

•病例报告•

睾丸鞘膜纤维假瘤 1 例报告

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摘要: 回顾性分析1例睾丸鞘膜纤维假瘤患者的临床及病理资料。经阴囊切口探查为睾丸鞘膜光滑的肿块, 术中冰冻提示良性肿瘤, 故行肿瘤及部分睾丸鞘膜切除。术后病理报告为睾丸鞘膜纤维假瘤, 术后6个月复查未见肿瘤复发及转移。睾丸鞘膜纤维假瘤发病率低, 但属于良性肿瘤样病变, 可行保留睾丸的肿瘤切除术, 若术中无法明确良恶性, 需行根治性睾丸切除术。

关键词: 纤维假瘤; 睾丸鞘膜; 甲胎蛋白; 人绒毛膜促性腺激素

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A case report of fibrous pseudotumor of testis sheath

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Abstract: The clinical and pathological data of a case with fibrous pseudotumor was retrospectively analyzed. Through scrotal incision, the tumor was found to be a smooth mass of testicular sheath. Intraoperative freezing suggested benign tumor, so the tumor and part of testicular sheath were removed. The postoperative pathological report was fibrous pseudotumor of testicular sheath. No tumor recurrence or metastasis was found in six months after operation. Fibrous pseudotumor of testis sheath has the lowest incidence rate, but it belongs to benign tumor like lesion, and it is feasible to resect tumor with testis preserved. If the benign and malignant cannot be determined during the operation, radical orchiectomy is required.

Keywords: Fibrous pseudotumor; Testis sheath; Alpha-fetoprotein; Human chorionic gonadotropin

睾丸鞘膜纤维假瘤是罕见的良性肿瘤^[1], 目前在全世界的个案报道仍较少^[2]。Balloch于1904年首先描述, 由于发病机制尚不清楚、发病率低、局部解剖学和形态学结构多样, 术前常难以明确诊断。这种疾病有多种名称, 如多发性纤维瘤、睾丸周围炎、反应性睾丸周围炎、慢性增殖性睾丸周围炎、结节性睾丸周围炎和炎性假瘤等。可以发生于各个年龄段的男性, 最多见于30岁左右男性^[3], 50%可能伴有鞘膜积液, 30%可能伴有外伤或附睾睾丸炎^[4]。本院于2022年6月收治1例睾丸鞘膜纤维假瘤患者, 本文回顾性分析其临床及病理特点, 以提高对该病的认识, 有助于更好的诊断与治疗, 避免不必要的根治性睾丸切除术。

1 病历摘要

患者男, 35岁。因“发现左侧阴囊内包块2年余”入院。2年前患者体检行彩超检查发现左侧阴囊内包块, 大小约1.0 cm × 0.8 cm。阴囊无疼痛, 阴囊无触压痛, 活动性好, 患者未重视, 未治疗, 2年以来, 包块逐渐增大, 但无任何症状。现患者自觉包块较大, 遂来本院就诊。既往史无特殊, 家族无遗传病病史。体格检查: 双侧阴囊表面皮肤完好, 无红肿, 左侧睾丸外上方可扪及一圆形肿物, 直径约2.0 cm, 质硬, 表面光滑, 无压痛, 活动性可, 与睾丸界限不清。右侧阴囊及睾丸未见异常。腹部及腹股沟区未扪及肿块及淋巴结。睾丸肿瘤血清标记物甲胎蛋白(alpha-fetoprotein, AFP)、β-人绒毛膜促性腺激素(human chorionic gonadotropin, β-hCG)及乳酸脱氢酶(lactate dehydrogenase,

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LDH)、结核抗体、结核DNA均阴性。睾丸附睾彩超提示:左侧睾丸旁实质回声团块,大小约21 mm×20 mm×22 mm,边界清楚,形态规则;彩色多普勒血流显像(color doppler flow imaging, CDFI):周边及内部可见血流信号,见图1。睾丸MRI提示:左侧阴囊内睾丸上方见结节状等T1短T2信号影,DWI呈低信号,边界较清晰,增强扫描明显强化,直径约2.1 cm,见图2。术中见肿瘤与睾丸相连,但基底窄,

