

## Leiomyoma originating from the vas deferens

Vaz deferens kaynaklı leyomiyom

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### Abstract

We report an unusual case of a leiomyoma of the vas deferens. A 69-year-old male patient was presented with a slowly progressive swelling of five years' duration in the right groin. Total excision of the right inguinal mass was performed with preservation of the right testis. The patient returned home one day later with no further problems, and he was well on his postoperative control. Inguinal exploration of suspicious inguinal masses is required to confirm the benign nature of the tumor. Benign masses of spermatic cord might be excised with preservation of the testis.

**Key words:** Leiomyoma; spermatic cord; vas deferens.

### Özet

Vaz deferensten kaynaklanan sıradışı bir leyomiyom vakası sunuyoruz. Altmışdokuz yaşındaki erkek hasta sağ kasıkta beş yıl süreli yavaş ilerleyen şişlik ile başvurdu. Sağ testis korunarak sağ inguinal kitle tam olarak çıkarıldı. Hasta bir gün sonra herhangi bir problem gelişmeksizin eve gönderildi ve ameliyat sonrası kontrollerinde sorun yaşanmadı. Şüpheli inguinal kitlelerin benign olduklarının doğrulanabilmesi için cerrahi olarak çıkartılmaları gereklidir. Spermatik kordun benign kitleleri testis korunarak çıkartılabilir.

**Anahtar sözcükler:** Leyomiyom; spermatik kord; vaz deferens.

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Tumors of the spermatic cord are uncommon. The majority are benign and are mesodermal in origin.<sup>[1]</sup> Leiomyoma is the most common benign mesothelial tumor, which is rarely encountered in the genitourinary tract.<sup>[2]</sup> We report a case of leiomyoma of the vas deferens in the inguinal canal, which was easily resected from the spermatic cord.

### Case report

A 69-year-old male patient presented with a slowly progressive swelling of five years' duration in the right groin. Physical examination revealed a soft mass in the inguinal region. There was no fever, clinical sign of inflammation, infection or history of trauma. Laboratory analysis of blood and urine samples was unremarkable. Ultrasonography and computed tomography confirmed the presence of a 7x4 cm abnormal mass adhering to the spermatic cord. Surgical exploration was recommended, and the patient was informed that the right testicle might

have to be removed together with the spermatic cord. Exploration through a right inguinal approach was performed. The testis was normal, with the vas seen going up to the tumor. Within the tumor, the vas could no longer be seen, and the mass was easily separated from the cord. Total excision of the right inguinal mass was performed with preservation of the right testis (Fig. 1). The patient returned home one day later with no further problems. Pathological evaluation demonstrated a fascicle of smooth muscle fibers forming a leiomyoma. A diagnosis of leiomyoma arising from the muscle of the vas deferens was made.

### Discussion

Leiomyomas of the genitourinary system may originate from any structure or organ containing smooth muscle. They are often asymptomatic, except for effects on urinary tract function. These tumors usually involve single organs, but multiple organ involvement has also been reported.<sup>[3]</sup> The renal capsule is the most



**Figure 1** Macroscopic appearance of the tumor.

common site of origin of genitourinary leiomyomas.

<sup>[2]</sup> Leiomyomas of the vas deferens are extremely rare tumors. To the best of our knowledge, the present case is the first case reported in Turkey.

The critical issue lies in distinguishing these benign tumors from other malignancies. Ultrasonography and computed tomography are not always helpful in distinguishing a benign inguinal lesion from other malignant lesions. Despite these features suggesting the diagnosis, the final diagnosis as to the exact nature and site of origin of the tumor can be

made positively only upon histological examination of the removed tissue. On the other hand, inguinal masses should alert us to the possibility of the mass being benign. Intraoperative frozen section biopsy may be useful for testicular preservation. Urologists should not assume that all of the inguinal masses are malignant; these benign tumors can be managed with organ-sparing local excision.

In conclusion, inguinal exploration of suspicious inguinal masses is required to confirm the benign nature of the tumor. Benign masses of the spermatic cord can be excised with preservation of the testis.

### Conflict of interest

No conflict of interest was declared by the authors.

### References

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