Case Report

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Paratesticular Papillary Mesothelioma

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Key Words
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Abstract
A case of uncommon paratesticular mesothelioma in a young patient is presented. Its questionable malignancy, as well as the method of treatment are discussed.

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Introduction
Mesothelioma is an uncommon tumor that can be found anywhere along the cord, epididymis, and tunica vaginalis [1]. There is always a question as to whether this tumor is to be considered as benign or malignant [2, 3]. Herein we report a case of mesothelioma in a 20-year-old patient.

Case Report
A 20-year-old soldier was referred to our hospital presenting symptoms of pain and swelling in the left testicle that began 3 weeks before admission. The patient had no history of previous operations or systemic diseases, and he was proven healthy otherwise. On physical examination a tender scrotum with slight swelling was noted along the left spermatic cord. Excretory urogram, pelvic and abdominal computerized tomograms showed no lymphadenopathy or any mass. Serum α-fetoprotein and human β-chorionic gonadotropin were normal.

Operation was done through an inguinal approach. A number of small lesions along the spermatic cord, varying from 0.5 to 2 cm, was noted. A frozen section, taken after clamping the cord, was not conclusive, and the testis was replaced. A final pathological report revealed a paratesticular papillary mesothelioma without gross atypia or mitosis (fig. 1). This lesion was defined by the pathologists as potentially malignant if the tumor is larger than 2 cm. The patient was re-operated and radical orchiectomy was performed. He refused any other treatment and was lost to follow-up.
Discussion

Mesotheliomata are neoplasms arising from the serous membranes lining the body cavity [1]. Malignant tumors arise from within or the adjacent areas of the tunica vaginalis and along the epididymis and spermatic cord. The malignant potential of paratesticular mesothelioma remains controversial, but it is less than that of the pleura and peritoneum which has been proven as malignant [2, 3]. The tumors have been given various names such as papillary mesothelioma [4], papillary carcinoma, and malignant adenomatoid tumor [5]. The etiology is still unknown, also there were some reports that associate the mesothelium tumors with exposure to asbestos [6], prior scrotal procedures [7] or chronic irritation as a predisposing factor [8].

The management of paratesticular tumors remains questionable, and the natural history is still uncertain. The pathologists described our case as potentially malignant, this being based on the fact that the lesions were less than 2 cm in size [9]. Although there are several reports that define this tumor as benign [10, 11], there are some others that demonstrated metastases [6, 12]. Therefore the management of this tumor remains controversial. Nowadays there is no dispute concerning the method of operation. This must be performed through an inguinal approach. There is no question that radical orchietomy should be done once there is proven pathology. In some publications there is a tendency to remove the testis whenever there is doubt [13]. We did not follow this in our case.

There is still debate whether a laparotomy and lymphadenectomy should be performed, or the patient should be followed up by periodic computerized tomo-grams. There are some authors who believe in radical orchietomy alone [14], while others recommend a clinical staging laparotomy, and retroperitoneal lymphadenectomy if doubt exists regarding the malignant potential of the tumor [3].

References


