## Case Report

# Hemangioma of the spermatic cord: a case report

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### Abstract

Hemangioma of the spermatic cord is a benign, extremely rare tumor. We report a case of spermatic cord hemangioma presenting with a painless mass in the left hemiscrotum. Physical examination revealed a non-tender non-transilluminating irregular mass in the left hemiscrotum, above and clearly separate from the left testis. After surgical removal of the mass arising from the spermatic cord, histologic examination showed a benign vascular tumor consistent with cavernous hemangioma. To our knowledge, only a few cases of spermatic cord hemangioma have been previously reported in the literature.

KEY WORDS: Hemangioma, spermatic cord, scrotal mass.

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Ithough lipoma, fibroma, hemangiopericytoma, angiomyxoma and several other benign and malignant neoplasms of the spermatic cord and several cases of scrotal hemangiomas have been reported previously <sup>1-6</sup>, to our knowledge, there are very few reports of spermatic cord hemangioma in the literature <sup>7-9</sup>. We present a case of spermatic cord hemangioma.

### **Case report**

A 16-year-old male presented with a painless mass in the left hemiscrotum. It had gradually increased in size since 45 days ago. He had no history of fever, scrotal trauma, sexual contact, urethral discharge and irritating or obstructive urinary symptoms, and was otherwise healthy. Post-medical and drug histories were unremarkable. Physical examination revealed an irregular non-tender non trans-illuminating mass above and clearly separate from the left testis. The proximal portion of the mass was extended into the left inguinal canal. Both testes were normal in size and consistency. Physical examination was otherwise unremarkable. Urine analysis was normal and urine culture was negative.

Scrotal ultrasonography showed a multilocular mass with irregular contour above the left testis extending into the left inguinal canal. The patient underwent left inguinal exploration and excision of the left spermatic cord mass lesion. Post-operative course was uneventful.

Histologic examination revealed multiple large and dilated vessels of different sizes with cystic changes in some areas, lined by flattened endothelium. These changes were consistent with cavernous hemangioma.

### Discussion

Hemangiomas are the most common benign soft tissue neoplasms <sup>10</sup>. The spermatic cord, however, is an extremely unusual site for this tumor, where it is thought to arise from the pampiniform plexus <sup>11</sup>. It is believed to be congenital and there are reports of familial cases <sup>12,13</sup>. Hemangiomas of the genital area may enlarge as the child grows and usually present within the first two decades of life. Sometimes

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Spermatic cord hemangioma

there are associated hemangiomas on the skin of other areas <sup>5,6</sup>.

Spermatic cord and scrotal hemangiomas usually present with a painless non-tender mass <sup>5,7,8</sup>. There is a report of a spermatic cord hemangioma presenting with scrotal mass and hematospermia <sup>9</sup>. Two cases of bladder hemangioma have been reported with the chief complaint of gross hematuria <sup>14</sup>.

It is important to differentiate this lesion from other benign and malignant tumors of the inguinal and the paratesticular areas. Although ultrasonography is recommended in the preoperative assessment, unfortunately neither physical examination nor ultrasonography or other imaging modalities are useful for precise differential diagnosis <sup>5,7,8</sup>. Definitive diagnosis is made after surgery by histologic examination of the tumor. Inability to make accurate pre-operation diagnosis and reports of testicular atrophy due to scrotal hemangioma <sup>15</sup> make surgery the best tool for accurate diagnosis and definitive treatment. Histologic examination shows numerous large dilated vessels lined by endothelial cells. Special staining techniques may be required for accurate pathological diagnosis <sup>3,5,16</sup>.

Hemangioma of the spermatic cord is thus a rare tumor that can be challenging from both diagnostic and therapeutic standings. Further case reports can help understand more about natural history, diagnosis and treatment of this tumor.

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