

Subcutaneous Cavernous Lymphangioma Of The Scrotum

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Citation

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Abstract

Cavernous lymphangioma is the benign congenital malformations of the lymphatic system. Most cases present as a soft, slowly enlarging mass in childhood. Scrotal presentation of cavernous lymphangioma is very rare but reported. In our case the patient had a slowly growing scrotal mass for 20 years. Initially we thought these lesions to be sebaceous cyst or scrotal lipoma. After en-block excision and the histopathological examination, cavernous lymphangioma of the scrotal subcutaneous tissue was diagnosed. Cavernous lymphangioma should be considered during the process of making a differential diagnosis of a scrotal mass. Treatment is complete surgical excision

INTRODUCTION

Cavernous lymphangioma is a benign congenital malformations of the lymphatic system that rarely involves the scrotum and primarily presents during childhood. Three types of lymphangioma -cystic, capillary and cavernous- occur; the cystic type also known as cystic hygroma, is the most common (1). Cavernous lymphangioma of the scrotum or penis is very uncommon. Even lymphangiomas with other histological features rarely affect scrotal region, there are very few reports in English language literature. Half of the cases considered congenital. %90 of all cases become obvious during the first two postnatal years. Therapy of choice is complete excision (2).

CASE REPORT

A 43 year-old male with a complaint of, slowly growing mass for 20 years, at the anterior aspect of the scrotum admitted to our clinic. The lesion was asymptomatic and did not cause any discomfort except cosmetic problems.

There was no history of antecedent trauma. The physical examination revealed polypoid, papulonodular, firm, partially mobile, 1-1.5 cm, lobulated, dirty yellow colored scrotal, subcutaneous lesions (figure 1).

Figure 1

Figure 1: Preoperative macroscopic view of the scrotum.

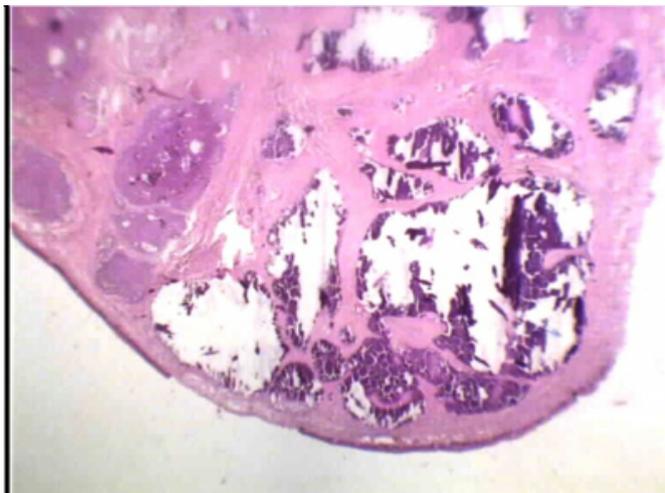


The masses were nontender and did not transilluminate. He was otherwise well and there was no palpable inguinal adenopathy or similar lesions elsewhere. The lesions were restricted only in the subcutaneous tissue of the scrotum. The

testicular examination was normal. The lesions were initially thought to be scrotal lipoma or sebaceous cyst. Surgery revealed two, each one is approximately 3 cm in diameter, multiloculated cystic masses. They were easily resected without affecting any intrascrotal structures. Macroscopic examination showed rubbery, well circumscribed, gray-white masses. Microscopically, subcutaneous dilated lymphatic vessels are seen (figure 2).

Figure 2

Figure 2: Panoramic photograph of the subcutaneous lesion. Epidermis and dilated lymphatic vessels are seen. Dystrophic calcification is evident in most of the lumina.



There was also dystrophic calcification in the lymphatic spaces. Final histopathological examination revealed cavernous lymphangioma of the scrotum with calcification and thrombosis. The recovery period was uneventful and the cosmesis was good. He was discharged on the fifth day after surgery. Clinical follow-up during the subsequent 6 months showed no evidence of recurrence.

DISCUSSION

Lymphangiomas are benign tumors of lymphatic vessels. In general they are classified histologically as capillary, cavernous and cystic (3). However, the three types usually coexist in the same lesion (4). Of all lymphangiomas, 95% occur in the neck and axilla; the remaining 5% occur in the mediastinum, mesentery, viscera, retroperitoneum and bone (3,4). In general scrotal lymphangioma is extremely rare and less than 45 cases have been reported in the English

language literature (5,6,7,8). Most cases present as a soft, slowly enlarging mass in childhood. Scrotal presentation of cavernous lymphangioma is very rare but reported (3). In our case, the patient had a slowly growing scrotal mass for 20 years. Initially we thought these lesions to be sebaceous cyst or scrotal lipoma. After en-block excision and the histopathological examination, cavernous lymphangioma of the scrotal subcutaneous tissue was diagnosed.

In conclusion, although there are a few reports about cavernous lymphangioma in known medical literature, it should be considered during the process of making a differential diagnosis of a scrotal mass. Treatment is complete surgical excision (9). In any case excision should be as complete as possible, since recurrence is almost invariably associated with inadequate tumor removal (4).

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