



## Leiomyoma of the epididymis

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**Abstract.** Tumours of the epididymis, both primary and secondary, whether benign or malignant are very rare. We report a case of leiomyoma of the epididymis and discuss the treatment of this tumour.

**Key words:** Leiomyoma, Epididymis

### Case report

A 53-year-old man presented with a 2-year history of a painless mass in the right testis. Physical examination revealed a firm, rounded mass on the superior aspect of the testis. Scrotal ultrasonography revealed an inhomogeneous 35×27×26 mm solid mass within the caput of right epididymis (Figure 1). The results of testicular tumour marker, chest radiographic and routine blood studies were normal.

At exploration the tumour was found to be in the epididymis, separate from the testis and not extending into the cord. Frozen sections of the mass revealed a benign lesion and right epididym-

mectomy with the excision of the tumour mass performed. Subsequent pathological examination revealed epididymal leiomyoma (Figure 2). Immunohistochemical staining for vimentin, desmin and smooth muscle actin monoclonal antibodies was performed and tumour cells stained positively with each antibody demonstrating that the tumour was an epididymal leiomyoma. The patient remained symptom-free 22 months post-operatively.

### Discussion

Primary epididymal tumours are rare and leiomyomas are the second most common tumours of the



Figure 1. Ultrasonography shows an inhomogeneous solid mass in the right epididymis demarcated by X and X (T: Right testis).

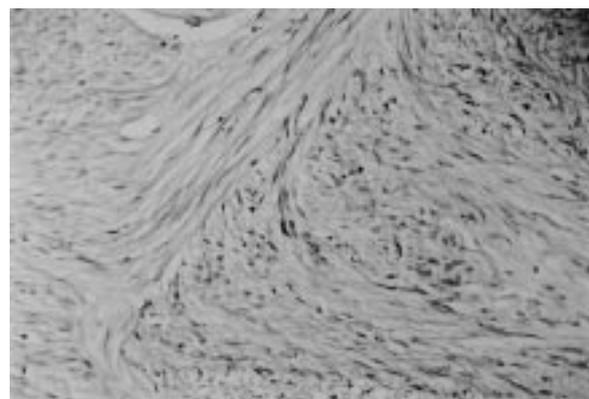


Figure 2. Smooth muscle cells making fascicles (H.E. X100).

epididymis [1]. Although they represent 43% of the epididymal tumours in Japanese literature, in the Western literature, epididymal leiomyoma represents only 6% of the epididymal tumours [1, 2]. These lesions tend to be asymptomatic, painless masses occurring most commonly in the fifth decade [2]. Due to their adherence to the testis gross examination of the scrotum cannot distinguish them from testicular tumours and consequently treatment is usually orchietomy [1]. Although sonography is useful for identifying the extratesticular location of a solid mass it cannot reveal the nature of the tumour [3]. In such cases, if frozen section study confirms a benign lesion as in our case, epididymectomy should be considered.

## References

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