Leiomyosarcoma of the Spermatic Cord in a Seventy-Five-Year-Old man

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Introduction: Leiomyosarcoma is a malignant soft tissue tumor that can arise from any tissue containing smooth muscle. Leiomyosarcomas of the spermatic cord are rare tumors of non-testicular origin, which drain into the retroperitoneal lymph nodes and have been reported in less than 150 cases in the literature until now. Radical inguinal orchiectomy and high ligation of the cord is the standard primary surgical procedure in spermatic cord leiomyosarcoma.

Case Presentation: Here we reported a 75-year-old man who presented with a painless lump in the right hemiscrotum. A right radical orchiectomy was performed. Histopathology confirmed a neoplastic tissue with mesenchymal origin in spermatic cord; further evaluation revealed a leiomyosarcoma of the spermatic cord. The patient was followed up for 1-year and shows no signs of recurrence

Conclusions: Preoperative diagnosis of spermatic cord leiomyosarcoma is difficult and commonly made by histological examination and immunochemical staining.

Keywords: Urologic neoplasms; Leiomyosarcoma; Spermatic Cord
cord are uncommon tumors of non-testicular origin, which drain into the retroperitoneal lymph nodes, and have been reported in less than 150 cases in the literature until now (9). This type of leiomyosarcoma arises from undifferentiated mesenchymal cells of the cremasteric muscle and vas deferens. Although this type of lesion is seen in all age groups, peak incidence of spermatic cord leiomyosarcoma is in the sixth and seventh decades of life. Preoperative diagnosis of spermatic cord type is difficult and is commonly made by histopathologic examination and immunochemical staining (7-10). The standard treatment for all types of non-testicular leiomyosarcoma is radical orchietomy. Our patient had grade 1 spermatic cord leiomyosarcomas. The prognosis after radical orchietomy is usually good in tumors of grade 1 and 2 (9, 11).

In summary, leiomyosarcoma of the spermatic cord are rare malignant tumors, which are treated with radical orchietomy, and clinicians should notice them in differential diagnosis of a firm and hard solid mass in the cord. However, a large number of spermatic cord leiomyosarcoma are low-grade hard tumor with good prognosis, long-term follow-up is needed to prevent recurrence and metastasis.

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Authors’ Contributions

Arash Dehghan: Clinician; Nika Eskandari: Data collection; Ghazal Sami: writing and editing of the manuscript; and Arash Dehghan: editing the manuscript.

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