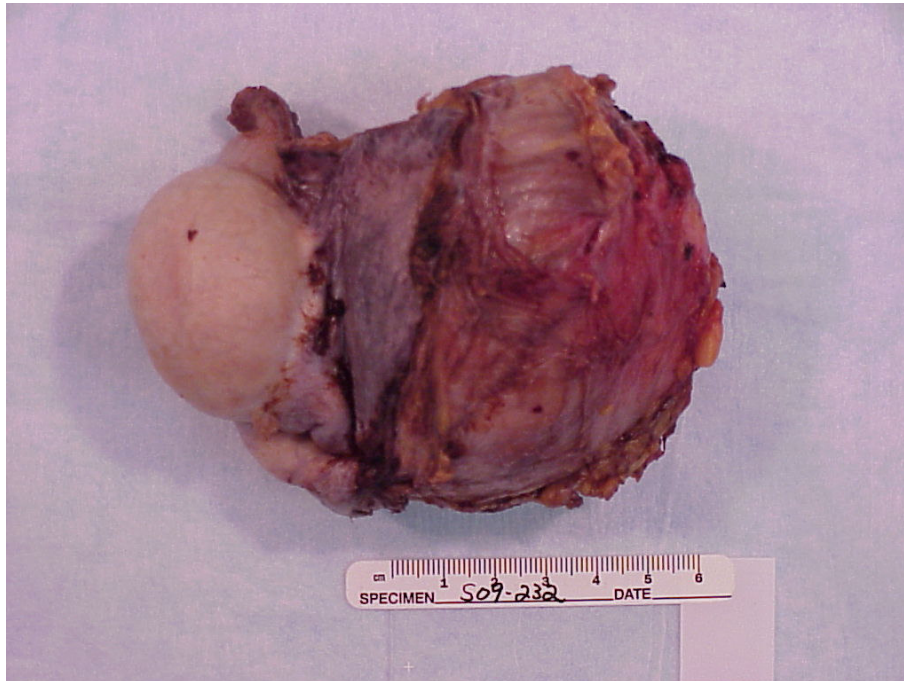


## Giant Spermatic Cord Lipoma

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**FIGURE 1.** Gross appearance of spermatic cord. An associated hydrocele has been drained. Because of the patient's obesity, the large lipoma was well within the inguinal canal and defied preoperative palpation. The normal testis is shown at left, and the lipoma at right.

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**KEYWORDS:** lipoma, spermatic cord

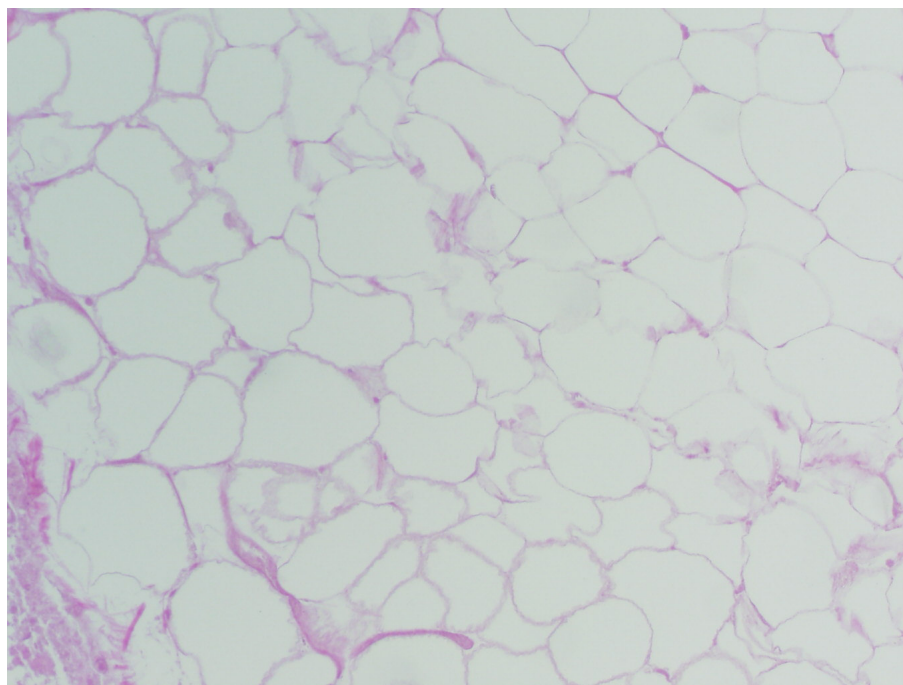
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A 48-year-old, obese male presented for the surgical repair of a large, ultrasound-documented hydrocele. He had undergone an uncomplicated ipsilateral hernia repair 8 years earlier and had gradually developed scrotal swelling. At the time of surgery, a hard, very large mass of the spermatic cord was identified (Fig. 1). The lesion could not be surgically separated from the cord and testis, necessitating en bloc orchiectomy. Pathologic analysis revealed the presence of a giant, benign, encapsulated lipoma of the

spermatic cord, without any evidence of recurrent hernia (Figs. 2 and 3). The etiology of such lesions is unclear, but may reflect development of local pluripotent cells into adipocyte lines.



**FIGURE 2.** Cut section demonstrating relationship of lipoma to testis. The consistency of the lipoma (left side of picture, cut to expose interior) was quite firm. The normal testis is at right.



**FIGURE 3.** Histologic preparation demonstrating benign adipose tissue comprising the entirety of the lesion.

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