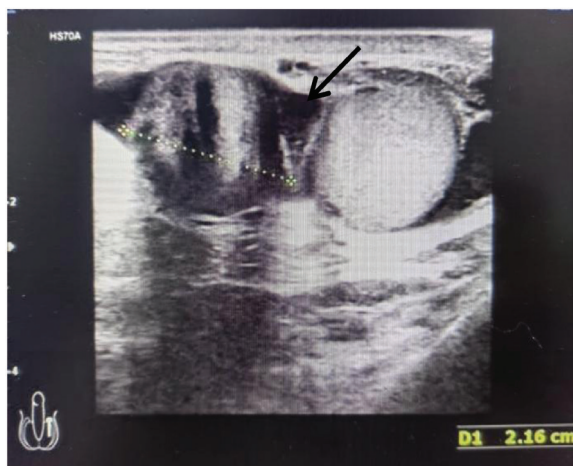


图1 彩超显像

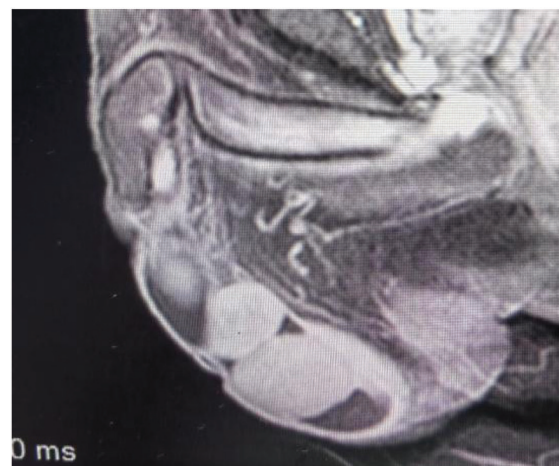


图2 MRIT1序列显像

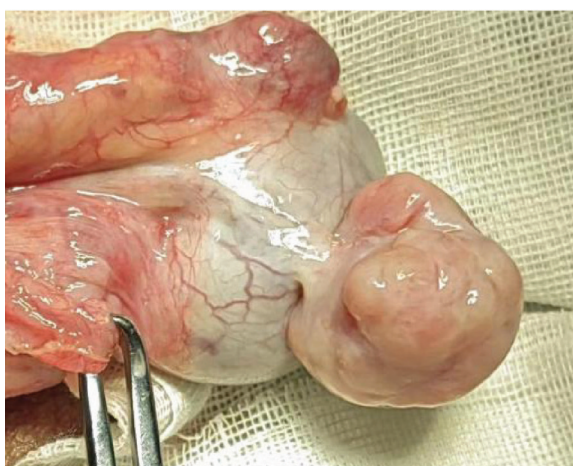


图3 术中睾丸及睾丸旁包块情况

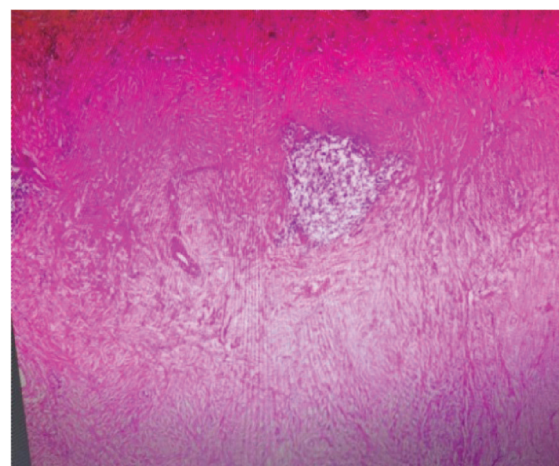


图4 镜下所见

2 讨论

睾丸纤维假瘤占睾丸旁病变的6%,大多数来自鞘膜,不到10%来自附睾或精索^[4-5]。目前本病的病因尚不明确,但一般认为与感染、创伤、炎性鞘膜积液或手术等的反应性增生有关^[6]。最近,有人提出睾丸纤维性假瘤可能是IgG4相关硬化性疾病的一部分,其具有丰富的IgG4染色浆细胞^[7-8]。IgG4相关疾病的诊断基于特征性组织病理学表现和IgG4⁺浆细胞数量增加。关键的组织病理学特征是密集的淋巴浆细胞浸润、闭塞性静脉炎、IgG4计数和IgG4/IgG比

肿瘤周围无明显粘连,见图3,术中冰冻考虑良性肿瘤,故行肿瘤及部分睾丸鞘膜切除。术后病理提示:睾丸鞘膜纤维假瘤。免疫组化:Vimentin (+), SMA (-), Desmin (弱+), CD34 (-), Bcl2 (-), CD99 (弱+), STAT6 (-), ALK (-), Myogenin (-), a-Inhibin (-), WT1 (-), Ki67阳性率小于1%,见图4。

率(约>40%)^[9]。

目前该病的主要临床表现为阴囊无痛性肿块^[11],可表现为单发或者多发,且生长相对缓慢。目前主要的影像学检查主要是超声及MRI^[2]。几位作者报道了该肿瘤的超声表现^[2,4,10-11];然而,超声检查结果往往是非特异性的。根据钙化程度、透明化胶原和肉芽组织,它们可能表现为高回声或低回声病变。因此,仅凭超声检查结果很难将睾丸旁纤维假瘤与其他肿瘤区分开来。尽管MRI的病例报告有限,但一些研究报告了睾丸外的特殊表现,显示为中低信号的多发结节性病变;病灶由中度到重度增强。本例患

