

CASE 4

67Y/O M

Brief history

- **Past history**
meningioma, meningothelial (WHO grade I)
- **Chief complain**
- **2023-11 & 12 OPD:** urinary pain. weak stream,
suspect Epididymitis

Image

- Pelvic CT : 2023/12
- MR 2023/12



Differential diagnosis

- Testicular metastasis
- Epididymitis

(2023/12/14) Intestine, large, colon, descending, 35 cm above anal verge, colonoscopic biopsy, hyperplastic polyp
Intestine, large, rectum, 16-18 cm above the anal verge, colonoscopic biopsy, adenocarcinoma

The specimen is submitted in four bottles, labeled as: 1) descending, 35 cm, and 2) rectum, 16-18 cm, respectively, fixed in formalin.

The bottle 1) contains one tissue fragment, measuring 0.3 x 0.2 x 0.2 cm in size. Grossly, it is gray and soft. The bottle 2) contains 8 tissue fragments, measuring up to 0.5 x 0.3 x 0.2 cm in size. Grossly, they are gray and soft.

All for section and labeled as: A: descending, 35 cm, and B: rectum, 16-18 cm

MICROSCOPIC:

Section A: Histological diagnosis: hyperplastic polyp

Comments: Microscopically, it shows a hyperplastic polyp of colon with hyperplastic surface mucosa and increased lymphocytes and eosinophils infiltration.

Section B: Histological diagnosis: adenocarcinoma

Comments: Microscopically, it shows adenocarcinoma composed of tumor cells arranged in glandular structures within the desmoplastic stroma.

Reference: TH2215037 - Meninges, anterior frontal base, olfactory groove, bilateral frontal craniotomy with removal of tumor, meningioma, meningothelial (WHO grade I)

TH0913954 - Soft tissue, leg, left, debridement, abscess

TH0802099 - Stomach, prepyloric, endoscopic biopsy, acute and chronic inflammation with Helicobacter infection

TH0802100 - Intestine, large, colon, cecum, colonoscopic biopsy, inflammatory polyp

Intestine, large, colon, 60 and 70 cm from anal verge, colonoscopic biopsy

(2023/12/22) Epididymis, right, orchiectomy, chronic epididymitis
Testis, right, orchiectomy, no remarkable change
Spermatic cord, right, orchiectomy, no remarkable change

GROSS DESCRIPTION

The specimen submitted contains one testis labelled as right side, measuring 6.0 x 5.3 x 3.3 cm in size, and regional epididymis and spermatic cord, weighing 73.60 gm in weight totally, fixed in formalin. Grossly, the external surface of testicular tissue is rough and ruptured. Grossly, it is a grayish mass measuring 4.0 x 2.5 cm in dimension with attached spermatic cord measuring 9.5 cm, in length and 3.5 cm in maximal diameter. The epididymis measures 2.0 x 0.8 x 0.5 cm in size. On cut, the grayish mass reveals attached with testis surrounding soft tissue. Foci of necrosis are not found. The parenchyma of testis is unremarkable. The spermatic cord proximal margin and outer surface is inked yellow and blue, respectively.

Representative sections are taken and labeled as:

A1-8: grayish mass

B1-2: testicular tissue including epididymis

C1: spermatic cord proximal margin

C2: spermatic cord, elsewhere

Microscopically, sections show a picture of chronic epididymitis with chronic inflammatory cell infiltration, foamy histiocytic aggregation, tissue destruction, granulation tissue formation, and fibrosis. The testis and spermatic cord are unremarkable.

報告登打：張惟鈞醫師 (病解專醫字第469號) 2023/12/26 00:00

病理號碼 TH2332564 報告日期 2023-12-26

- Epididymitis/Orchitis
 - Most common cause **for acute scrotal pain in adolescent boys and adults**
 - Epididymis primarily involved: 20-40% **with secondary orchitis** due to contiguous spread of infection
 - Ill-defined, focal testicular echogenicity or diffusely enlarged, heterogeneous testis
 - No true mass
 - Relatively ↑ Doppler flow
 - Rare mimic: Torsion-detorsion
- Metastases
 - rare; most common sites of origin **include prostate, lung, and GI tract**