

## CASE REPORT

# GIANT LIPOMA OF THE SPERMATIC CORD: A CASE REPORT

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## ABSTRACT

Lipoma is a common soft tissue benign tumor. Lipomas of the spermatic cord are rare. We present here a case of giant lipoma of the spermatic cord presented as an irreducible inguinal hernia and its surgical management. The giant lipoma was completely excised and removed in toto. Giant lipoma of the spermatic cord is a large, irreducible, complete, sac-less and indirect fatty inguinal hernia. So, to avoid medico-legal consequences, giant lipoma of the spermatic cord should also be considered as hernias.

**Keywords:** Giant lipoma, hernia, inguinal, spermatic cord.

## INTRODUCTION

Lipoma is the most common form of soft tissue tumor composed of adipose tissue to occur in the human body. Lipoma of the spermatic cord are diagnosed usually as an incidental finding in association with a hernia and in some cases they are the only finding without an associated hernia sac. These tumors are under diagnosed because of its benign course. The term giant lipoma of the spermatic cord is used for tumors whose size exceeds 10cm.<sup>[1]</sup> There are few reported cases of giant lipoma of the spermatic cord.<sup>[1-4]</sup> We present here a case of giant lipoma of the spermatic cord presented as an irreducible inguinal hernia and its surgical management.

ble. Cough impulse and trans-illumination tests were negative. Ultrasonography of the swelling revealed well defined hyperechoic lesion, with some or no internal vascularity, arising from the spermatic cord. The mass was excised by making a left groin incision extending onto the scrotum. Dissection revealed that a lipoma was arising from the spermatic cord (Figure 2) and it extended up to the base of the scrotum. Intra-operatively, the vas was free from the swelling and hence could be easily identified and preserved, there was no hernia sac seen, and the posterior wall of the inguinal canal was weak. So, it was reinforced with a prolene mesh. The entire specimen was removed on toto (Figure 3).

## CASE REPORT

A 30-year-old male patient presented to our OPD with the complaint of a swelling on the left groin region of 5 years duration. The swelling was insidious in onset and gradually progressive in nature, which further extended downwards to the scrotum. It was not associated with pain or any other complications. The swelling was initially self reducible and so, it was ignored by the patient. But it has become irreducible since the last 3 years. There is no associated history of abdominal pain or a sudden increase or decrease in the size of the swelling during this period. On examination, there was a solitary pyriform shaped swelling in the left groin extending from the left anterior superior iliac spine to the bottom of the scrotum, measuring 38 cm X 14 cm in largest dimensions with penis being deviated to the opposite side (Figure 1). The swelling was soft in consistency. The swelling was neither compressible nor reducible. Testis could not be felt separately from the swelling and getting above the swelling was not possi-



Figure 1: It shows the large inguinal swelling.

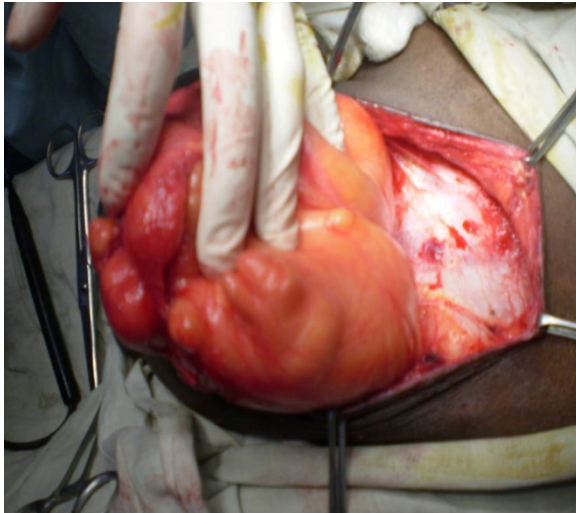


Figure 2: Photograph showing the dissection of the giant lipoma.



Figure 3: Photograph showing the post operative specimen of the giant lipoma with its greatest dimension being measured.

Histopathology report confirmed the diagnosis of lipoma. There was no evidence of malignant changes. The patient was not suffering from any morbidity due to the surgery at the 9 months follow-up.

## DISCUSSION

Lipoma is the most common benign tumor of the spermatic cord. Previous studies have reported an incidence of 22.5% during inguinal hernia surgery.<sup>[5]</sup> Giant lipoma of the cord still remains a poorly defined entity. In our case the lipoma measured over 30cm in its greatest dimensions. Its clinical importance amongst others is

in false diagnosis of an inguinal hernia. The etiology of this condition is unknown but an developmental origin has been proposed.<sup>[3]</sup> Most lipomas are found incidentally during a hernia surgery.<sup>[6]</sup> Whereas, in the present case the patient presented as an inguinal swelling and the diagnosis was made intra-operatively. A close relationship between cord lipoma and large inguinal hernia has been demonstrated.<sup>[7]</sup> Excision of the tumor results usually an uneventful recovery. In our patient there was no morbidity and long term post surgical sequelae. All lipomas of the spermatic cord must be removed because of its incidence of recurrence after inguinal hernia repair as these tumors can be converted in to aggressive neoplasm like, liposarcoma.<sup>[8]</sup> There have been very few reported cases of giant lipoma of the spermatic cord. The entity of the giant lipoma of the cord is also a descriptive term and further studies on the behaviour of this tumor is warranted.

## CONCLUSION

Lipoma of the spermatic cord is a rare entity and there is very little available literature on the occurrence of giant lipoma of the spermatic cord, which is a even rarer entity. The main challenge is to distinguish it from irreducible inguinal hernia which is most common mistaken diagnosis. Proper inguinal hernia repair mandates their complete excision. Giant lipoma of the spermatic cord is large, irreducible, complete, sac-less and indirect fatty inguinal hernia. So, to avoid medico-legal consequences, giant lipoma of the spermatic cord should also be considered as hernias and inguinal hernia classifications need to reflect this reality.

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