INTRODUCTION

Primary tumors of the seminal vesicle are extremely rare. Among them, there is a spectrum of tumors derived from both epithelium and stroma. Herein, we present a patient with an epithelial-stromal tumor in this unusual location.

CASE REPORT

A 49-year-old asymptomatic man with chronic hepatitis-C was at surveillance after 1 year treatment with interferon, when a routine ultrasonography demonstrated a pelvic mass. Physical examination was unremarkable except for digital rectal examination, which detected a large mass anterior to rectum and posterior to bladder, with a normal prostate. Computed tomography (CT) scan and magnetic resonance imaging showed a normal prostate and a 9.0 cm cystic tumor, replacing the left seminal vesicle. The gross appearance and microscopic aspect was compatible with cystadenoma of seminal vesicle. Patient’s postoperative recovery was uneventful. He is currently alive, 3 years after the diagnosis, with no signs of recurrence.

Key words: seminal vesicle; neoplasms, glandular and epithelial; cystadenoma

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no signs of recurrence. He is currently alive and well, 3 years after the diagnosis.

DISCUSSION

We reported here a rare case of a cystadenoma of the seminal vesicle. Usually, these benign tumors have only minor complaints, such as nonspecific lower abdominal pain or urinary frequency (1-3). Diagnosis should be considered in the presence of a mass located superior to prostate and posterior to bladder, protruding the rectal wall (1, 3).

Macroscopically, they are multilocular tumors. Microscopically, they have epithelial and stromal components combined. The first delimits cystic areas, lined by a single layer of cuboidal or columnar epithelium (3). The second is formed by fibrous connective tissue, which may resemble fibroblasts or smooth muscle cells (3).

Differential diagnosis is made with expansive injuries of retrovesical space such as carcinomas and cystic tumors. Immunohistochemical analysis using prostate specific antigen and prostatic acid phosphatase may be done to exclude prostatic origin (1-3). In the present case, macroscopic and microscopic appearance was typical of a primary benign epithelial-stromal tumor of the seminal vesicle and so, more properly called cystadenoma (3).

There is not large experience on management of these neoplasms. Marsupialization and aspiration are not indicated due to their multilocular organization. Because fine needle aspiration biopsies may be inconclusive (1,2), an exploratory laparotomy is usually needed and, in this case, it is logical to remove the whole tumor and involved seminal vesicle. When surgical treatment is successful, prognosis is invariably good, without recurrence.

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