

臨 床

副 辜 丸 乳 嘴 腫 ノ 1 例

京都帝國大學醫學部外科學第一講座(荒木教授)

副 手 醫 學 士 西 本 通 憲

Papilloma of the Epididymis

By

Dr. Mitinori Nisimoto

[From the Department of Surgery, Kyoto Imperial University
(Prof. Dr. Ch. Araki)]

Patient: A boy, 16 years of age. Admitted to our clinic on Nov. 3, 1941.

For the past one and a half years his left testicle has been gradually enlarging without any discomfort.

In the past history he had suffered from peritonitis probably of tuberculous nature, at the age of 9, and a tuberculin cutaneous test lately showed a strong positive reaction. One of his sisters had died from tuberculous peritonitis.

Clinical findings before operation suggested an usual hydrocele. At the operative exploration a definite hydrocele was present, but when tunica vaginalis propria was incised and yellowish clear fluid was evacuated, a papillomatous nodule as large as a walnut was found at the tail of the epididymis (Fig. 1 and 2). In consideration of possibly malignant nature of the tumor, the entire scrotal content of the left side was extirpated.

The postoperative course was quite uneventful and the patient was discharged 8 days after the operation.

The histological preparations of the tumor shows dendritic proliferations of the connective tissue lined with layers of cylindrical cells with no cilia (Fig. 3). No signs of malignancy are present.

Comment: To my knowledge papilloma of the epididymis has not been reported in the literature. Because of the complete lack of malignant signs, it should be distinguished from the so-called adenocystocarcinoma papilliferum.

The seat of origin of this papilloma appeared to be in the epithelium of the epididymis, since there is a definite resemblance between the epithelial cells of the tumor and those of the normal epididymis, although it is unusual for a papilloma arising from the epithelial inner wall of a hollow organ to proliferate predominantly towards its endothelial outer wall.

The tuberculosis in the past and family histories may have no relation to the development of the tumor.

症 例

患者: 16歳男, 店員.

昭和16年11月3日入院。

主訴：左側陰囊ノ無痛性腫脹。

現病歴：昨年4月頃誘因ト思ハレルモノナク左側陰囊ガ雞卵大ニ腫脹セルヲ認メ、爾來ソノ大サハ徐々ニ増大シテ本年9月頃ニハ現在ノ大サニ達シ、以後ハソノ大サニ著明ナル變化ハナイ。發病來疼痛、咳嗽、咯痰、盜汗、熱感及ビ鼠蹊部腫脹、發疹、或ハ毛髮ノ脱落等ヲ來シタ事ハナイ。

既往症：9歳ノ時「腹膜炎」ニ罹患シ療養ニ2ヶ月ヲ要シタ他ハ健康デアル。最近「ツベルクリン」反應ノ検査ヲ受ケタトコロ強陽性ニアラハレタト云フ。

家族歴：姉ノ1名ガ結核性腹膜炎ニテ死亡セル他特記スベキモノハナイ。

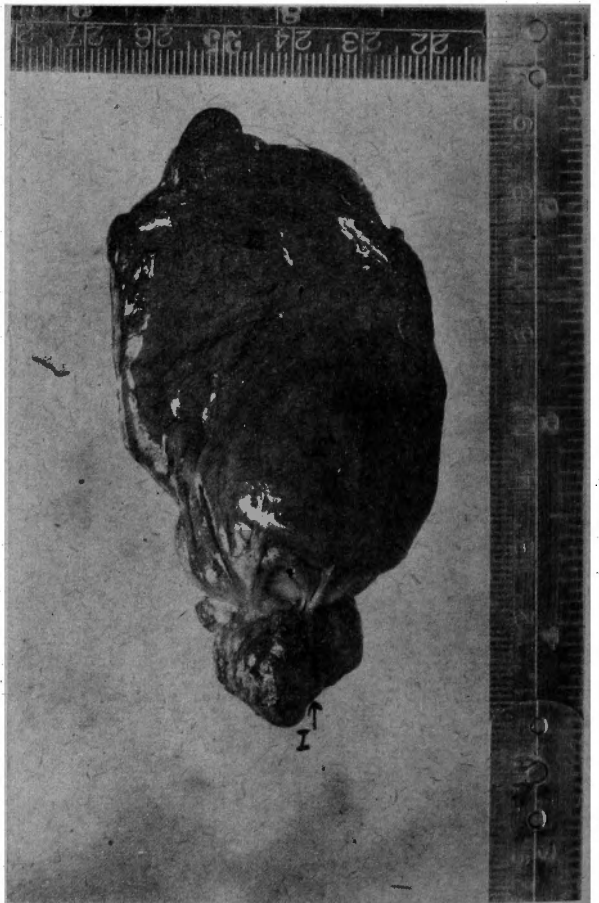
現在症：體格中等大、皮下脂肪竝ニ筋肉ノ發育中等、皮膚ニ異常ハナイガ眼結膜ハヤ、貧血性デアル。

