



PAINFUL EPIDIDYMAL MASS TURNED OUT TO BE THE RARE EPIDIDYMAL LEIOMYOSARCOMA

LT Kelly Le DO, LT Carey Roberts DO, LT Caitlin Lee DO, LT Matthew Edinger DO
Naval Hospital Jacksonville, Florida



INTRODUCTION

Epididymal leiomyosarcoma (LMS) is a rare disease that can easily be misdiagnosed. LMS account for 1-2% of genitourinary malignancies, only 2% of those are epididymal LMS [1]. Epididymal LMS typically presents as a painless and slow growing mass [2]. However, we encountered a case of epididymal LMS as a painful mass that could have been missed without further evaluation.

CASE

- 54-year-old patient presented with a lump on the posterior aspect of his right testis that was firm and painful for one week.
- Testicular ultrasonography showed a well-circumscribed, heterogeneous, hypoechoic mass measured 1.5x1.4x1.5cm that was initially thought to represent an epididymal cyst.
- Initial plan was continued monitoring. The patient followed up 2 months later without improvement.
- Underwent right spermatocelectomy with a pathological diagnosis of primary LMS.
- Subsequently was treated with orchiectomy with wide excision.
- CT abdomen/pelvis was performed to evaluate for metastasis and will continue repeat surveillance every 3 months for a year.

FIGURE

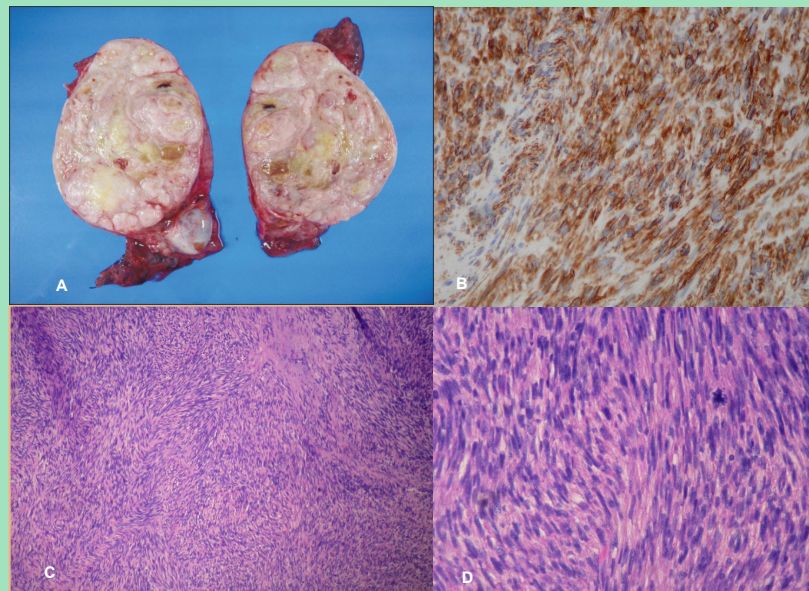


Figure 1. Gross Appearance and Typical Histologic Findings of Epididymal Leiomyosarcoma
A) A cross section of the tumor, well-defined, whitish mass [4]. B) Positive Desmin Immunohistochemistry [2]. C) H&E staining showing fascicular pattern of spindle cells [2]. D) H&E staining showing mitotic activity [2].

REFERENCES

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DISCUSSION

Information about epididymal LMS was found mostly via case reports. Some proposed predisposing factors to testicular LMS are exposure to large doses of anabolizing steroids, chronic inflammation, or past radiotherapy; however, there is no mention of any specific risk factors for epididymal LMS [1]. Our patient did not report any aforementioned factors. There is no specific clinical or radiologic findings to distinguish between benign and malignant epididymal masses, therefore, it is difficult to diagnose epididymal LMS pre-operatively [3].

Why our case is worth being discussed?

- Although epididymal LMS is rare, complaint of scrotal pain is common in primary setting.
- It highlights the osteopathic tenet that patient is a unit of body, mind and spirit, not just a list of symptoms.
- It emphasizes the importance of continuity and coordination of care by primary care physicians.

In summary, this case demonstrates a rare case of LMS identified from holistic approach to patient's concern aside from symptom presentation alone. Although it was not the urologist's first inclination, the shared decision to perform the spermatocelectomy led to the unexpected diagnosis and saved the patient from potential metastasis.