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CASE REPORT

A RARE SWELLING AT A RARE SITE: A DIAGNOSTIC DILEMMA

[1]Dr. Vinay S Kundargi, [2,*]Dr. Dhruva H Mahadevaiah, [3]Dr. Siddanagouda B Patil and [4]Dr. Santosh R Patil

[1]Professor, Department of Urology , BLDE, Shri BM Patil Medical College, Vijayapura , Karnataka ,India 586103; [2]Senior Resident, Department of Urology , BLDE, Shri BM Patil Medical College, Vijayapura , Karnataka,India 586103; [3]Professor and Head, Department of Urology , BLDE, Shri BM Patil Medical College, Vijayapura, Karnataka ,India 586103; [4]Associate Professor, Department of Urology, BLDE, Shri BM Patil Medical college, Vijayapura , Karnataka, India 586103

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***Corresponding author:**
Dr. Dhruva, H.M.

ABSTRACT

A man in his mid-40s presented with a painful, gradually growing right sided scrotal swelling for five months. There was no history of fever, trauma, or significant medical conditions. Examination revealed a firm, ovoid swelling measuring 2.5 cm × 2 cm, separate from the right testis, with no inguinal lymphadenopathy. Ultrasonography showed a well defined soft tissue lesion in the scrotal wall, measuring 21.7 mm × 16.7 mm, suggestive of a hemangioma, while both testes appeared normal. The patient underwent excisional biopsy with a transverse incision, revealing a well-encapsulated, yellow swelling. Complete excision was achieved without complications. Histopathological analysis identified the specimen as cutaneous dermatofibroma or schwannoma, with immunohistochemistry confirming schwannoma positivity for S100. The postoperative period was uneventful, with advice to monitor for any new swellings or abnormalities.

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INTRODUCTION

Scrotal schwannoma is a rare, benign peripheral nerve sheath tumor arising from Schwann cells. It typically presents as a painless, slow-growing intrascrotal mass, often mimicking other scrotal pathologies. Diagnosis is confirmed histologically, and complete surgical excision is curative. Malignant transformation and recurrence are exceedingly uncommon.

CASE REPORT

A man in his mid 40s presented to us with a painful gradually growing right sided scrotal swelling since 5 months. There was no history of fever, trauma, mass over the other half of the scrotum. There was no history of surgical and medical conditions. There was no significant personal and family history. Upon examination, the swelling was found in the right hemiscrotum. It measured 2.5 cm × 2 cm, was ovoid in shape, and had a firm-to-hard consistency. The swelling was entirely separate from the right testis and the plane of the swelling was intradermal. (Figure 1). No palpable inguinal lymph nodes were detected. The remaining external genitalia and systemic examination were unremarkable. Ultrasonography identified an oval, well-defined soft tissue lesion situated within the scrotal wall intradermally. The lesion measured 21.7 mm × 16.7 mm and exhibited heterogeneous echogenicity with increased vascularity on doppler suggesting the possibility of a hemangioma. Both testes appeared normal on imaging. (Figure 2) The patient was posted for excisional biopsy. A transverse incision was placed over the right hemiscrotum, corresponding to the location of the swelling. The swelling was oval, well-encapsulated, and yellow in color. It was not invading any surrounding structures and was easily identified and isolated. Complete excision of the tumor was achieved without rupture or residual tissue at the septum. No hemorrhage or additional abnormalities were observed at the surgical site. The excised specimen was sent for histopathological analysis, which reported it as cutaneous dermatofibroma or schwannoma . Immunohistochemistry was done due to diagnostic ambiguity which was positive for S100 and hence suggested schwannoma. (Figure 3). The postoperative period was uneventful, and the patient was advised to report any new swellings or abnormalities elsewhere in the body.

DISCUSSION

Schwannomas are benign tumors that arise from the nerve sheath, specifically formed by Schwann cells, which are responsible for producing the myelin sheath that insulates peripheral nerves. These tumors commonly occur in areas such as the head, neck, mediastinum, and retroperitoneum. While the exact incidence of

