

Scrotal Leiomyoma

D Sarma, E Santos, C Hagen, S Repertinger

Citation

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Abstract

A rare case of scrotal leiomyoma occurring in a 47-year-old man is presented.

CASE REPORT

This is a photomicrograph (Figure 1) of a biopsied painless, 6-mm scrotal nodule from a 47-year-old man that has been present for an unknown period of time. There was no history of trauma or previous surgical intervention. The epidermis is raised due to an eosinophilic dermal soft tissue tumor. The overlying epidermis is essentially normal. The dermal nodule is composed of bundles and fascicles of smooth muscle cells containing red fibrillar cytoplasm and elongated nuclei with blunted ends (Figure2). There is no cytologic atypia, increased or atypical mitosis, or necrosis.

Figure 1

Figure 1: Scrotal biopsy, low magnification.

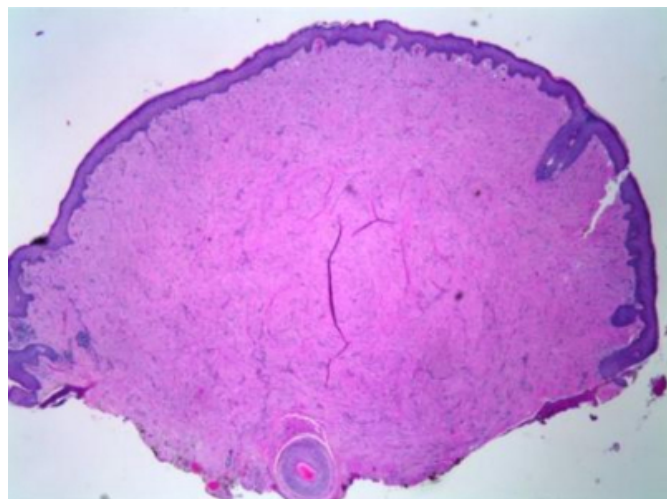
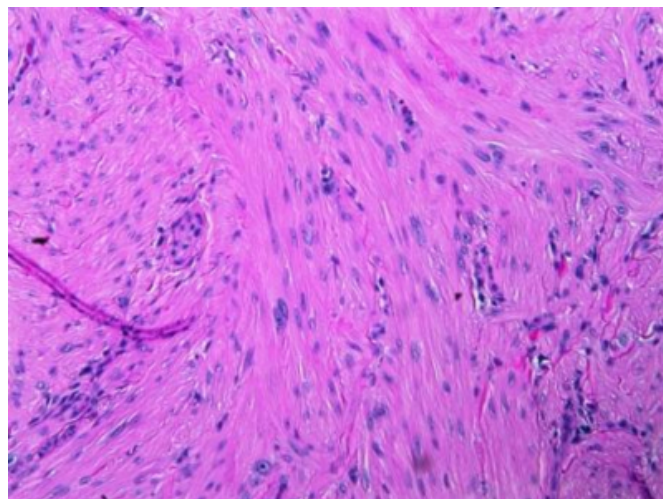


Figure 2

Figure 2: Scrotal biopsy, high magnification



COMMENT

Leiomyoma of the scrotum, a benign smooth muscle tumor, may arise from the arrectores pilorum muscle (piloileiomyoma), vessel wall (angioleiomyoma), or most commonly from the dartos muscle of the scrotum (genital leiomyoma). Such tumors are quite rare. In 1976, Seigal and Gaffey reviewed the literature and their own cases and uncovered only 11 such cases among a total of 11,000 cases of scrotal tumor [1]. Occasional single cases have appeared in the literature since then [2, 3]. Scrotal leiomyoma is usually a single, painless, slow growing tumor occurring in middle-aged men. Simple excision is curative. Leiomyosarcoma, the malignant counterpart, is even rarer [4]. Any cutaneous smooth muscle tumor showing rapid growth, large size, increased cellularity, cytologic atypia and 2 or more mitoses per 10 high power fields should be considered a leiomyosarcoma [5].

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References

1. Siegal GP, Gaffey TA. Solitary leiomyomas arising from the tunica dartos scroti. J Urol. 116(1):69-71, 1976.
2. Sherwani RK, Rahman K, Akhtar K, Zaheer S, Hassan MJ, Haider A. Leiomyoma of the scrotum. Indian J Pathol Microbiol. 51(1):72-3, 2008.
3. Ohtake N, Maeda S, Kanzaki T, Shimoinaba K. Leiomyoma of the scrotum. Dermatology. 194(3), 1997.
4. Moon TD, Sarma DP, Rodriguez FH Jr. Leiomyosarcoma of the scrotum. J Am Acad Dermatol. 20 (2 Pt 1), 1989.
5. Raj S, Caljone E, Kraus M, Kavanagh G, Newman PL, Fletcher CD. Cutaneous pilar leiomyoma: clinicopathologic analysis of 53 lesions in 45 patients. Am J Dermatopathol. 19:2-9, 1997.

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