General surgery

A 62 year old man with an inguinoscrotal swelling

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A 62 year old manual labourer, resident of a filariasis endemic region, presented with complaints of a progressively increasing swelling in his right groin for one year. The swelling initially disappeared on lying down and reappeared on straining. He gave no history of difficulty in micturition, chronic cough, or constipation. He had undergone an inguinal hernia repair on the left side four years back. Family history was non-contributory.

Clinical examination showed 10×15 cm right sided inguinoscrotal swelling that was firm in consistency, smooth surfaced, non-fluctuant, non-transilluminant, partially reducible and had a palpable impulse on coughing. The right testis was not palpable separately. There were no enlarged inguinal lymph nodes. General examination showed no other abnormalities. Investigations of the inguinoscrotal lump were undertaken.

A chest radiograph was unremarkable. Routine blood investigations including a complete blood count, renal parameters, and random sugar were within normal limits. A scrotal ultrasound was not performed.

Figure 1 The excised scrotal tumour.

Exploration of the right inguinoscrotal region under spinal anaesthesia, showed a right incomplete indirect inguinal sac containing loops of bowel along with a 1.6 kg huge well defined encapsulated multilobulated lipomatous mass (fig 1) completely engulfing the spermatic cord and the testis. No lymph nodes were identified.

A wide local excision of the entire tumour with high inguinal orchidectomy was done. The weak posterior wall of the right inguinal canal was reinforced with a polypropylene mesh. The postoperative course of the patient was uneventful. There was no recurrence of the hernia or the tumour at one year follow up.

Figure 2 shows the results of the routine haematoxylin and eosin stain (original magnification ×100) of the tumour tissue.

Figure 2 Microscopy (haematoxylin and eosin original magnification ×100) showing well differentiated liposarcoma. Inset: (A) tumour giant cell and (B) lipoblasts.

QUESTIONS

1. What is the diagnosis?
2. What are the differential diagnoses of an incompletely reducible inguinoscrotal lump?
3. Does the patient require any further treatment postoperatively?

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