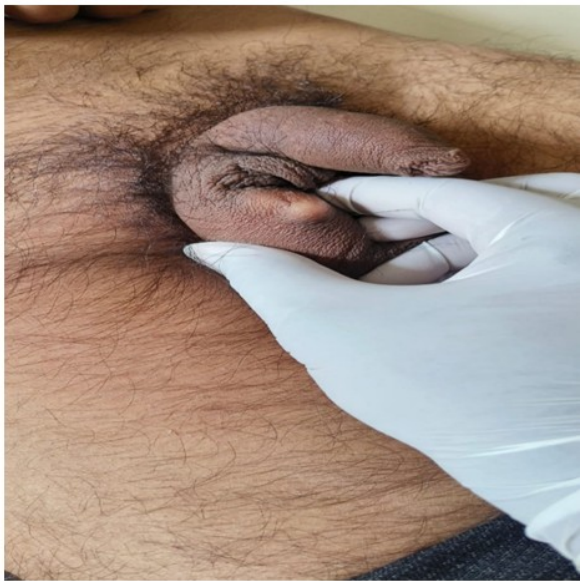

Figure 1. Clinical examination shows a ovoid in shape, and had a firm-to-hard swelling. The swelling was entirely separate from the right testis and the plane of the swelling was intradermal

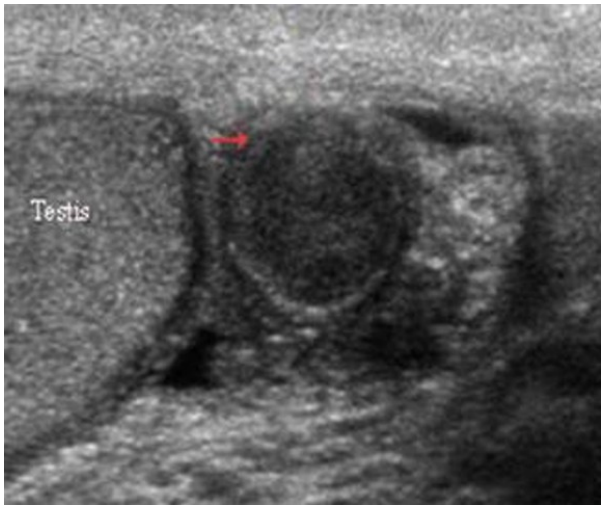

Figure 2. Ultrasonography identified an oval, well-defined soft tissue lesion situated within the scrotal wall intradermally with increased colour uptake on Doppler

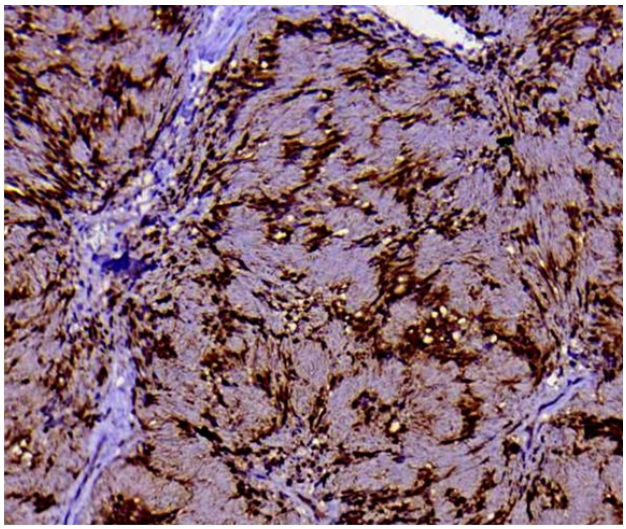

Figure 3. Immunohistochemistry showing positivity for S100 stain

schwannomas is unknown, they are considered rare. Often, schwannomas are asymptomatic until they grow large enough to compress surrounding tissues. These tumors are most frequently observed in individuals during their third and fourth decades of life, with an equal distribution between genders. In this report, we present a rare case of a schwannoma originating in the scrotum. These variants include cellular, glandular, epithelioid, and ancient types, all of which demonstrate benign behavior. The cellular variant is characterized by a predominance of Antoni A areas without the presence of Verocay bodies, as observed in the current case. Although schwannomas are uncommon, the majority of cases are found in the head and neck region, affecting structures such as the trigeminal, facial, vestibular, and vagus nerves, as well as the parotid gland, thyroid gland, vocal cords, floor of the mouth, orbit, and infratemporal fossa (1). Other less common locations include the extremities, mediastinum, thorax (2), retroperitoneum (3), pancreas (4) and pelvis (5). Scrotal schwannomas have been infrequently described in the medical literature (6). Chan et al presented a case of a 28-year old male with benign scrotal swelling. Surgical excision revealed ancient schwannoma of the scrotum (7).

CONCLUSION

Schwannomas present a significant diagnostic challenge for urologists, as radiological findings are often nonspecific . Ultrasonography can assist in distinguishing solid from cystic tumors, while computed tomography (CT) or magnetic resonance imaging (MRI) is useful for assessing tumor size, location, local involvement, and potential distant spread.. The definitive diagnosis relies on histological examination and IHC which remains the gold standard. Surgical excision continues to be the primary treatment approach for schwannomas with malignant transformation being very rare.

Conflict of Interest: Nil

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