血液所見、尿所見ニ異常ナク且ツ尿沈査中ニ結核菌ヲ證明セズ。赤血球沈降速度1時間平均10.75mm。

局所所見：陰莖ハ包莖ニシテ右側ニ傾ク。陰囊ハ左半ハ手拳大ニ腫大シ右半ハ甚シク狭少ニ見エル。陰囊皮膚ハ腫大セル左半側ハ緊張シ皺裂ハ消失シテキル。觸診上局所ニ溫度上昇ヲ認メズ。腫脹ノ上方限界ハ比較的明瞭デアル。腫瘤ノ表面ハ平滑、硬度ハ一般ニ彈性軟且ツ波動ガ著明デアル。辜丸ハ緊張ガ餘リニ強イカラ觸診出來ズ。マタ副辜丸、精系ノ觸診モ困難デアル。コノ波動性腫瘤ハ壓迫スルモ容積ハ減ラナイ。マタ壓痛モナイ。更ニ光ヲアテ、見ルト之ヲヨク通ス。右側辜丸ハ上方ニ壓排セラレテキルガ、ソノ性状ハ尋常ニシテマタ副辜丸、精系ニモ異常ヲ認メナイ。

診斷：左側陰囊水腫。

手術所見：腰椎麻醉ノ下ニ左側陰莖根部ニテ皮膚切開ヲ行ヒ精系ヲ露



第1圖 前方ヨリ

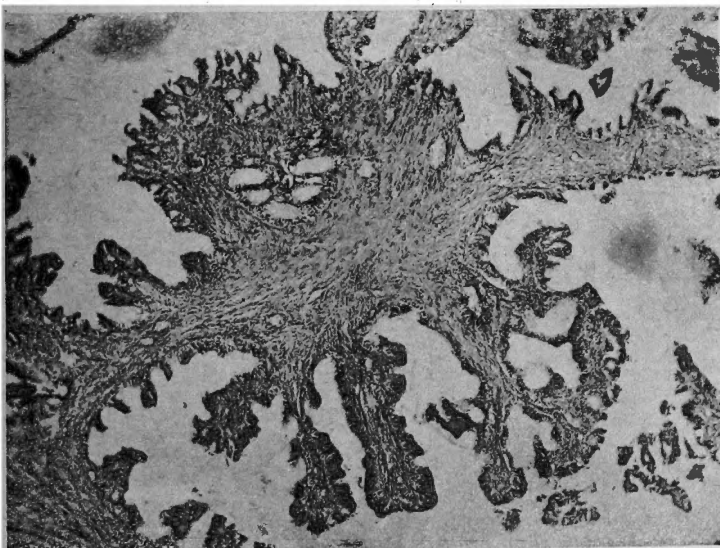


第2圖 後方ヨリ

出スルニ全く異常ヲ認メズ。腫瘤ヲ陰囊カラ手術野ニ脱出セシメルト之ハ明カニ陰囊水腫デアリ。水腫壁前面ヲ切開シテ黄色透明漿液性ノ液ヲ約80cc排除シタ上、Winkelman氏術式ニ從ヒ水腫囊即チ辜丸固有漿膜ヲ翻轉シテ副辜丸部ヲ被覆シヨウトシタトコロ、副辜丸ノ尾部デ乳嘴様ニ突出シタ胡桃大腫瘤ヲ發見シタ。ソコデWinkelman氏術式ヲ行フトヲ中止シテ左側陰囊内容ヲ全體別出シタ。陰囊水腫内容液ハ比重1020, Rivalta (+), 蛋白量4%以上デ即チ滲出液デアリ。

