



GIANT CELL VASCULITIS OF SPERMATIC CORD MIMICKING A PARA TESTICULAR TUMOR

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<p>Article Info <i>Received 15/01/2015</i> <i>Revised 27/01/2015</i> <i>Accepted 22/02/2015</i> Key words: vasculitis, arteritis, giant cell, granulomatous, spermatic cord.</p>	<p>ABSTRACT Giant cell vasculitis involving the spermatic cord was identified incidentally upon excision of the spermatic cord for a suspected para testicular tumor. Giant cell vasculitis has been reported before in various organs like bladder, prostate, uterus, adnexae, and testis but rarely in the spermatic cord. Very few cases have been described in literature of this entity. We report this case in view of its rarity.</p>
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INTRODUCTION

Vasculitis involving the spermatic cord is uncommon. We describe a 36 year-old man with granulomatous vasculitis limited to the spermatic cord. The vasculitis was discovered incidentally upon microscopic examination of a mass attached to the spermatic cord. The patient is well and on no further treatment for a follow up period of 6 months.

A 36year-old male patient complained of swelling and pain in scrotum after a fall from a two-wheeler 20 days back. An ultrasound was done and reported as?, neoplasm spermatic cord?, Hematoma. Scrotal exploration was done, the mass was found attached to the spermatic cord and vas deferens was free from the mass. Spermatic cord with the mass was excised and sent for histopathological examination.

Macroscopically, the surgically excised spermatic cord was of 4 cms length and diameter of 0.5 cms with a nodule at one end. This nodule was of size 3x3x2 cms, cut section being solid and gray white in color with focal dark brown areas of 0.5 to 0.8 cms (Figure 1). The specimen was fixed in 10% formalin and embedded in paraffin for

light microscopic examination. Paraffin sections were stained for Hematoxylin and Eosin (H&E), Verhoffs Vangieson and Acid fast stains.

Histopathologically the sections revealed pampiniform plexus of veins, many of which are obliterated by multiple noncaseating granulomas. The granulomas consisted of epithelioid cells, plenty of foreign body type of giant cells and fibrosis. Most of the vessel walls were destroyed by the granulomas seen within the tunica media and tunica adventitia (Figure 2).

In between the blood vessels the stroma showed similar granulomas with pockets of chronic inflammatory cells, a good number of eosinophils and extensive fibrosis.

The internal elastic lamina of the arteries was partially disrupted by intimal cellular proliferation and showed some amount of luminal narrowing (Figure 3).

The histological features were consistent with giant cell vasculitis of spermatic cord.

The elastic tissue stain revealed fragmentation of the internal elastic lamina along with numerous epithelioid cells and giant cells. Acid-fast stain for tuberculous bacilli



was done and was negative and no inclusions were identified within the giant cells. There was no clinical evidence of sarcoidosis.

DISCUSSION AND CONCLUSION

Giant cell Vasculitis is a focal granulomatous inflammation of arteries of medium and small size that affects older individuals, mainly the cranial vessels and especially the temporal arteries [1]. It appears to be a localized process and its significance depends on the organ affected. Giant cell vasculitis involving the bladder, prostate, uterus, adnexae, and testis have been described before [2-4].

Vasculitis involving the spermatic cord is uncommon and usually reflects systemic disease [5].

Isolated spermatic cord giant cell vasculitis is very rare and very few cases have been described.

We describe a 36-year-old man with isolated giant cell vasculitis of the spermatic cord. The vasculitis was identified incidentally upon microscopic examination of the spermatic cord mass, which was excised with a clinical diagnosis of hematoma/neoplasm. The transmural inflammation was seen in the arteries and veins and was accompanied by narrowing of the lumens. There was no serological or hematological evidence of systemic vasculitis. In conclusion, giant cell vasculitis of the spermatic cord is very similar to lesions in the cranial vessels but its occurrence in the spermatic cord is extremely rare. It should also be considered in the differential diagnosis of lesions in the spermatic cord.

Figure 1. Gross photograph of spermatic cord with the gray white nodule



Figure 2. Vessel walls destroyed by the granulomas within the tunica media and tunica Adventitia(400x H and E)

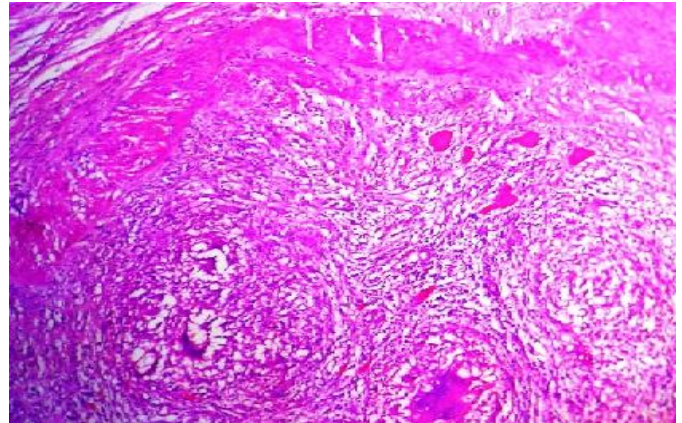
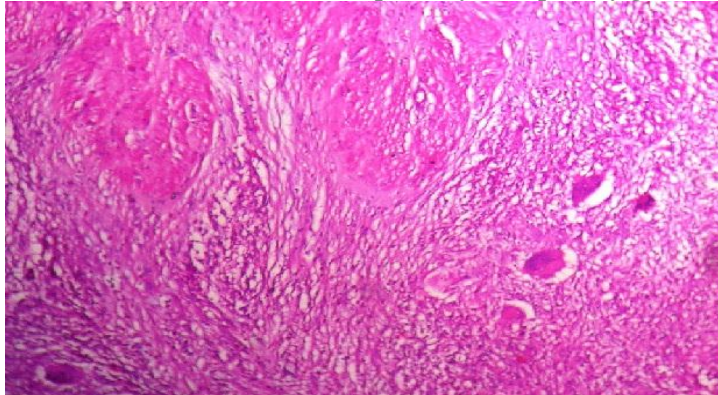


Figure 3. The internal elastic lamina of the arteries partially disrupted by granulomas (400x H and E)



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