

ADENOMATOID TUMOR OF THE TUNICA ALBUGINEA - A RARE CASE TREATED WITH ORGAN SPARING TECHNIQUE



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INTRODUCTION

The adenomatoid tumor of the genitourinary system is a rare benign mesenchymal neoplasm, located mostly in the epididymis and less frequently in the testis. Given its low specific clinical or ultrasound features, the distinction from the more common malignant testicular cancer is difficult leading to unnecessary radical orchiectomies.

RESULTS

A 52-year-old man with no relevant past medical history, presented as an outpatient with an incidental painless hardened nodule in the left hemiscrotum without inflammatory signs. He denied other associated symptoms, namely voiding complaints and recent or past scrotal trauma. Scrotal ultrasound showed a hypoecogenic well defined 10 mm nodular formation in the left testis lower pole without vascular flow. Tumor markers were negative. The patient was proposed for radical orchiectomy having however decided to seek another appraisal. After reassessment a pelvic magnetic resonance was performed, displaying a T1 slightly hypointense and T2 hypointense nodular formation in the tunica albuginea, favoring benign etiology.

Therefore, a partial orchidectomy was performed, sparing the remainder of the testicle. The final anatomopathological evaluation of the lesion showed an tunica albuginea adenomatoid tumor. The patient is currently under clinical and imaging surveillance.

MATERIAL & METHODS

The authors present a case of tunica albuginea Adenomatoid tumor treated with partial orchiectomy.

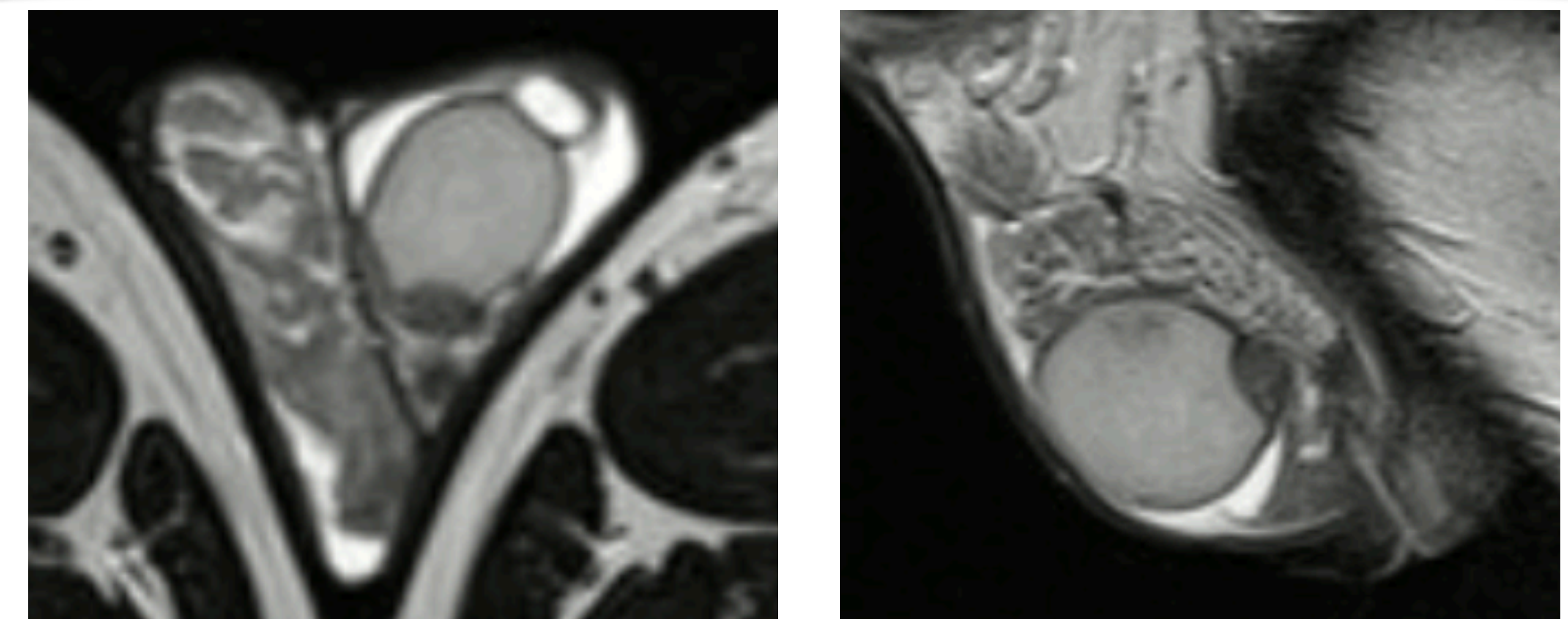


Fig 1. Pelvic Magnetic Resonance displaying T1 and T2 features of Adenomatoid tumor of the tunica albuginea

CONCLUSIONS

The adenomatoid tumor of the tunica albuginea is a benign lesion and its surgical excision with testicle preservation is recommended. Its location in the tunica albuginea or in the testicular parenchyma makes it indistinguishable from a malignant testicular lesion. In these cases pelvic magnetic resonance imaging is of value allowing successful excision and preservation of the homolateral testicle.

Follow up is advised using scrotal ultrasound although there are no reports of local or distant recurrence of this tumor.