

CAPILLARY HAEMANGIOMA OF THE SCROTUM

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Despite their common occurrence, especially during the infantile period, haemangiomas located in the genital region represent one of the rarest tumours. In males, although more commonly encountered inside the scrotum, haemangiomas can also occur on the scrotal skin. We present a 15-year-old male patient who had this latter type of lesion. The haemangioma was excised surgically without any complication.

Key Words: Scrotum, haemangioma, differential diagnosis.

SKROTUMUN KAPİLLER HEMANJİOMU

Özellikle infantil dönemde sık görülmesine rağmen hemanjiomlar genital bölgede lokalize olabilen oldukça nadir tümörlerdir. Erkeklerde skrotum içinde daha fazla görülmekle beraber, skrotal ciltte de ortaya çıkabilir. Bu çalışmada 15 yaşında, skrotal ciltte yerleşik hemanjiomu olan erkek hasta sunulmuştur. Hastadaki hemanjiom cerrahi olarak eksize edilmiş ve komplikasyon görülmemiştir.

Anahtar Kelimeler: Skrotum, hemanjiom, ayırıcı tanı.

INTRODUCTION

Haemangiomas are benign tumours of the vascular endothelium and mucous membranes. Despite their common occurrence, especially during the infantile period, haemangiomas located in the genital region, particularly the scrotum, represent one of the rarest tumours, with fewer than 45 cases reported in the literature (1-4). Genital haemangiomas are frequently congenital but may emerge later in life. Most are intrascrotal lesions found during adolescence or young adulthood; however, they might originate from the scrotal skin in which the macroscopic appearance varies with the type of haemangioma (3-7). Therapy for testicular haemangiomas can be as extensive as radical orchidectomy, while therapy for lesions on the scrotal skin may require only simple excision (4-7). Here we present a 15-year-old male patient who had a capillary haemangioma located on the scrotal skin.

CASE REPORT

A 15-year-old male patient presented with a one-month history of ulceration and bleeding related to a mass on the scrotum. His physical examination revealed a raised, round, hyperaemic, smooth-edged, ulcerated mass 1 cm in diameter located on the left scrotal skin (Figure 1). The testes were completely normal and the lesion was confined to the skin. The patient had no history of sexual contact or sexually transmitted diseases.

The lesion was excised with wide surgical margins that included the dermis. The pathological examination revealed a benign capillary haemangioma covered with squamous epithelium; capillary proliferation was profuse and extended to the dermis (Figure 2).



Figure 1. Ulcerated mass located on the left scrotal skin.

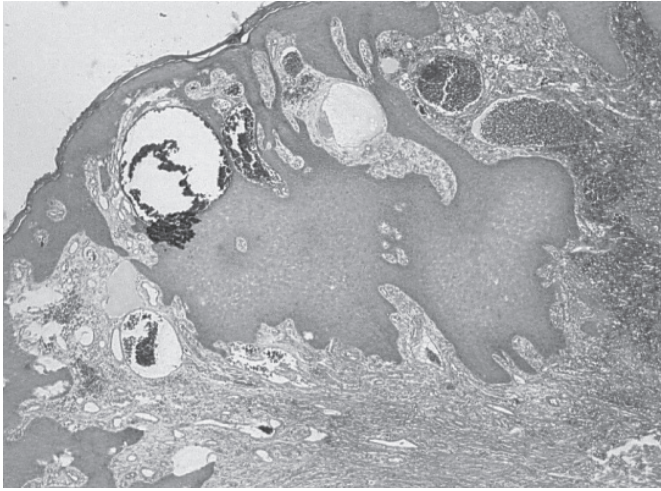


Figure 2a

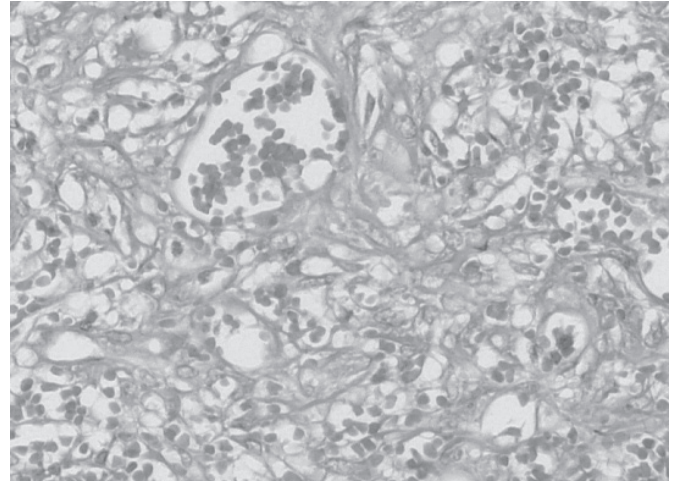


Figure 2b

Figure 2. Capillary haemangioma of the scrotal skin (a) Located under squamous epithelium, the lesion shows distinct borders and proliferation of small vessels (5x, haematoxylin-eosin). (b) Larger view. Tumour composed of numerous vessels, lined by endothelial cells that had no anaplasia (100x, haematoxylin-eosin).

DISCUSSION

Genital haemangiomas are divided into three major categories: capillary (superficial), histiocytoid (epithelioid), or cavernous (5). Capillary haemangiomas are generally benign lesions with distinct borders and no capsule, and show a web of capillary and immature vessel proliferation. The cavernous type is distinguished by the presence of large blood-filled spaces, whereas histiocytoid haemangiomas have atypical histiocyte-like endothelial cells and inflammatory infiltrate. Haemangiomas of the scrotal skin are very rare tumours and may easily be confused with lesions caused by sexually transmitted diseases like verruca. The mass lesion in our case was first thought to be an irritated acrochordon, but this possibility was ruled out after the pathologic examination. Ulceration and infection might complicate the differential diagnosis even further.

Haemangiomas confined to the skin usually resolve spontaneously, and therefore conservative treatment is generally recommended. Large and/or ulcerative superficial haemangiomas confined to the skin usually require excision due to bleeding, discomfort and cosmesis, like our case. Intrascrotal or testicular haemangiomas require a different therapeutic approach with exploration and excision including orchidectomy to exclude a malignant process.

Yazışma Adresi

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