

# Giant Para-scrotal Fibroepithelial Polyp

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## ABSTRACT

Stromal fibroepithelial polyps are benign lesions with slow-growing that appears in male and female. Those tumors are often asymptomatics and usually are diagnosed in obese patients as a mass in the genital area. Symptoms can appear depending on their location in the urinary tract or genitalia. For diagnosis, we normally use ultrasound, blood markers of testicular cancer, magnetic resonance imaging, and computed tomography scan. The treatment is surgical excision and the pathologist confirms the diagnosis with the presence of epidermal hyperplasia over a stroma of fibrous tissue, without dysplasia, usually with the presence of mucus and edema with a polymorphonuclear infiltrate at the chorion. The presence of acute vasculitis and abscess areas can be associated. The early diagnosis and treatment are important to despite the pseudosarcomatoid variant, metaplastic carcinoma and the association with the Beckwith–Wiedemann syndrome in neonates.

**Key words:** Myxedema, Para-scrotal fibroepithelial polyp, ultrasound

## BACKGROUND

We present the case report of a genital fibroepithelial polyp in male at the seventh decade of life, with long evolution of 15 years and benign course. Definitive surgical treatment was surgical excision. We have reviewed the literature and give recommendations on differential diagnosis and treatment.

## CASE REPORT

A 68-year-old male patient, with a pathological history of hypertension treated with manidipine, hypercholesterolemia treated with atorvastatin and type II diabetes mellitus treated with metformin, went to the emergency department at the hospital due to fever and abdominal pain in the left flank irradiated to the left testis along 12 h before.

Physical examination revealed temperature of 38.8°C, abdominal exploration with no findings, and a solid tumor of 20 cm length with a pedicle narrowed to the middle scrotal raphe with erythematous and necrotic areas [Figures 1-3]. Blood tests showed leukocytosis of 14,000 and C-reactive protein of 85. The urine culture was negative. Treatment was started with amoxicillin and amikacin intravenously, and patient presented good improvement.

Abdominal ultrasound and computed tomography scan were performed without evidence of pathology. The ultrasound and magnetic resonance imaging of the scrotum revealed testicles within normality and the presence of a non-vascularized para-scrotal mass with a maximum diameter length of 20 cm [Figures 4 and 5].

The patient explained that he had the scrotal tumor for 15 years and he had never consulted a doctor before for

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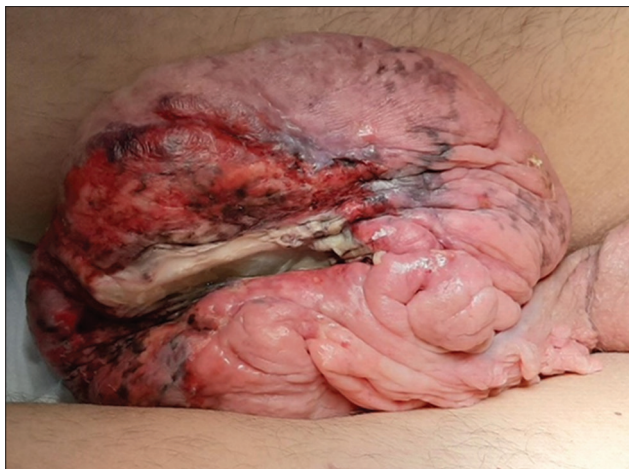
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**Figure 1:** Solid tumor of 20 cm length with a pedicle narrowed to the middle scrotal raphe with erythematous and necrotic areas