者病史相对较长, AFP、 β -hCG、LDH、结核抗体及结核DNA均阴性, 同时彩超及MRI提示肿块位于睾丸旁, 故考虑睾丸良性肿瘤可能性大。Basal等^[11]认为与约95%为恶性的睾丸肿瘤不同, 大多数睾丸旁肿瘤是良性的。Subik等^[12]和Tobias—Machado等^[13]认为当怀疑睾丸良性肿瘤时, 保留睾丸手术需结合术中冰冻切片结果。故笔者在术中同时行冰冻检查, 结果提示考虑良性肿瘤, 故行保留睾丸的肿瘤及部分睾丸鞘膜切除术。但若术中冰冻切片无法区分良恶性时, 仍需行根治性睾丸切除术。比如Tobias—Machado等^[13]报道的病例中, 由于冰冻切片结果无法确定肿瘤是纤维瘤还是低度纤维肉瘤, 故最终进行了根治性睾丸切除术。

综上所述, 睾丸鞘膜纤维假瘤是一种好发于青年男性的良性罕见病, 病因尚不清楚, 可能是IgG4相关硬化性疾病一部分。超声和MRI是首选的影像检查。治疗原则为保留睾丸的手术治疗, 如术前无法明确良恶性, 需结合术中冰冻结果, 避免不必要的睾丸切除术。若术中无法明确良恶性, 需行根治性睾丸切除术。

参考文献:

- [1] Kodama H, Hatakeyama S, Matsumoto T, et al. A Case of Fibrous Pseudotumor in the Scrotum: Challenge for Diagnosis and Testicular Preservation [J]. Case Rep Urol, 2018, (8): 69–73.
- [2] Zeitouni L, Motiwala F, Goyal N, et al. IgG4 paratesticular fibrous pseudotumor: Case presentation and literature review [J]. Urol Case Rep, 2022, 45(2): 102–105.
- [3] Ugras S, Yesil C. Fibrous pseudotumors of tunica albuginea, tunica vaginalis and epididymis: report of two cases [J]. Cancer Epidemiol, 2009, 33(1): 69–71.
- [4] Turkan S, Kalkan M, Ekmekcioglu O, et al. Paratesticular Fibrous Pseudotumors[J]. Rare Tumors, 2016, 8(2): 62–68.
- [5] Khallouk A, Ahallal Y, Tazi E, et al. Benign paratesticular fibrous pseudotumor with malignant clinical features [J]. Rev Urol, 2011, 13(4): e203–e205.
- [6] Jones MA, Young RH, Scully RE. Benign fibromatous tumors of the testis and paratesticular region: a report of 9 cases with a proposed classification of fibromatous tumors and tumor-like lesions [J]. Am J Surg Pathol, 1997, 21(3): 296–305.
- [7] Dieckmann KP, Struss WJ, Frey U, et al. Paratesticular fibrous pseudotumor in young males presenting with histological features of IgG4-related disease: two case reports [J]. J Med Case Rep, 2013, 7: 225–229.
- [8] Kim KH, Sung DJ, Han NY, et al. Immunoglobulin G4-related paratesticular fibrous pseudotumor and retroperitoneal fibrosis: a case report [J]. Urol Int, 2015, 94(3): 369–372.
- [9] Deshpande V, Zen Y, Chan JK, et al. Consensus statement on the pathology of IgG4-related disease [J]. Mod Pathol, 2012, 25(9): 1181–1192.
- [10] 王运起, 宁亮, 邢俊平. 睾丸鞘膜孤立性纤维假瘤1例报告并文献复习[J]. 中国男科学杂志, 2016, 30(9): 48–51.
- [11] Basal S, Malkoc E, Aydur E, et al. Fibrous pseudotumors of the testis: The balance between sparing the testis and preoperative diagnostic difficulty [J]. Turk J Urol, 2014, 40(3): 125–129.
- [12] Subik MK, Gordetsky J, Yao JL, et al. Frozen section assessment in testicular and paratesticular lesions suspicious for malignancy: its role in preventing unnecessary orchiectomy [J]. Hum Pathol, 2012, 43(9): 1514–1519.
- [13] Tobias—machado M, Corrêa Lopes Neto A, HeloisaSimardi L, et al. Fibrous pseudotumor of tunica vaginalis and epididymis [J]. Urology, 2000, 56(4): 670–672.