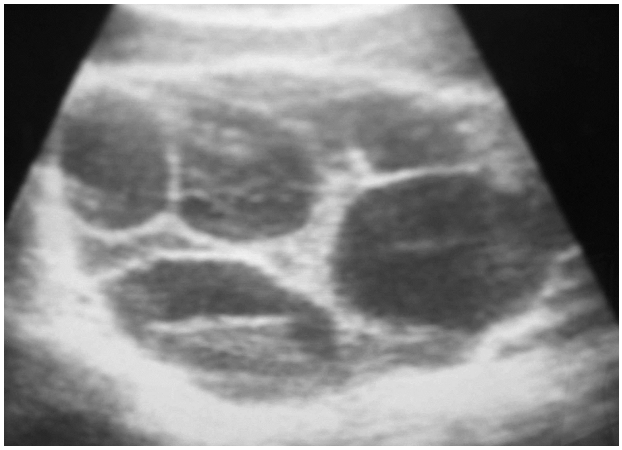
Pseudo-tumoral proliferative funiculitis of the spermatic cord

Tumors of the spermatic cord are a heterogenic group that may affect any anatomical structure from its inguinal origin to the supra-testicular portion (1). It is independent of the testis, the epididymis and the testicular vaginalis. These tumors are rare (1) and mimic other malignant tumors. Treatment is surgical and the confirmation is pathological. We report a new case of proliferative funniculitis mimicking a spermatic cord tumor.

Case report

A 67 year-old man with history of repeated epididymo-orchitis in adulthood was admitted for tumor of the right spermatic cord. This mass was discovered by the patient himself one month ago and it was rapidly increasing in size. Physical examination revealed a right inguinal, supra-testicular, 10 cm in diameter swelling depending on the spermatic cord. This mass was hard and irregular at palpation, irreducible, non-impulsive at coughing and trans-illumination test was negative. Urine microbiology showed no growth of organism. The ultrasound found a multi-cystic mass depending on the right spermatic cord (Figure 1).

Figure 1 : Ultrasound of the left inguinal area: The spermatic cord is enlarged containing a multi-cystic mass.

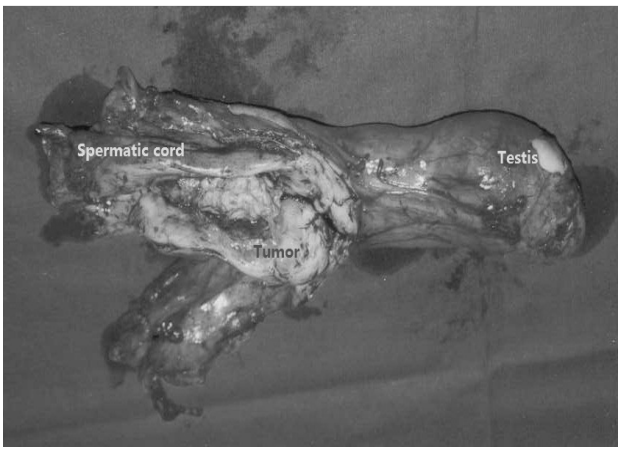


Testicular tumor markers (α-fetoprotein, ß-human chorionic gonadotropin) were within the physiological levels. With a high suspicion of spermatic cord cancer, we indicated a radical orchidectomy carrying the tumor and the spermatic cord through an inguinal incision.

Per operatively, the tumor was hard, oblong, yellow-brown and independent of the right testis without communicating with the peritoneal cavity. The vas deferens could not be individualized (Figure 2). The postoperative course was uneventful. Histological examination concluded to a proliferative funniculitis with chronic nonspecific inflammatory reaction.

With a 65 months follow-up, the patient was asymptomatic without any recurrence.

Figure 2 : Intra-operative view of the inguinal tumor



References

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Sataa Sallami, Mohamed Chelif, Ali Horchani
Department of Urology
La Rabta Hospital-University, Tunis –Tunisia
Tunis Medical School
Tunis El Manar University

Tuberculose péritonéale disséminée simulant un cancer ovarien

La tuberculose péritonéale, dans sa forme pseudo tumorale, est une forme clinique rare de la maladie tuberculeuse (entre 1 et 3%), mais qui reste toutefois fréquente dans les pays d'endémie. Le tableau clinique initial peut prendre l'aspect d'un cancer ovarien avec une carcinose péritonéale pouvant conduire à une stratégie thérapeutique erronée. Une quinzaine de cas sont rapportés dans la littérature avec une évolution favorable sous traitement antituberculeux (1).

Nous rapportons les observations de trois patientes dont le diagnostic de tuberculose péritonéale n'a été retenu qu'après un examen histologique.

Observation 1

Mme S, 42 ans, issue d'un milieu rural, ayant des conditions socio-économiques précaires, G6P4, sans antécédents pathologiques particuliers adressée pour exploration de douleurs pelviennes avec anorexie, amaigrissement et ballonnement abdominal évoluant depuis quatre mois. L'examen avait montré un BMI à 19, absence de fièvre, une matité des flancs. La radiographie de thorax n'a pas révélé d'anomalies. L'échographie abdomino-pelvienne objectivait un