

## A Rare Multiple Para Testicular Spindle Cell Tumors, Treatment with Saving Testis

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### 1. Abstract

In the presence of any painless hard Scrotal mass it looks reasonable to be considered malignant until proven otherwise, we present a case about a young man with multiple hard scrotal masses of spindle cells for more than one year that it increased in size and number by the time which is a very rare tumor in the scrotal.

### 2. Case Report

A 23 years old young man referred to us for a painless scrotal hard masses in the right scrotal, in the palpation there were multiple hard masses extra the testis in the epididymis and the cord, the evaluations were carried out by the ultrasound and MRI and the results showed that it may be an inflammatory or xantho granulomatous Fibroma and also the masses were associated with (Figure 1) a hydrocele and all the tumor markers were negative finally after saving sperm by cryopreservation an exploration for frozen section and surgery carried out The result of the frozen section indicated a Benign spindle cell tumor, so we did the resection of the tumors with saving the testis. This was the first time we faced the multiple tumors in the scrotal with benign pathology (Figure 2).

On the microscopic examination the spindle cells proliferation with intense chronic inflammatory cell infiltration rich in plasma cells within hyalinized and collagenous stroma observed. The mass also revealed the scattered eosinophils. The Necrosis was nil and no atypia and no mitotic figures were seen (Figure 3).

An Immunohistochemically analysis aids in confirmation of the

diagnosis. The majority of spindle cells show intense antibody staining for smooth muscle actin. Some of them are reactive for Actin and shows no reactivity for Desmin, EMA, ALK and S100 proteins.



**Figure 1:** The Evaluation of ultrasound of right scrotal, hydrocele and masses



**Figure 2:** An ultrasound evaluation several masses in the scrotal and hydrocele



Figure 3: MRI OF the scrotal

3. Discussion

The first Fibroma in the cord or testicular of the scrotal was reported by Balloch in 1904, but the etiology of this tumor is not clear but it is told it may be secondary to infection and inflammation or trauma [1], but it is very rare it is told that in the world it has been reported less than 200 cases [2] but until this time almost all of them has been operated as radical orchiectomy and in a lilt bit of them testis has been saved, this pathologic almost associated (Figure 11) with hydrocele in our case also the patient had a hydrocele [3, 4] still in all cases that have been reported recurrence has not been reported [5] the key point for management in this case is a Frozen section which we have done in this case [6]. In the differential diagnosis of Para testicular inflammatory pseudo tumor, various neoplastic, and inflammatory lesions of the testis, and the epididymis should be considered (Figure 4). These lesions include myxoid lip sarcoma, rhabdomyosarcoma (Figure 12), sarcomatoid carcinoma, inflammatory fibro sarcoma, and lip sarcoma, malignant fibrous histiocytoma, spermatocele, varicocele, and rarely tuberculous involvement [7] and immune histochemical study play a key role for this purpose (Figure 5).

cell [6] which in our case it doesn't look to have these lesions (Figure 6-10).



Figure 6: An exploration of the right scrotal: an extra testicular mass



Figure 7: The extra testicular mass

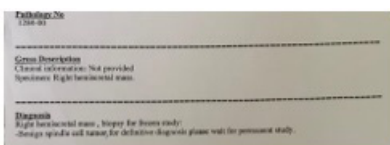


Figure 4: The result of Frozen section of mass

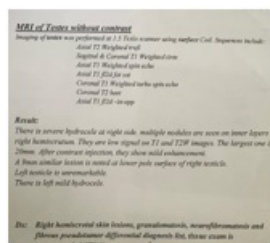


Figure 5: The Report of MRI

All the tumors which have been reported the duration of appearance of tumors were more than one year and painless. It is told that these patients maybe suffering from IgG4 related disease including systemic fibrosis and chronic inflammatory with infiltration of lymphocyte and may be associated with IgG4 secreting plasma

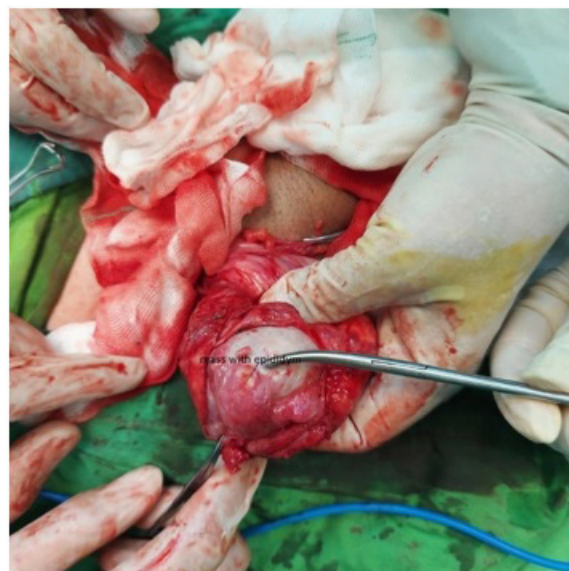
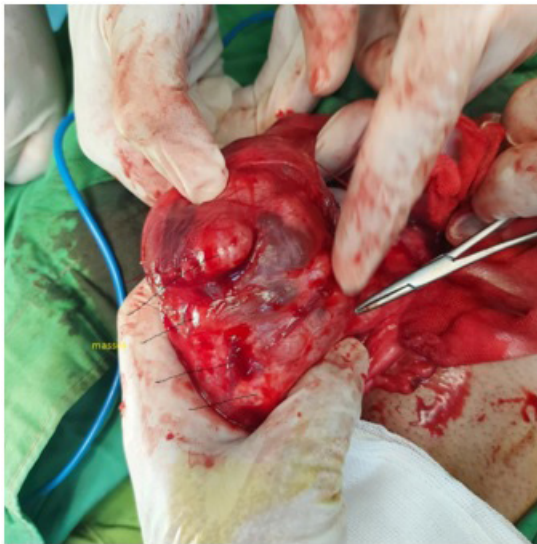
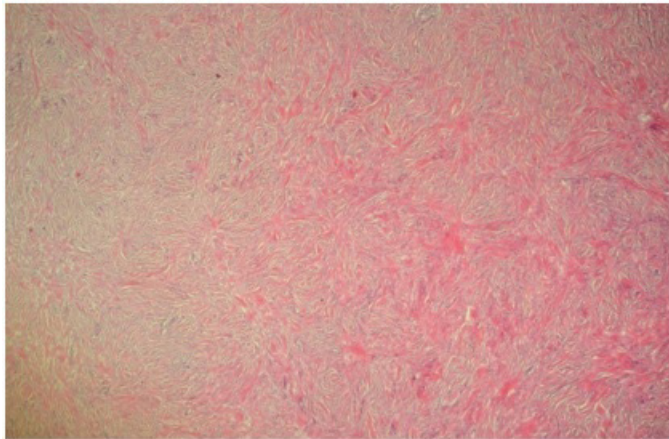