剔出標本：主辜丸、精系、及ビ副辜丸ノ體部、頭部ニ變化ハナイガ尾部デハ漿膜囊内ニ突出シタ胡桃大ノ腫瘤ガアル。腫瘤ノ表面ハ乳嘴様ニシテ硬度ハ彈性硬、ソノ側面部ニ黄色粟粒大ノ結節ヲ多數認メル。尙ホ

- (I) 腫瘍
- (II) 主辜丸
- (III) 肥厚セル辜丸漿膜



第3圖

コノ外、辜丸ノ漿膜ハ全般的ニ著シク肥厚シテキタ。(第1, 2圖參照)

経過：第1期癒合、8日目ニ全治退院シタ。

組織標本：第3圖ノ如ク、腫瘍ハ明カニ上皮性デ、間質ノ結締織ガ概ネ樹枝狀ニ増殖シテ更ニソノ表面ヲ上皮細胞ガ覆ツテキル。即チ明カニ乳嚢腫デアアル。然モコノ被覆上皮細胞ハ明カニ圓柱狀上皮細胞デアツテ毛ヲ行スル細胞ハ見ラレナイガ、副辜丸ノ上皮ト甚ダ似テイアル。發生ノ部位的關係ト考ヘ合セテ此ノ腫瘍ガ副辜丸尾部ヨリ發生シタ乳嚢腫デアアルト斷ジテ然ルベキデアロウ。

考 察

1. 著者ノ調査セル範圍デハ副辜丸乳嚢腫ニ關スル報告ハ洋ノ内外ヲ問ハズ未ダ1例モナイ。
2. 上述セル如ク本例ハ陰囊水腫ナル臨床的診斷ノ下ニ手術シテ、ソノ際偶々發見シタモノデアツテ、即チ副辜丸尾部ヨリ辜丸漿膜腔内ニ乳嚢様ニ突出シ、ソノ肉眼的性狀並ニ組織的所見ヨリ、明カニ副辜丸乳嚢腫デアアル。
3. 特發性副辜丸腫瘍ハ極メテ稀ナモノデ、之ハ臨床的興味ヨリムシロ病理學的興味ヲモツモノデアアル。時々報告サレテキル所謂 Adenocystocarcinoma papilliferum ハ組織的ニハ一部囊腫性ニ擴大セル空洞ヤ多數ノ上皮ノ萌芽ヤ乳嚢形成ヲモツトコロノ腺癌腫デアアルガ、我々ガ此所ニ報告スル「乳嚢腫」ハ組織學的ニハカ、ル惡性ノ傾向ヲ少シモ示サズ、純然タル乳嚢腫デアアル。斯ルモノガ Adenocystocarcinoma papilliferum ニ移行スルモノデハナイカトモ考ヘラレル。
4. 本例ニ於ケル乳嚢腫ト陰囊水腫トノ因果關係ニ就テハ内容液ガ滲出液ト見ナスベキ事實ヨリ、辜丸漿膜ノ慢性炎症ガ第一義 (primär) デアツテ、コレノ慢性刺激ガ斯ル腫瘍ノ發生ヲ促セルモノトモ考ヘラレルガ、從來陰囊水腫ガ甚ダ多數ニ經驗サレテ居ルニ拘ラズ、本例ノ如キ乳嚢腫ガ未ダ嘗テ見出サレタ事ナキ事實ヨリ見テ、乳嚢腫ノ存在ノタメニ惹起サレタ陰囊水腫即チ一般辜丸腫瘍ノ際ニ見ラレル二次的陰囊水腫ト同様ノモノト考ヘル方ガ妥當デアラウ。
5. 副辜丸上皮ヨリ乳嚢腫ガ發生スル場合、一般乳嚢腫發生ノ様式ヨリ考ヘレバ、上皮細胞ノ側即チ副辜丸腔内ニ向ツテ發育スルノガ當然デアラウ。本例ノ如ク腫瘍ガ漿膜側ニ向ツテ乳嚢狀ニ増殖スル事ハ明カニ異型デアアル。併シ本乳嚢腫細胞ノ形狀ガ正常ナル副辜丸ノ上皮細胞ニ酷似セル點ヨリ見テ矢張り副辜丸上皮ヨリ發生セルモノト考ヘルノガ妥當ト思ハレル。カ、ル意味ニ於テ本例ノ乳嚢腫ハ甚ダ變態的ナル發生ヲナセルモノト見ナサネバナラス。