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Giant Lipoma of Spermatic Cord Mimics Irreducible Inguinal Hernia: A Case Report & Review of Litreture

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I. INTRODUCTION:-

Lipomas are often found in the inguinal canal during surgical repair of inguinal hernias [1]. In the literature, these are known as "lipomas of the cord," "lipomas of the round ligament," "spermatic cord lipomas," and "inguinal cord lipomas" [1-4]. Spermatic cord lipomas can either accompany a lateral inguinal hernia or occur without a synchronous hernia [1–3]. They must be differentiated from the characteristic preperitoneal fatty tissue seen in a direct inguinal or femoral hernia [1].

Inguinal herniorrhaphy is the most common general surgical operation performed [5.] The incidence of spermatic cord lipoma or fatty protrusion found in the groin area during inguinal hernia surgery varies widely (22.5–75%) [6–8]. Isolated masses of fatty tissue along the inguinal canal during herniorrhaphy have been loosely termed "lipoma" in the surgical literature. However, it is very rare to observe a true lipoma ? The lipoma or fat protrusion can present as an accompaniment to inguinal hernia, femoral hernia and in the situation of a missing hernia sac. It is resected routinely during hernia repair and is rarely significant to the hernia sac as a groin bulge!

A spermatic cord lipoma together with the hernia sac may increase the size of an indirect inguinal hernia and aggravate the symptoms. Furthermore, a spermatic cord lipoma may mimic the diagnosis and symptoms of inguinal hernia without the presence of an additional indirect hernia sac [1–4].

Missed or inadequately treated spermatic cord lipomas may cause unfavorable outcomes necessitating reoperation [1–4]. Therefore, this paper now reviews and interprets the literature available on spermatic cord lipomas.

II. CASE PRESENTATION:-

A 18years old young male patient, was admitted to surgery department due to persistent left groin swelling with no sign of bowel obstruction for 7 years. The groin swelling could not be transilluminated and reduced manually. He also complained of tenderness and a more pronounced bulge while coughing and straining. At surgery, an indirect inguinal hernia and a circumscribed, separate, large fatty mass were found. The fatty mass, measuring up to 06× 05 × 03 cm, was confined to the spermatic cord and protruded around the deep inguinal ring and extended through the superficial inguinal ring. . The hernia sac was ligated and the mass was dissected from the cord structure and resected. The postoperative course was uneventful and there was no recurrence.