Figure 8: A mass with epididymis



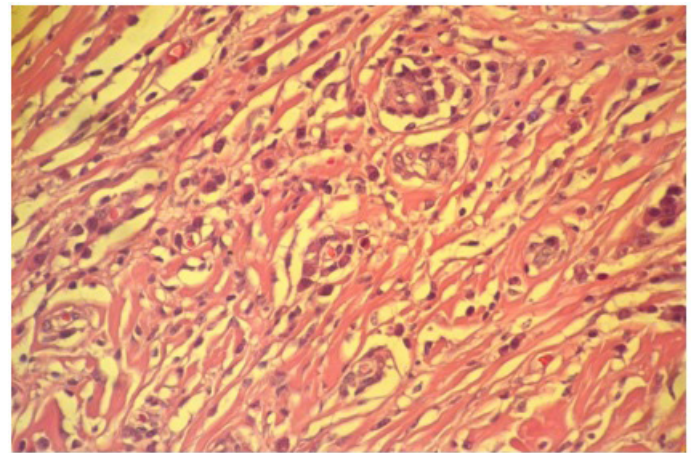
**Figure 9:** All extra testicular masses



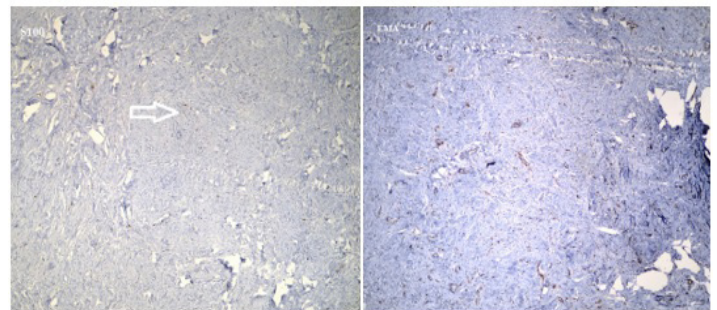
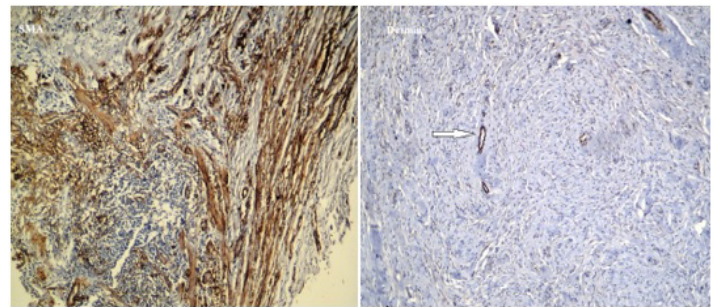
**Figure 10:** The proliferation of spindle cells rich in chronic inflammatory cell infiltration

Although inflammatory pseudo tumor series in different organs have a 25% recurrence rate, aggressive and locally invasive Para testicular inflammatory pseudo tumor has been rarely reported. Thus, lesions occurring in the retro peritoneum, mesentery, or mediastinum are considered potentially malignant and could recur after treatment [8].

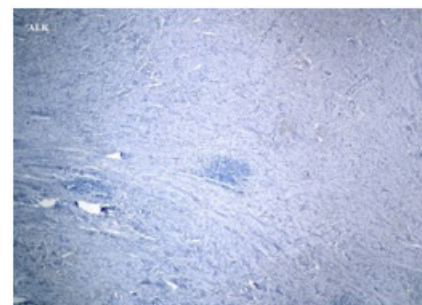
Rearrangements involving the ALK locus on chromosome 2p23 have (Figure 13) been documented in approximately 50% of Para testicular inflammatory pseudo tumor. Distant metastases occur primarily in ALK-negative Para testicular inflammatory pseudo tumor, but local recurrence occurs regardless of ALK expression. In recurrent ALK-positive cases, Crizotinib is an effective treatment modality [9].



**Figure 11:** The infiltration is rich in plasma cells and shows few eosinophils



**Figure 12:** Immuno histochemical studies showed the majority of spindle cells intense antibody staining for smooth muscle actin. Neoplastic cells are unstained with S100, EMA. Internal controls are stained as expected (arrows)



**Figure 13:** The neoplastic cells show no reactivity to anaplastic lymphoma kinase

**4. Conclusion**

In management an extra testicular mass the frozen section is a very important option for diagnosis and saving the testis.

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