Paratesticular multicystic mesothelioma

Sir,

Mesotheliomas usually involve the serosal membranes of the pleura and peritoneum. Rarely a mesothelioma is found within the tunica vaginalis of the paratesticular region.[1] We present a case of lesion in a 48-year-old man who came with a 4-week history of scrotal swelling and pain. Physical examination revealed an enlarged left hemiscrotum containing a fluid-filled structure that was transilluminated. Testicular ultrasonography was suggestive of an epididymal cyst with a large left-sided hydrocele. Following this the patient was posted for eversion of the hydrocele sac. During the operative procedure, a large cystic mass was seen adherent to the surface of left testis and epididymis. The lesion was excised and sent for histopathological examination. Grossly, the mass measured $5 \times 5 \times 2$ cm and consisted of a multilcystic translucent lesion containing clear watery fluid [Figure 1]. Histopathological examination revealed multiple small and large cystic spaces lined by flattened to cuboidal mesothelial cells. The cystic spaces were separated by loose fibrocollagenous tissue showing mild chronic inflammatory infiltrate and a few congested blood vessels [Figure 2]. Immunohistochemically, the cyst lining cells were reactive for cytokeratin, calretenin, and epithelial membrane antigen, and negative for CD34 [Figure 3]. Based on the above features, a diagnosis of multicystic mesothelioma was offered.

Paratesticular mesotheliomas are rare tumors. The age range of affected individuals is wide, mostly adults and elderly, but also includes young people and children. The most common presenting symptom is either hydrocele or intrascrotal mass, as in our case. Most paratesticular mesotheliomas arise in the tunica vaginalis, but primary tumors of the spermatic cord and epididymis are also on the record.[2]

Lymphangioma forms an important differential diagnosis. Cystic lymphangioma occurs chiefly in adolescents and is microscopically characterized by stromal aggregates of lymphocytes and a lining positive for endothelial cells and negative for cytokeratin.[3]

Resection forms the main line of treatment. Despite the tendency for local recurrence, cystic mesotheliomas have not shown evidence of malignant change or distant metastasis.[4]

Mani Anand, Vandana Gaopande, Sanjay D. Deshmukh

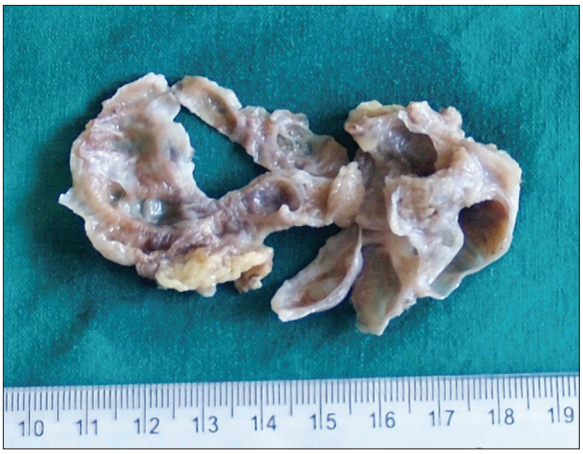

Figure 1: Gross appearance of the mass showing a multilcystic translucent lesion

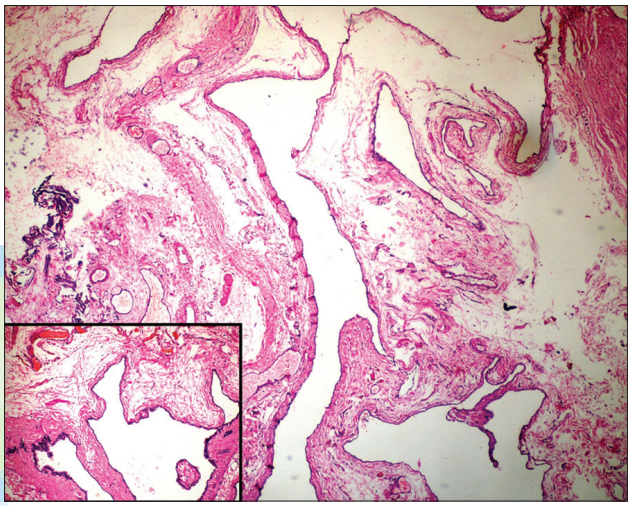

Figure 2: Photomicrograph revealing multiple small and large cystic spaces lined by flattened to cuboidal mesothelial cells; separated by loose fibrocollagenous tissue with a few congested blood vessels (hematoxylin and eosin, ×100). Inset shows high power view of the cysts lined by mesothelial cells (hematoxylin and eosin, ×400)

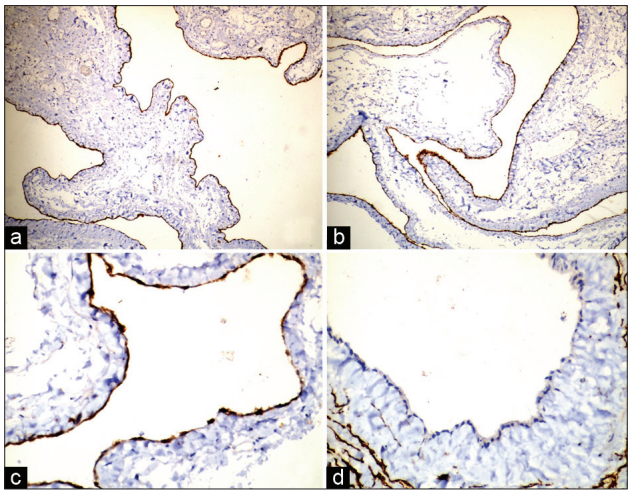

Figure 3: Immunohistochemistry revealing positive reactivity of the mesothelial cells for (a) cytokeratin (IHC, ×100), (b) EMA (IHC, ×100), (c) calretenin (IHC, ×400), (d) negative staining for CD34 (IHC, ×400)

Department of Pathology, Smt. Kashibai Navale Medical College and General Hospital, Narhe, Pune, Maharashtra, India

Address for correspondence:
Dr. Mani Anand, Department of Pathology, Smt. Kashibai Navale Medical College and General Hospital, Narhe, Off Pune-Mumbai Bypass, Pune - 411 041, Maharashtra, India
E-mail: manianand291@yahoo.com

REFERENCES

1. Cabay RJ, Siddiqui NH, Alam S. Paratesticular papillary mesothelioma. Arch Pathol Lab Med 2006;130:90-2.
2. Bisceglia M, Dor DB, Carosi I, Vairo M, Pasquinelli G. Paratesticular Mesothelioma. Report of a Case with Comprehensive Review of Literature. Adv Anat Pathol 2010;17:53-70.
3. Mesothelioma. In: Weiss SW, Goldblum JR, editors. Enzinger and Weiss's Soft Tissue Tumors. 5th ed. Philadelphia: Mosby, Elsevier; 2008. p. 789-823.
4. Chien AJ, Strouse PJ, Koo HP. Cystic mesothelioma of the testis in an adolescent patient. J Ultrasound Med 2000;19:423-5.

Access this article online	
Quick Response Code:	Website: www.ijpmonline.org
	DOI: 10.4103/0377-4929.91516