzerindeki derinin renk değişimi ile bulgu verirler. Sağ skrotal kitle (9 x 5 cm) nedeniyle 3 yaşındaki hasta opere edildi ve histopatolojik inceleme ile anjiyolipom tanısı kondu. Anjiyolipomlu olgularda skrotal kitle başvuru nedeni olabilir ve çocukluk çağındaki ve çocukluk çağında skrotal kitlelerin ayırıcı tanısında akılda tutulmalıdır. Bilgilerimize göre, bu olgu literatürde bildirilen intraskrotal ekstratestiküler yerleşimli ilk anjiyolipom olgusudur. Seyrek görülmesi ve atipik klinik tablosu nedeniyle sunulmuştur.

Anahtar Kelimeler: Anjiyolipom; yumuşak doku tümörü; ürogenital tümör

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Extratesticular scrotal masses in the pediatric population include benign neoplasms such as lipomas, adenomatoid tumors and malignant neoplasm such as rhabdomyosarcoma, liposarcoma, leiomyosarcoma, malignant fibrous histiocytoma, mesothelioma, and lymphoma angiolipomas usually develop as encapsulated subcutaneous tumors on the arms and trunk in young adults. It is rare in children and in patients older than 50 years. However, an angiolipoma uncommonly arises in the scrotum.[1,2] To our knowledge, this case is the first report of an intrascrotal angiolipoma in the literature.

A three-year-old child presented with right scrotal mass, which has enlarged gradually over a 2- year period. Physical examination revealed an approximately 9x5 cm irreducible solid painless scrotal mass with a normal right testis in an enlarged scrotum. There was no scrotal skin change. Ultrasound showed a well-defined solid mass located infero-lateral to the lower pole of the right testis, which did not adhere on the testis. All routine laboratory parameters, including tumor markers, were within normal limits. The patient underwent exploratory surgery with a vertical scrotal incision extending to the right lower inguinal area and the lobulated, lipoma-like mass was resected totally (Figure 1). The right testis was orchiopexied after excising and trimming the remnant scrotal wall. The excised mass was identified as a thin encapsulated nodular lesion measuring 9x9x5.5 cm. The postoperative pathologic diagnosis was angiolipoma. Histologically, the tumor consisted of mature fat cells and blood vessels (Figure 2). The postoperative course was uneventful and the patient was discharged on postoperative day one.

Angiolipomas were defined as a variant of lipomas in 1960[3] with to variants, the infiltrative and the noninfiltrative types. Both types are benign with no malignant potential. Noninfiltrating angiolipomas are encapsulated lesions limited to the subcutaneous compartment and more common in young people. They occur more frequently on the arms and trunk in teenagers and young adults.[4] There is only one reported case of scrotal wall-localization but no intrascrotal angiolipoma in the literature.[2]

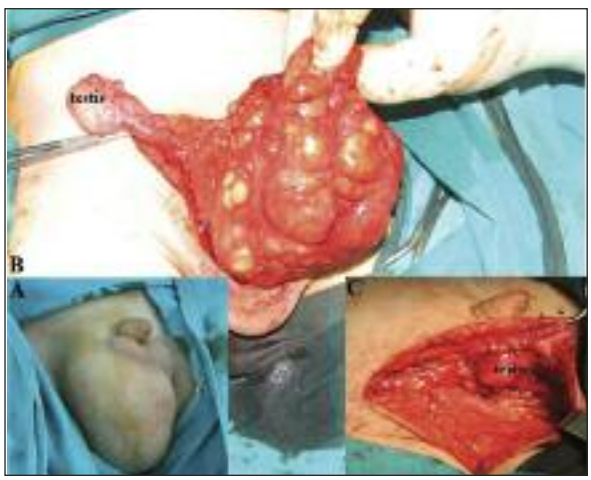

FIGURE 1: Preoperative **(A)** and intraoperative **(B)** images of the mass, postoperative view of surgical field **(C)**.

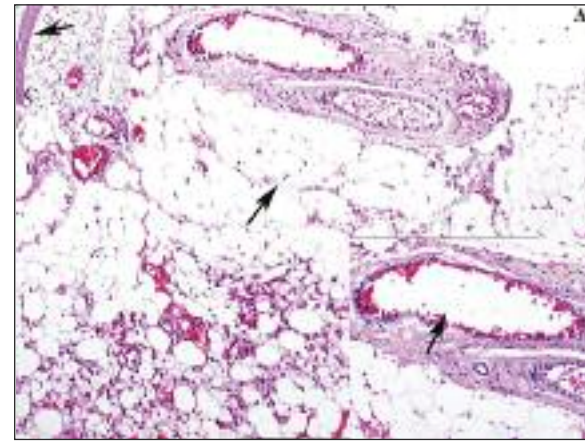

FIGURE 2: The tumor composed of mature fat cells (**A**, H&E x 40), blood vessels (**B**, H&E x 200) and thin capsule (**C**, H&E x 40).

Angiolipomas have distinct clinical features and often present as tender or rarely non-tender subcutaneous nodule with overlying skin discoloration.[4] Their size is usually smaller than 2 cm.[1-5] Our patient had a non-tender mass in the enlarged scrotum and normal appearance of scrotal skin. The tumor had originated from the scrotal subcutaneous tissue and had spread into the whole scrotum. Our patient presented with a large scrotal mass as an unusually presentation of an angiolipoma.

Angiolipomas are benign adipose-tissue lesions with prominent vascular features.[1,4,5] Angiolipomas show sharp encapsulation, numerous small-caliber vascular channels and variable amounts of mature adipose tissue. The vessels often appear as lobulated collections at the periphery of the tumor.[1,3,4] The diagnosis of a noninfiltrating angiolipoma was made in this case, based on its encapsulation and characteristic microscopic findings.

Surgical excision of angiolipoma is the treatment of choice. The recurrence rate is high in cases that are inadequately resected, but when the tumor is removed completely, the prognosis is excellent.[4] Total resection of the tumor was possible in this case because it was encapsulated and noninfiltrat-

ing lesion. The patient was followed-up for 2 years and no recurrence was observed.

In conclusion, an angiolipoma may be present as a scrotal mass, and this pathological entity should be considered in the differential diagnosis of scrotal masses in children

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