



## Giant Spermatic Cord Liposarcoma in Older Patient: Case Report

Lucas de Oliveira Claros, Claudio Ferreira Cotta, Daniel Savoldi Juraski, Henrique Barbosa de Menezes, Fernando Salles and Luciano Alves Favorito\*

Department of Urology, Lagoa Federal Hospital Rio de Janeiro, Brazil

### Abstract

We report a case of giant spermatic cord liposarcoma in an 80 year old patient, initially treated as an inguinal hernia due to a large left inguinoscrotal mass. Spermatic cord liposarcoma is a rare tumor, and only some 200 cases have been reported in the literature. About 20% of liposarcomas are retroperitoneal, involving only 0.1% of the inguinal mass, typically confused with inguinal hernia. We treated the patient with organ sparing surgery, preserving the testicle, without chemotherapy or radiotherapy. Follow-up for six months showed good response, without recurrence or metastasis.

**Keywords:** Liposarcoma; Inguinal mass; Spermatic cord

### Introduction

Tumors of the spermatic cord are rare and generally hard to diagnose. Most are benign, and when malignant they are almost always sarcomas. Here we report a case of giant spermatic cord liposarcoma in an 80 year old patient, presenting scrotal mass initially diagnosed as an inguinal hernia.

Spermatic cord liposarcoma is a rare cause of inguinal mass. These tumors can closely mimic inguinoscrotal hernia upon physical examination. However, these tumors require a different surgical approach and treatment plan. Liposarcomas are tumors that occur mainly in retroperitoneum: Only 3% to 7% are found in the paratesticular region. The spermatic cord is the main place of origin in these cases. This malignant disease can result in loss of fertility, in addition to life threatening sequelae.

### Case Presentation

A.S.D.F, 80 years old, presented weight loss (10 kg in 6 months) associated with normocytic and normochromic anemia and a giant inguinoscrotal mass on the left with a 5 year evolution. Computed tomography of abdomen and pelvis indicated the presence of a massive left inguinal hernia with fatty contents (Figure 1).

The patient was referred to a medical clinic where he was evaluated by proctology and submitted to general surgery due to the suspicion of consumptive intestinal focus syndrome, and inguinal hernia, respectively. Finally, he was evaluated by urology, in which the surgical procedure was indicated, due to suspicion of inguinal cord liposarcoma. Total inguinal mass resection with preservation of the testis and free margins was performed (Figure 2). He evolved well in the postoperative period and was discharged after five days for outpatient follow-up. The histopathological report evidenced the presence of well differentiated liposarcoma (Figure 3). The patient was referred to clinical oncology and opted not to undergo radiotherapy or chemotherapy, even in the case of lesions greater than five centimeters, but grade I, with favorable pathology, due to his advanced age. The risks of complications would outweigh the benefits. He remains in good general condition, so far without recurrence, six months after the surgery.

### Discussion

Sarcoma of the spermatic cord was first reported by Lesauvage in 1845 [1]. Based on case reports since then, it appears that most patients with spermatic cord liposarcomas develop the condition in the fifth or sixth decade of life, with an uneven, painless, irregularly growing inguinal or inguinoscrotal mass that is distinct from the testis [2-4]. Diagnosis of spermatic cord liposarcomas in the preoperative period may be challenging, since this clinical presentation can indicate several more common conditions, such as inguinal hernia, lipoma, hydrocele, epididymal cyst, funicular

### OPEN ACCESS

#### \*Correspondence:

Luciano Alves Favorito, Department of Urology, Lagoa Federal Hospital Rio de Janeiro, 104/201, Tijuca, Rio de Janeiro, RJ, Brazil, Tel: 55(21)22644679; Fax: 55(21)38728802; E-mail: lufavorito@yahoo.com.br

**Received Date:** 31 Jul 2018

**Accepted Date:** 26 Sep 2018

**Published Date:** 28 Sep 2018

#### Citation:

de Oliveira Claros L, Cotta CF, Juraski DS, de Menezes HB, Salles F, Favorito LA. Giant Spermatic Cord Liposarcoma in Older Patient: Case Report. *Clin Case Rep Int.* 2018; 2: 1076.

**Copyright** © 2018 Luciano Alves Favorito. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



10. Domşa I, Olinici CD, Crişan D. Spermatic cord mixed liposarcoma. Case report and review of the literature. *Rom J Morphol Embryol.* 2008;49(1):105-9.
11. Hsu YF, Chou YY, Cheng YH. Spermatic cord myxoid liposarcoma presenting as an incarcerated inguinal hernia: Report of a case and review of literatures. *Hernia.* 2012;16(6):719-22.
12. Montgomery E, Fischer C. Paratesticular liposarcoma: A clinicopathologic study. *Am J Surg Pathol.* 2003;27(1):40-7.
13. Mora JI, Ponce A, Llopis J, Miró J. Rabdomiosarcoma paratesticular. *Actas Urol Esp.* 2004;28(4):245-8.
14. Schwartz SL, Swierzewski SJ 3rd, Sondak VK, Grossman HB. Liposarcoma of the spermatic cord: Report of 6 cases of the literature. *J Urol.* 1995;153(1):154-7.
15. Coleman J, Brennan MF, Alektiar K, Russo P. Adult spermatic cord sarcomas: Management and results. *Ann Surg Oncol.* 2003;10(6):669-75.
16. Cheng YC, Chou YH, Chiou HJ, Tiu CM, Chiou SY, Wang HK, et al. Liposarcoma of the spermatic cord: a report of two cases and a review of the literature. *J Med Ultrasound.* 2004;12(4):125-30.
17. Lopes RI, Leite KR, Lopes RN. Paratesticular leiomyosarcoma treated by enucleation. *Int Braz J Urol.* 2006;32(1):66-7.