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Kyoto University
LEIOMYOMA OF THE SCROTUM: A CASE REPORT AND SONOGRAPHIC FINDINGS

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A rare case of leiomyoma of the scrotum is presented, and its ultrasonographic features are described. The ultrasound was of great help in the successful management by simple excision of the tumor.

Key words: Leiomyoma, Scrotum, Ultrasonography

INTRODUCTION

Leiomyomas arising from the tunica dartos scroti are exceedingly rare and less than 30 cases have been reported in the English literature. In the Japanese literature, 10 cases of intrascrotal leiomyoma have been reported and 4 cases have been described as leiomyoma of tunica dartos. Only one report described the sonographic features of the tumor. We report a case of leiomyoma of the scrotum and describe its sonographic findings.

CASE REPORT

A 58-year-old Japanese male was admitted to our hospital because of a left scrotal mass. He had noticed a bean-sized lump in the left scrotum about 30 years ago, and the mass had enlarged gradually since then. He complained of slight dull pain in the left scrotum. On admission, physical examination revealed a firm, elastic, round mass, about 4 cm in diameter, on the left side of the scrotum. The mass seemed to be separate from the testis, the epididymis, and the cord by ultrasound.

The scrotal mass was excised with a small area of overlying skin through a small scrotal incision. The mass was easily removed, and the tunica vaginalis was not opened. The incision was closed primarily. Postoperative course was uneventful. On gross pathologic examination, the mass measured approximately 4.5 by 4.0 by 3.0 cm and consisted of firm, pale yellowish fasciculated structures. It had no adhesion to the overlying skin. Microscopically, the mass consisted of interlacing bundles of smooth muscle cells. The nuclei of the cells were almost uniform with no mitosis.

The diagnosis was leiomyoma of the tunica dartos scroti.

DISCUSSION

Leiomyomas of the genitourinary tract may originate from any structure or organ containing smooth muscle. Leiomyomas arising from the tunica dartos scroti are exceedingly rare. Less than 30 cases have been reported in the English literature. In the Japanese literature, 10 cases of intrascrotal leiomyoma have been reported. Of the 10 cases, four are described as originating from tunica dartos and four tunica vaginalis. Most patients had noticed the mass for some time and had no specific symptoms. Some cases of leiomyoma of the scrotum were found incidentally during physical examination for inguinoscrotal surgery. The treatment in most cases was simple surgical excision by scrotal incision, but orchiec-
Intrascrotal tumors are challenging due to their variable origins and the necessity to differentiate between paratesticular and testicular lesions. The inguinal surgical approach is usually preferred for testicular tumors due to their high incidence of malignancy. However, adequate local excision through the scrotal approach is applicable for paratesticular tumors, especially those of the spermatic cord, which have a higher frequency of malignancy. Simple surgical excision is adequate for leiomyoma of the scrotum.

Preoperative assessment is crucial, focusing on the location, size, extent, and relationship to the testis. Ultrasound is the modality of choice for imaging these lesions due to its ability to distinguish between solid and cystic components, differentiate between benign and malignant lesions, and provide information about the tumor's relationship to surrounding structures.
for understanding and identifying intrascrotal tumors. It is useful in evaluating the features of the tumor itself as well as in distinguishing lesions that involve the testicular parenchyma or tunica albuginea from lesions of extratesticular origin. If the tumor cannot be distinguished completely from that originating from testis or cord structures by clinical findings including ultrasonography, it is prudent to explore it inguinally with early control of spermatic vessels. But, the review of the literature shows some intrascrotal tumors, including leiomyoma of the scrotum, can be treated by local excision. In our case, the tumor was clearly differentiated from tumor of testicular or cord structural origin. Furthermore, ultrasound showed a well-defined tumor with no extension to surrounding structures. Because of these findings, we decided to excise the tumor by scrotal approach. The tumor was completely excised by scrotal incision without even opening the tunica vaginalis.

Only one previous report, that by Giyanani et al., described the ultrasonographic features of scrotal leiomyoma. The sonographic appearance in our case was somewhat different from the previously reported features, which were those of a multicystic tumor with multiple sonolucent areas separated by high echogenic septa. The sonolucent areas represented necrotic areas seen in the specimen in their case.

REFERENCES


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陰囊内平滑筋腫の一例

1990年

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陰囊内の肉様膜由来の平滑筋腫の一例を報告する。58歳の男性がゴルフボール大、弾性硬の右陰囊内腫瘍
を主訴として来院した。触診、超音波検査所見上、この腫瘤は右精巣、精巣上体、精索とは離れていた。腫
瘤は陰囊皮膚切開により、陰囊内鞘膜も切開することな
く簡単に切除できた。標本は4.5×4.0×3.0 cm 大で
あり、組織学的には不規則な索状配列をとる平滑筋束
から成っており、恶性所見はなく平滑筋腫と診断され
た。由来は陰囊肉様膜と考えられた。精巣、精巣上体
および精索以外の組織から発生する陰囊内平滑筋腫は稀
であり、文献的に日本において10例の報告例はあるが、
そのうち4例は肉様膜由来であり、4例は紡錘膜由来で
ある。陰囊内平滑筋腫に対して、治療は陰囊皮膚切開に
よる腫瘍摘出のみで十分である。精巣腫瘍や精索腫瘍
などでは局創部に切開をおこす高危のアプローチが必要
であることを考慮すると、陰囊内腫瘍に対しその進展
度、発生部位、周囲との関係を知ることは非常に重要
である。超音波検査はこの意味で陰囊内の腫瘤性病変
に対し非常に有用な情報を与えてくれる。本症例では
術前の超音波検査により腫瘍が完全に精巣、精巣上体
および精索とは離れていることが示された。超音波検
査所見上、腫瘍は境界明瞭であり、hyperechogenic
な部分と hypoechochogenic な部分が混在していた。こ
れは不規則に配列する平滑筋線維束によるものと考え
られた。陰囊内平滑筋腫は稀であるが、陰囊内の腫
瘤性病変の鑑別診断として考慮すべきであり、超音波
検査は術前評価、外科的治療の方針決定に際し有用で
あった。

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