**Figure 2:** Giant Para-scrotal tumor

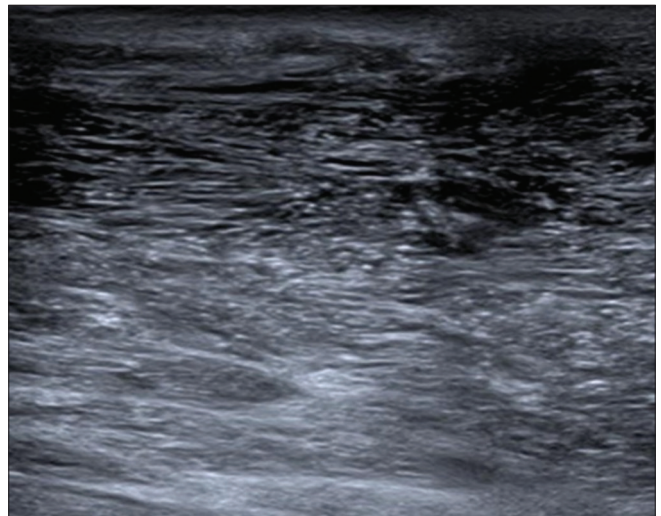


**Figure 3:** Erythematous and necrotic areas

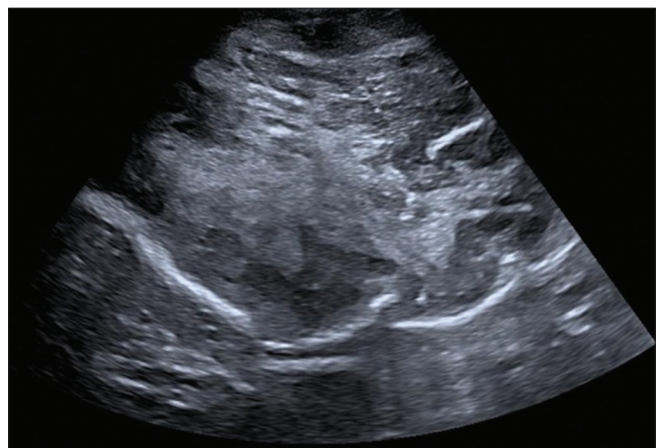
this reason because he was asymptomatic and afraid of the diagnosis.

With a correct preoperative study, complete excision of the mass was performed with intradural anesthesia, being discharged on the sixth day [Figures 6 and 7].

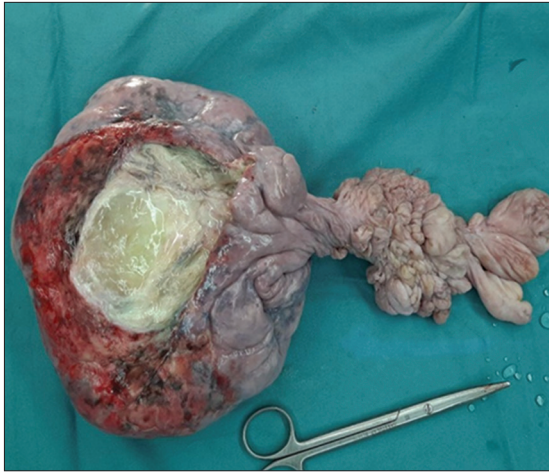
The pathologist reported the presence of an oval formation lined with skin, with 1391gr. of weight and the presence of hemorrhagic areas, measuring 19 x 14 x 12 cm, with a pedicle 9 x 5 cm long [Figures 8]. The pedicle had a skin surface with multiple papillary-verrucous-like lesions that measured from 0.6 to 4.5 cm. A grayish tissue and gelatinous myxoid-like areas were identified, and moreover, multiple dilated and thrombosed vascular structures were present [Figure 9]. There was superficial squamous epithelium without dysplasia (hematoxylin-eosin stain 4x) [Figures 10 and 11] and the chorion was detected with acute polymorphonuclear inflammation (hematoxylin-eosin stain 10x) [Figure 12].



**Figure 4:** The ultrasound of the scrotum revealed the presence of a non-vascularized para-scrotal mass



**Figure 5:** Ultrasound of the scrotum with abscess areas



**Figure 6:** Macroscopic appearance of the tumor



**Figure 7:** Detail of tumor necrosis areas

Therefore, the presence of myxedema (mucus and edema) was reported [Figures 13 and 14].

The definitive diagnosis was large benign fibroepithelial polyp, para-scrotal, and puffy with myxedema, acute vasculitis, and abscesses areas.