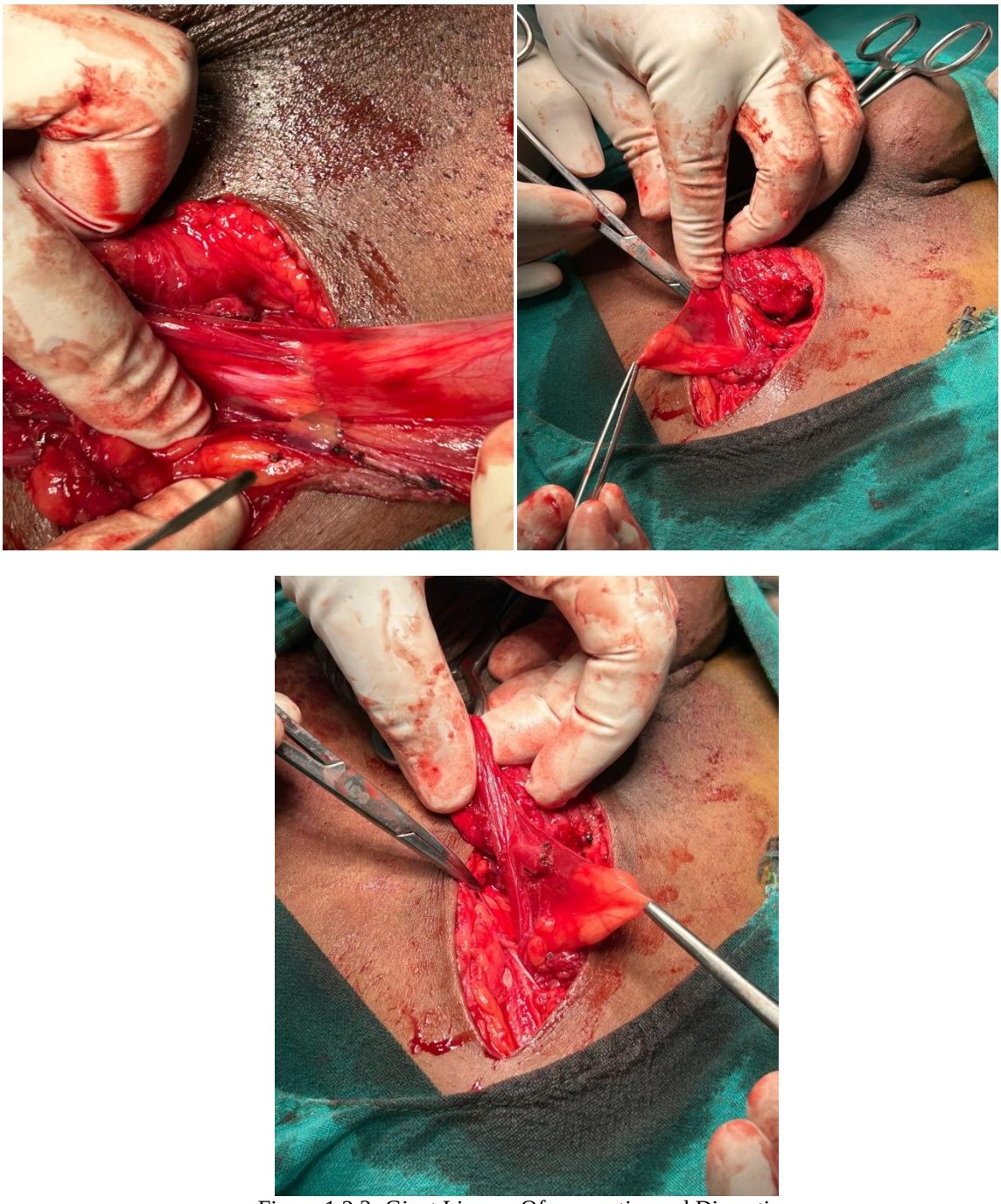

Figure 1,2,3- Giant Lipoma Of spermatic cord Dissection

III. DISCUSSION:-

Spermatic cord tumors are observed in 4% of all scrotal tumors [9-11]. The vast majority of those tumors (90%) are mesoderm origin [9,10]. Spermatic cord tumors are divided into these which located in the testicular tunica, epididymis or spermatic cord [12]. 70% of neoplasms are benign and most of them are represented by lipomas [12]. The etiology of is still unknown but lipomas of this region are the most common observed in the 4th and 5th decade of life [13]. First time Tobin et al in 1946 described lipoma of the cord as a connective tissue between the peritoneum and the abdominal wall as consisting of three strata [14]. Lipomas of the spermatic cord are observed as a herniation of adipocytes [9-11]. This fat herniation is the most frequent located from the retroperitoneal fat to the internal spermatic fascia [13]. These tumors give the same symptoms as inguinal hernia and are detected when their growth reaches large size [13]. Ultrasound, computer tomography and magnetic resonance imaging help identify lipomas before surgery [14]. During laparoscopic repair (TAPP – transabdominal preperitoneal) of inguinal hernia, lipomas of the spermatic cord may be unseen so it is advisable to perform gentle external compression to touch or see internal traction on the cord structures [15-17]. All lipomas of the

spermatic cord must be removed because of the incidence of recurrence after inguinal hernia repair and due to a giant and long growth tumors can be converted into aggressive neoplasm – liposarcoma[15, 17].

IV. CONCLUSIONS:-

1. Surgeon must examine the preperitoneal space and the structures of the cord for lipomas before the hernia operation;
2. In the case of obese patients or giant inguinal hernia, if there are doubts examining region of hernia, ultrasound of this region should be performed;
3. During a laparoscopic hernia repair exploration of the preperitoneal space is necessary because in other case surgeon can fail to recognize a lipoma of the spermatic cord, which can later mimick a recurrent hernia;
4. Patients after surgical treatment of spermatic cord lipoma should be followed regularly.
5. Due to narrow internal ring& large size of lipoma may present as irreducible inguinal hernia.

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