

28. ULUSAL PATOLOJİ KONGRESİ

27-30 Ekim 2018

Ankara Üniversitesi Tıp Fakültesi
Morfoloji Yerleşkesi



Patoloji
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E-Poster

Pediyatrik ve Perinatal Patoloji

EPS509(1028)

Splenogonadal fusion: Intraoperative consultation rescuing pediatric patient from orchiectomy

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INTRODUCTION

First described by Bostream in 1883 as a benign lesion; splenogonadal fusion has been reported approximately 200 times in the english literature. It can occur in both genders and is mostly detected in childhood. It is more common in males; the ratio of M/F is 16/1. However this may be controversial since the ovary is not easily accessible. The etiopathogenesis is still not known, it is supposed that while embryogenesis, spleen and the gonads near pathway pave the way for fusion.

CASE REPORT

A 3-year and 9 month-old boy presented with left scrotal pain. Physical examination showed minimally color differentiation on the skin and palpable mass on the left scrotum: testiculo-epididymal junction. Patients' tumor markers: including total testosteron, LH, FSH, βHCG, alfa fetoprotein levels were in normal range. A hypervascular, solid, well demarcated, 12x6 mm- diameter-lesion was detected on doppler ultrasonography. Since the patient was at pediatric age group, the possibility of malignant tumor was considered, firstly; scrotal exploration had been done and intraoperative consultation was requested. Grossly the mass was well circumscribed, red-brown colored and measured 12x6 mm in diameter. Cut surface was homogeneous and red-brown colored. Microscopically a lymphocyte-rich nodular lesion which resembled lymph node parenchyma was seen. As it was reported benign, orchiectomy was not performed. Permanent histopathological examination displayed normal splenic tissue containing red pulp and white pulp separated by marginal zone. It was diagnosed as splenogonadal fusion, discontinuous type.

CONCLUSION

Splenogonadal fusion presenting as scrotal or ovarian mass in children is a benign lesion which can be continuous or discontinuous. The continuous type is generally related with syndromic presentations however discontinuous type displays a silent course. The patient must be avoided from aggressive surgery; at the expense it can be consulted intraoperatively like in our case. Teratoma and lymphoproliferative lesions must be considered in differential diagnoses.

Anahtar Kelimeler : Splenogonadal fusion, intraoperative consultation, histopathology