

## Testicular hemangioma: A case report

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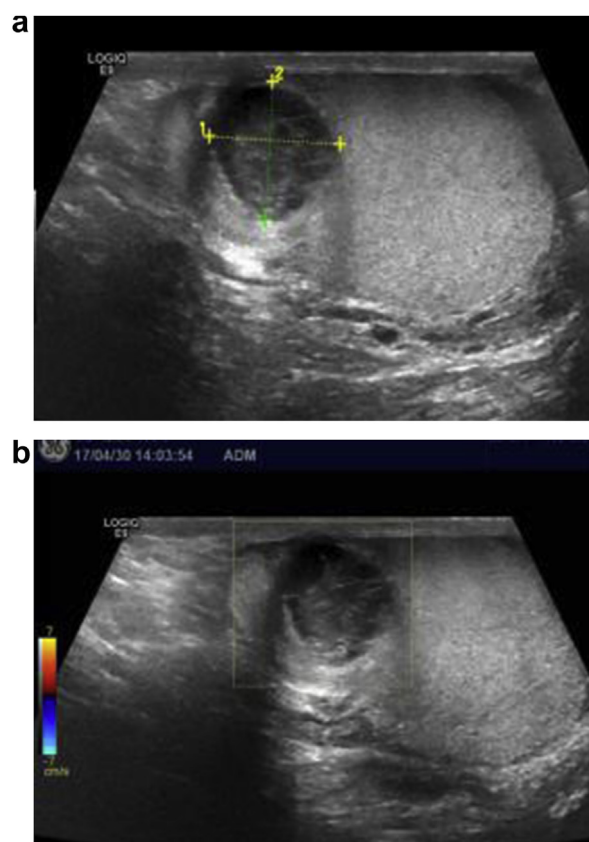
### Introduction

Testicular hemangiomas are rare benign vascular tumors that arise from the inner layer of the tunica albuginea, which serves as the conduit between the testicular parenchyma and its supplying blood vessels and lymphatics.<sup>1</sup> Although hemangiomas are commonly found in other organs of the body, their incidence within the testicle appears quite low, as evidenced by 50 fewer reports as of 2015, despite increasingly widespread use of ultrasound in the clinical setting.<sup>2</sup>

### Case presentation

20 years old male complaints of right testis hard nodes for more than 3 months and came to our hospital. The hard nodules is about 2\*3cm and located at the upper pole of right testis without pressure tenderness. His left scrotum, testicle, epididymis and spermatic cord had no obvious abnormalities. Ultrasound showed the right testis occupying lesions with left varicocele (Fig. 1). Laboratory examination shows: homocysteine:18.3 μmol/L; Cystatin C: 1.39mg/L; LDH:242U/L; AFP 1.01ng/ml, β-HCG<0.60mIU/ml.WBC, RBC, platelets showed no obvious abnormalities. Sperm forward movement rate is 17.51% (normal is 32%), the concentration is about 27.96 million/ml.We made a 4cm incision of his right scrotum after

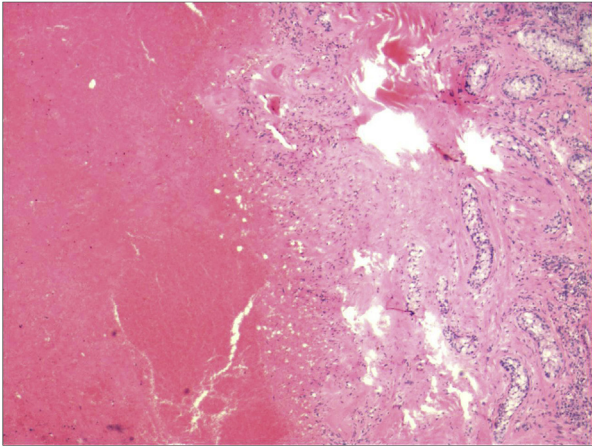
general anesthesia and a solid mass was detected. The specimen was sent to do a high-speed frozen section histodiagnosis and found it was hemangioma (as shown in Fig. 2). Then, the wound was stitched up after setting draining tube. He was completely recovered after eighth days.



**Fig. 1.** A predominantly hypoechoic nodule was detected (1.6 × 1.6cm) on the upper pole of the right testis. The morphology is regular and there is no obvious blood flow signal.

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**Fig. 2.** Right testicular arteriovenous hemangioma combined with bleeding, the transverse section was 1.6 × 1.6cm.

### Discussion and conclusion

The etiology of testicular hemangioma is not clear. It was commonly seen in infants and children without any discomfort.<sup>3</sup> As with growth of the hemangioma, local pressure symptoms will appear. Early diagnosis of testicular hemangioma is mainly depended on Doppler ultrasound, the gold standard is pathological examination. It is necessary to differentiate from testicular tumor, focal inflammation and necrosis, inguinal hernial sac and so on. Primary malignant tumor is often accompanied with increased AFP

or  $\beta$ -HCG, secondary has both sides involvement; the local symptoms of red, swell, hot and pain indicates inflammation; the contents of inguinal hernia scrotal can be returned and lesions are outside the testis. Testis-sparing surgery should be considered in patients of infants and children and it would have an influence of their fertility, sexual function and psychology. Although it is benign lesion, there are possibilities of local recurrence, so long-term follow-up after operation is important.

### Footnotes

There is no interest conflict about the article, the patient has allowed us to report his disorder in your magazine, all the people do the contribution to the article.

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