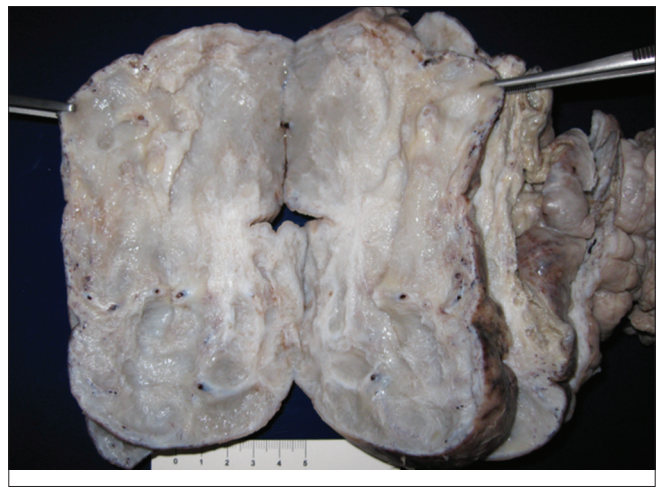
At 4 months of follow-up, the patient is asymptomatic with testicular ultrasound within normal range.

## DISCUSSION

Stromal fibroepithelial polyps are benign lesions that appear equally in men and women in areas of skinfolds, especially in genitalia.<sup>[1]</sup> They are more frequent in obese patients, usually are pedicled and have a maximum size of 1 cm.<sup>[2]</sup> They appear commonly in neonates and childhood but also in the sixth decade of life and in the elderly over 75 years. They are often asymptomatic and appear as a mass in the genital area with slow growing but may bleed, become necrotic, and



**Figures 8:** Oval mass of 20 cm with pedicle 2 x 5 cm long.



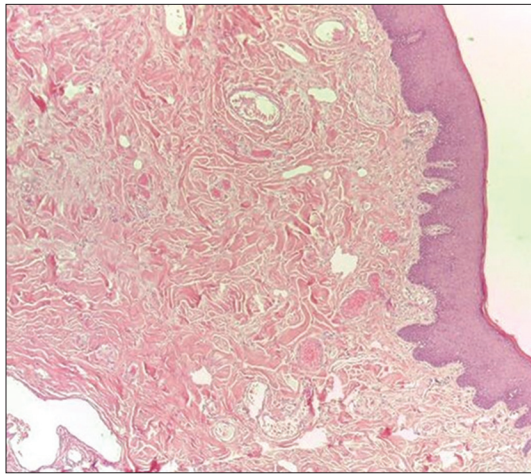
**Figure 9:** Grayish and gelatinous tissue

present secondary bacterial infection. In other cases, they can produce symptoms depending on their location in the urinary tract.

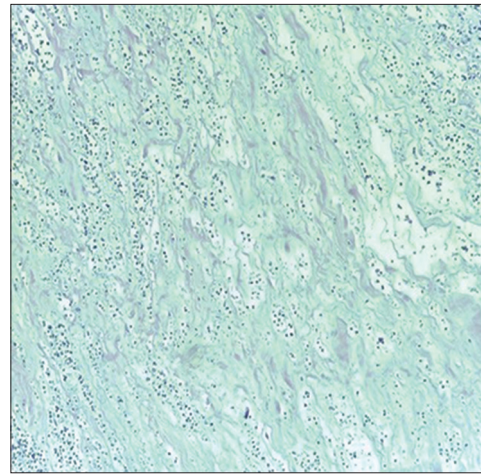
Histological study demonstrates the presence of epidermal hyperplasia over a stroma of fibrous tissue, usually with the presence of mucus and edema with a polymorphonuclear infiltrate.<sup>[2]</sup>

At the urinary tract, cases of urethral obstruction and hematuria with behavior similar to the posterior urethra valves are described.<sup>[3,4]</sup> They also can be located in the glans, prostatic urethra, female urethra, vulva, vagina, and uterine cervix.<sup>[5-8]</sup> The presence of acute secondary urine retention due to a urethral fibroepithelial polyp has been described, and moreover, it has even been diagnosed on the posterior wall of the bladder with atypical stromal cells.<sup>[9,10]</sup>

