

Testicular Fibrous Pseudotumor: The Role of Ultrasound Examination and Intraoperative Frozen Section to Prevent Unnecessary Orchiectomy

To the Editors:

Six years after the publication of the last case of inflammatory testicular pseudotumor,¹ we have a further case to add to the overview of the pseudo-neoplastic entities arising in the testis and paratesticular structure,² particularly interesting for its clinical management.

A 70-year-old man presented with an asymptomatic, palpable nodule at the right testis. Ultrasonography (US) showed an 8-mm, solid, vascularized lesion at the testicular surface (Figure 1A). Testicular markers were normal.

The lesion was therefore excised (Figure 1B): its benign nature was confirmed at frozen section and the testicle spared (Figure 1C). Final microscopic examination disclosed a well-outlined, fibrous-like nodule composed of hyalinized collagen bands (Figure 1D). Normal findings were seen in a 6-month US follow-up.

In the literature, fibrous pseudotumors of the tunica vaginalis were first described by Balloch in 1904.³ They are rare, benign, reactive lesions of the testicular tunica that can affect every age, although the third decade has a peak incidence.⁴ Physical examination, US, and serum markers are the standard evaluation.⁵ Fibrous pseudotumors have been described as hypoechoic nodules arising from the testicular surface at US. Since fibrous pseudotumors

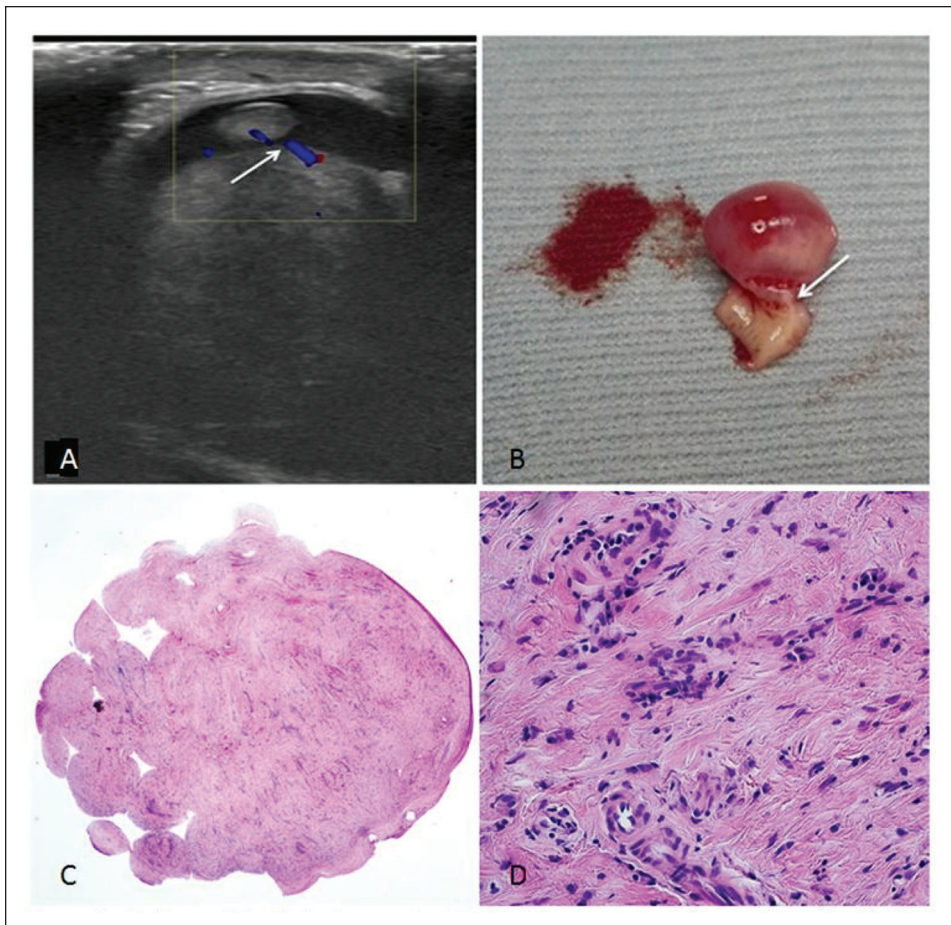


Figure 1

(A) Simultaneous US and palpation revealed that the lesion was surrounded by a small quantity of fluid and arose from the testicular surface, with a small stalk containing a feeding vessel (arrow). (B) The excised lesion with its pedunculated stalk (arrow). (C-D) Hematoxylin-eosin-stained specimen (C, 2 \times ; D, 40 \times) illustrating a well-circumscribed nodule composed of hyalinized collagen bands with interspersed lymphocytes. Nuclear atypia and mitoses are absent.

may mimic malignancies, radical orchiectomy has often been performed.⁶ It is our purpose to underline the importance of US examination with simultaneous palpation and intraoperative frozen section to prevent unnecessary orchiectomy.

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