

## ADENOMATOID TUMOUR — A REPORT OF TWO CASES

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### SYNOPSIS

**This is a report of two cases of Adenomatoid tumour involving the testis and the Fallopian tube from a Chinese male and a Malay female respectively from Sarawak (Malaysia). Rarity of the lesion prompts reporting.**

### INTRODUCTION

Adenomatoid tumour, though very rare, has been found to occur in male and female reproductive system. In males it occurs in connection with the Spermatic cord, quite often in Cauda Epididymis, and rarely in the caput or the testis. In females it has been found in connection with the Fallopian tube, the broad ligament and the fundus of uterus. (Novak and Woodruff 1974). Very rarely it has been encountered in the urinary bladder in both sexes (Ashley, 1978). Fajers (1945) and Jackson (1958) reviewing the literature on the subject have stated that such tumours are much more frequent in males than in females. This tumour occurs at all ages but is most frequent in the 3rd and 4th decade of life (Ackerman, 1968). The tumour is generally benign; however a malignant variant has been described by Kasdon, (1969). The tumour is usually single and not more than 2 cms. in diameter. Rarely multiple foci have been seen in the cornue of the uterus. The tumour is usually well demarcated and encapsulated. Ashley (1978) describes the histology of the tumour thus "Plump acidophilic cells of indefinite outline are arranged in solid cords, low columnar and cuboidal epithelium in hollow acini, and flattened cells lining small and large irregular channels". Inter-cellular and intracellular vacuoles are also characteristic features of the tumour. The connective tissue stroma sometimes contains smooth muscle fibres.

The tumour was variously considered to be of mesothelial, lymphangiomatous or mesonephric origin. However, the comparative ultrastructural studies of Adenomatoid tumour, Lymphangioma, Haemangioma and Mesothelioma, published by Marcus and Lynn (1970), are highly suggestive of mesothelial cell origin. Clinically, such tumours quite often remain silent, particularly in females and are detected accidentally. The correct diagnosis is established only after the histological examination as on gross examination no characteristic features are seen. In males it produces a mass and pain in the region of the testis. Occasionally bilateral tumours have been encountered.

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## CASE REPORTS

### Case No. 1:

A Chinese male aged 45 years was admitted for pain and swelling of the left testis of few months' duration in Sarawak General Hospital, Kuching. On examination a small nodule adherent to the left testis was felt, and was painful on pressure. At operation, the nodule was found to be adherent to the testis near the caput of the epididymis and appeared to be arising from the T. vaginalis. Grossly, it was approximately 1.5 cms. in diameter, capsulated over most of its surface and on cut surface showed greyish homogeneous appearance. Histologically (S.No. 808/77), it showed the characteristic appearance. The tubular structures, however, were less obvious and the intervening connective tissue stroma was abundant, (Fig. 1). During the follow up another small nodule in the opposite testis was detected. Although advised, the patient refused to get it excised.

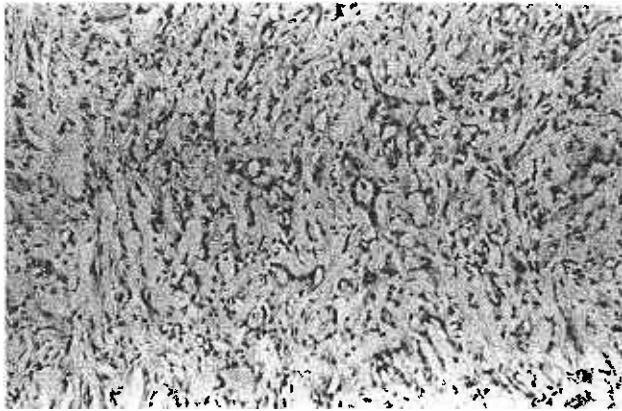


Figure 1 Photomicrograph showing in the centre two acini, one of them lined by cuboidal epithelium and a distinct lumen. To its left another acinus with vacuolated cells is seen; note the intervening abundant connective tissue stroma, (H. & E. x 100).

### Case No. 2:

A full term Malay female aged 43 years was admitted in the Maternity ward of Miri General Hospital, Miri for confinement. She was a multipara and her delivery was normal. The following day she was put up for Bilateral Tubal Ligation. During the operation, the right Fallopian tube was found enlarged about 2.5 cms. from the ampulla. An intraluminal mass was felt. Wide excision of the tube with the mass was done. Grossly, the mass was about 1.0 cm. in diameter, arising in the wall and projecting more towards the serosa. On cut surface nothing particular was noted. Histologically (S.No. 3551/77), it showed the typical structure of Adenomatoid tumour (Fig. 2). The tumour was situated outside the muscular layer.

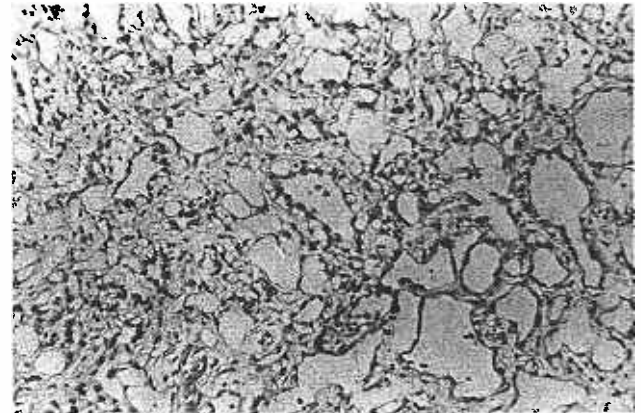


Figure 2 Photomicrograph showing in the centre one distinct acinus lined by cuboidal epithelium with vacuolated cytoplasm. In the left hand upper corner irregular spaces lined by flattened epithelium are seen, (H. & E. x 100).

## DISCUSSION

It is indeed coincidental that both cases occurred in 1977, involving both sexes in their 5th decade. During the same year one benign tumour, an epididymal cyst in a Malay male aged 22 years and one fimbrial cyst in a Chinese female aged 21 years were recorded. In Case No. 1 the lesion was probably bilateral but remained unconfirmed due to the patient's refusal to undergo another operation. In Case No. 2 the lesion was accidentally detected during the surgical procedure. The diagnosis in both cases was established after histological examination which showed the typical structure.

## ACKNOWLEDGEMENT

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