A giant primary lipogranuloma of the scrotum

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Summary
A 45 years old male farmer presented with a huge painless scrotal swelling of 2 years duration. There was no history of trauma or injection. At operation a 20 x 15cm firm lobulated swelling was removed. Histopathology revealed a yellowish fatty lobulated mass with no necrosis or haemorrhage and with typical features of a benign lipogranuloma of the scrotum.

Introduction
Primary sclerosing lipogranuloma of the scrotum is a rare condition. Secondary types following trauma or injection have been reported with histological features of a typical granuloma composed of epithelial cells and multinucleated giant cells and inflammatory infiltrates of eosinophils [1].

Case report
AMA is a 55 years old farmer from Northern Sudan. He presented with a huge swelling of the scrotum of two years duration. He gave no history of trauma or injection. The increasing size brought the patient to seek advice. Both, the left cord and the testicle felt normal, the testicle was adherent to the swelling. Ultrasonography revealed a solid mass but no specific features. At operation, a yellowish lobulated fatty mass 20x15 cm was easily excised. The histopathology showed a granuloma with features of epithelial cells, multinucleated giant cells and eosinophils and lipid granules.

Discussion
Sclerosing lipogranuloma was first described as a lesion of adipose tissue attributed to trauma. The findings of exogenous paraffin hydrocarbons within the fat led to the link with paraffin injection [2]. In our patient, there was no history of either trauma or injection. The striking feature is the huge size of the mass, which pushed the patient to seek treatment. Primary lipogranuloma of the scrotum with no previous history of either trauma or injection of exogenous substance could be a new disease entity [3]. Several cases of both primary and secondary lipogranuloma had been reported in Japanese literature. The diagnosis could be made by fine needle aspiration biopsy cytology [4]. Acute presentation with one week was reported of a lipogranuloma, which disappeared gradually within 4 weeks with antibiotics and antiphlogistics [5]. Recurrence was reported and could be as short as one week post resection [6].

References

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