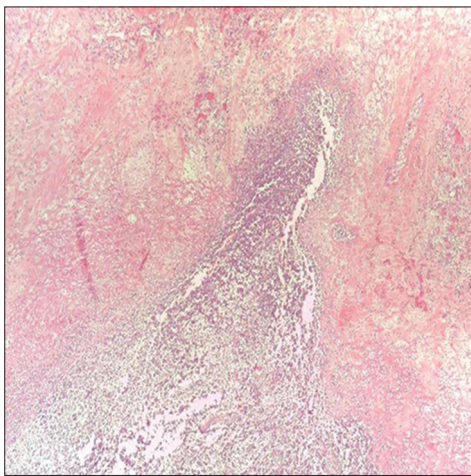
Fibroepithelial polyps of the urethra may be associated in neonates with Beckwith–Wiedemann syndrome that is an overgrowth disorder with familiar history usually present



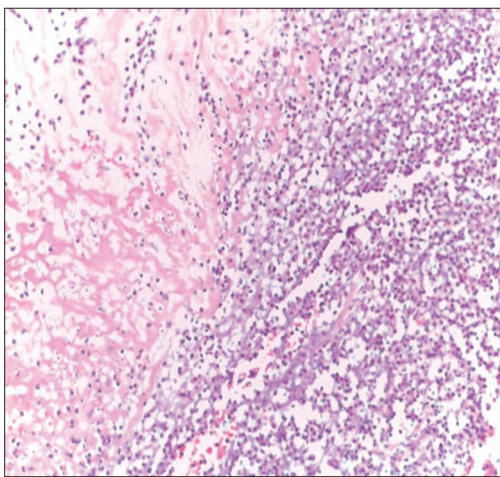
**Figures 10:** Superficial squamous epithelium without dysplasia (hematoxylin-eosin 4x)



**Figure 13:** Presence of mucus and edema

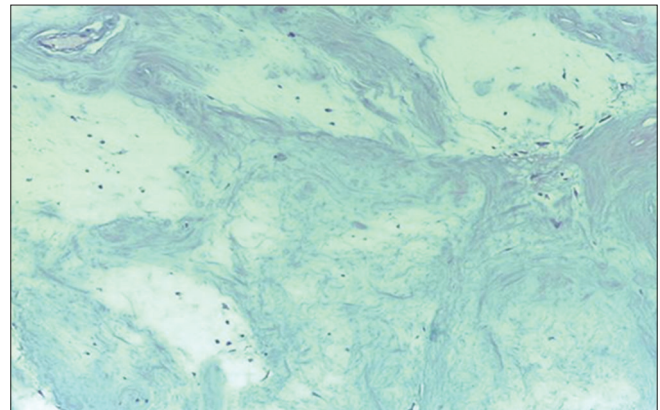


**Figure 11:** Detail of the epithelium without dysplasia



**Figure 12:** Chorion with acute polymorphonuclear inflammation (hematoxylin-eosin 10x)

at birth, characterized by an increased risk of childhood cancers and certain congenital features such as placental



**Figure 14:** Myxedema

mesenchymal dysplasia, macrosomia, hemihyperplasia (asymmetric overgrowth of one or more regions of the body), macroglossia, omphalocele, umbilical hernia, intra-abdominal visceromegaly, cytomegaly of the fetal adrenal cortex (pathognomonic), renal abnormalities including nephromegaly, nephrocalcinosis, or medullary sponge kidney, myocardial disease, and left palate.<sup>[11]</sup>

Despite that the evolution is usually slow and has a benign course, cases of pseudosarcomatoid variant have been described at the genital tract in pregnant women, in the vulva, and in the renal pelvis, with a poor prognosis.<sup>[12-14]</sup> Finally, the atypical myxoid variant of recurrent fibroepithelial polyp has been associated with the Crohn's disease.<sup>[15]</sup>

In our clinical case, in contrast to that published in the literature, the para-scrotal fibroepithelial polyp had a long evolution over 15 years and it was giant with 20 cm of size and 1391 gr. of weight, which makes it a unique case. The long evolution time showed in this patient that it was a benign tumor.

## CONCLUSION

When an urogenital fibroepithelial polyp is diagnosed, it is recommended to rule out the association of concomitant malformations to perform the correct therapeutics.

Furthermore, the presence of pseudosarcoma and metaplastic carcinoma should be ruled out due to having a poor prognosis.

Early surgical excision and pathological diagnosis are essential to obtain a good prognosis and to avoid complications.

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