

## 陰囊纖維假性腫瘤之多功能磁共振造影影像：病例報告

Multiparametric Magnetic Resonance Imaging of Fibrous Pseudotumor in Scrotum:  
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**INTRODUCTION:** Scrotal tumor includes testicular tumor and extratesticular tumor. Sometimes it is hard to differentiate benign from malignancy via sonography. Scrotal fibrous pseudotumor is a rare extratesticular mass, but is the second most common benign extratesticular tumor, resulting from inflammatory reaction rather than a real neoplasm. The typical image findings of fibrous pseudotumor are low signal intensity on all sequences and delayed enhancement on post contrast image. However, the components of fibrous pseudotumor would cause the signal and enhancement change on multiparametric MRI. This study aims to demonstrate the signal change of scrotal fibrous tumor on multiparametric MRI.

**CASE REPORT:** We report a case of 33-year old male with progressive enlarged mass in right scrotum. Fibrous pseudotumor was impressed preoperatively according to multiparametric MRI, which showed heterogenous hypointensity on T1WI, T2WI, ADC and DWI with type 2 plateau enhancement in dynamic contrast enhanced study. He received tumor excision instead of orchiectomy and recovered well without recurrence in follow up.

**DISCUSSION:** The dynamic contrast enhanced MRI provide information for lesion perfusion and microvascular permeability that help predicting their biologic behavior. The typical enhancement pattern for fibrous tumor is delayed and persistent enhancement. However, In this case, plateau enhancement pattern was noted, which mimic malignancy. This is corresponding to neovascular proliferation in the pseudotumor. And the typical presentation on T1WI, T2Wi and DWI support the diagnosis of fibrous pseudotumor. Therefore, carefully evaluated the signal change prompt the accurate diagnosis and avoid unnecessary orchiectomy.

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## 生殖器官淋巴癌：病例報告

## Lymphoma of Scrotum: A Case Report

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**INTRODUCTION:** Primary lymphoma generally arises from lymph nodes, and the extranodal lymphoma is usually at the lymph-rich regions. However, lymphoma, which can be located at different sites with varying patterns, is the great imitator. In the patients with extranodal lymphoma, non-Hodgkin lymphoma is 8 times more than Hodgkin lymphoma. The most two common cell types of non-Hadgkin lymphoma are diffuse large B cell lymphoma and follicular lymphoma. The prior one is more aggressive, and the later one is indolent. This article demonstrates a case of primary penile large B cell lymphoma, which is extreme rare. Searching on PUBMED, there are less than 50 published cases.

**CASE REPORT:** The 55-year-old male had urolithiasis and received ureterorenoscopic stone manipulation 7 months ago before this admission. Two weeks ago, he found one palpable non-painful mass at right side of scrotum incidentally. He denied neither risky sexual exposure in the past one year or skin lesion over external genital organs. He did not have fever, general malaise, significant weight loss, or night sweating. He came to our outpatient department. On physical examination, there was one 2.0\*1.5 cm soft mass at right side of scrotum without urethral discharge or enlarged inguinal lymph nodes. The lab data showed WBC: 5900/uL, Segmented form: 41%, Band form: 0%, CRP: 0.193 mg/dL. The pelvic CT with/without contrast enhancement revealed one well defined enhanced soft tissue lesion, 3.3 x 3.4 x 7.3 cm in size, below proximal part of penile shaft and attach to it. There was no abnormal enhancement focus in the corpus spongiosum and cavernosum, and the regional perineal fat was clear. Both testes, prostate, and seminal vesicles looked normal. There was no pathologic size of lymph nodes. His serum tumor markers, including CEA, CA19-9, PSA, beta-HCG, were in the normal range. He received tumor excision, and the frozen section revealed malignant lymphoma. Special stain showed CK (-), CD20 (+), CD3 (-), CD45RO (-), and the diagnosis was diffuse large B-cell lymphoma.

**DISCUSSION:** The whole body bone scan with Tc-99m MDP had no definite evidence of bony metastasis.