UNILATERAL DOUBLE TESTES WITH SPINDLE CELL NEOPLASM (LEIOMYOMA) - A CASE REPORT
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PRESENTATION OF CASE
50-year-old male patient presented to us having complaints of left scrotal swelling and dragging sensation for last 4 years.

Swelling was gradually increasing in size and for last 2 years it started increasing rapidly.

Crossed testicular ectopia / transverse testicular ectopia is an extremely rare anomaly, in which both gonads migrate towards same hemiscrotum. About 100 cases of transverse testicular ectopia have been reported in published studies so far. We report a case of transverse testicular ectopia with spindle cell neoplasm– leiomyoma, along with history of bilateral inguinal hernia, operated at the age of 6 years for right side and at the age of 14 years for left side.

There were scar marks on both inguinal regions probably due to surgery for congenital right and left inguinal hernia.

On physical examination, there was a large globular swelling in left scrotal region, overlying skin was normal, testis was not separately palpable, size of the swelling was 20 x 15 cm., nontender, firm in consistency, transillumination test was negative, to get above the swelling was possible, no impulse was there on coughing.

Right scrotal sac was empty and underdeveloped and there was no palpable swelling in right inguinocrotal region. No impulse on cough in right inguinal region.

Patient was consulting various clinician since 1995 for infertility. He was diagnosed as a case of Left epididymitis with double testis on left side by various investigations.

Testicular biopsy in 1995 was showing normal structure and spermatogenesis. Seminal fluid examination in 1995 was showing obstructive azoospermia.

MRI of pelvis in 2018 revealed a large mass in left hemiscrotum with multiple pockets of haemorrhage, there was large seminal vesicle cyst on left side and moderate cystitis was also seen.

FNAC of left scrotal swelling was tried multiple times in 2018 but that turned out to be inconclusive every time.

Associated Anomalies
1. Bilateral congenital inguinal hernia.
2. Scrotal tumour-spindle cell neoplasm – leiomyoma.
3. Large seminal vesicle cyst, size 3.7 x 2.7 cm.

DIFFERENTIAL DIAGNOSIS
1. Testicular Tumour
   a. Testis and epididymis definable.
   b. Lump with testis.
   c. Testis non tender.

2. Epididymal Cyst
   a. Testis and epididymis definable
   b. Testis non tender.
   c. Lump separate.
   d. Brilliantly transilluminant.
   e. Swelling has lobulated surface.

3. Vaginal Hydrocele
   a. Testis and epididymis undefinable
   b. Testis tender.

4. Spermatocele
   a. Uniform retention cyst
   b. Barely water appearance.
   c. Lies in the epididymal head above and behind upper pole of the Testis.

5. Chronic epididymo-orchitis

6. Varicocele
   a. Swelling start in the lower part of the scrotum.
   b. Slowly increase in size disappear on lying down position and reappear in standing and walking dull achin pain.
DISCUSSION OF MANAGEMENT
Patient was taken for surgery in August 2018, after opening the inguinal canal, a large mass lying in scrotal sac with single cord like structure was pulled up. After dissection, the tumour was entirely separated from testes, both testes were adherent to each other, epididymis was found to be dilated, tortious and full of pus. Both cords separated up to deep inguinal ring, both testes were having good vascularity hence placed back in left scrotum. Tumour and part of epididymis were sent foe HPE that eventually turned out to be spindle cell neoplasm [leiomyoma].

There are about 100 cases of unilateral double testis described since 1886, when Von Lenhossek reported a nacropsy finding. The largest incidence was found in Europe and Japan. 60 cases have been published in Japanese literature since the first report in 1912, by Iwasaki. Unilateral double testis is also termed as a Crossed Testicular Ectopia [CTE]. As per demographics statistics of the United Nations, the estimation of global incidence of CTE is about 1.4 million. There is no statistical difference in regard to the affected side. Over the last 20 years the mean age at diagnosis has been 9.3 years. One case of family incidence was reported by Staubes, in two brothers with CTE and persistent mullerian remnant.

Our patient presented a clinical picture analogue to the most frequently found in CTE. This patient presents with large scrotal swelling with underdeveloped right scrotal sac and impalpable testis on right side. As preoperative exercise was done to find out the histopathological status of tumour but couldn’t possible. So as per standard for testicular tumour, surgery was done by inguinal incision. There is some difference among the various cases of CTE, which have produced several theories to explain the genesis of this rare entity. Most authors agree that each testis formed in different side and somehow one crosses towards opposite side in the major part of migration trajectory. Our finding is consistent with this theory. Many believe that mechanical cause like internal inguinal obstruction, absent peritoneal vaginals process, absent gubernaculum, and duct or gonads fusion are certainly relevant factors. The Vasthasan postulated a classification of CTE considering an eventual aetiology.

Classification of CTE
- Type 1- Simple CTE- Associated to inguinal hernia alone.
- Type 2- CTE associated to persistent mullerian remnants
- Type 3- CTE associated with other anomalies.

Based upon the objective presence of associated anomalies which would imply distinct therapeutic approaches.

On HPE it was found to be Spindle Cell Neoplasm-Leiomyoma.

FINAL DIAGNOSIS
Unilateral Double Testes with Spindle Cell Neoplasm (Leiomyoma)

REFERENCES