



## Two Cases of Accessory Scrotum with Soft Fibroma in Neonates

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### Abstract

Two cases of neonatal accessory scrotum were reported here. After surgery, the excised scrotum was reported as soft fibroma pathologically, which was quite rare in children. To our knowledge, it was the first time to disclose accessory scrotum with soft fibroma in neonates.

**Keywords:** Neonate; Accessory scrotum; Soft fibroma

### Introduction

The incidence of congenital scrotal anomaly is rare. Traditionally, it can be classified into four types: bifid scrotum, penoscrotal transposition, ectopic scrotum and accessory scrotum [1]. Accessory scrotum is the occurrence of scrotal skin outside its normal location, either in the perineum or elsewhere, without the presence of testis in it [2,3]. In most cases, perineal lipoma is observed associated with accessory scrotum pathologically. But herein, we would report two cases of soft fibroma in the accessory of neonates.

### Case Presentation

#### Case 1

A 28-day-old boy born in a normal family presented with a soft tissue mass in the perineal region. Physical examination of the genitalia showed a normal scrotum and penis. The testes were descended to the scrotum. There was another 10 cm × 5 cm × 4 cm mass covered with skin with rugosity suggestive of accessory scrotum. This was situated between the normally sited scrotum and the anal orifice (Figure 1). Magnetic resonance imaging of the mass revealed a soft tissue with high signal intensity in the T1- and T2-weighted sequences. MRI of the lumbosacral spine and spinal cord were normal. No other congenital abnormalities or problems related to the patient were found.

#### Case 2

A 2-day-old boy was transferred from a local hospital. It seemed nothing abnormal to him but a 3 cm × 2 cm × 1.5 cm mass located in the right groin. The mass was soft, non-tender and covered with wrinkled skin. The penis and scrotum were situated in the normal position. Although there was hypoplasia of the right part of the scrotum, bilateral testes stayed within it (Figure 2). Ultrasonography demonstrated the mass contained fat and fibrous tissue with poor blood flow.

After consultation and routine pre-operative tests, the above two patients accepted operations individually. The mass was resected completely and normal anatomy was restored. Histological appearance of the mass comprised of fat cells, fibrous septa and collagen (Figure 3). The dermal adnexa appeared normal. Sweat glands were absent. These findings were consistent with scrotal skin. So the pathological report of the mass was soft fibroma. And the clinical diagnosis was accessory scrotum.

### Discussion

Accessory scrotum is the rarest among the congenital anomalies of the scrotum [4]. It occurs in the perineum, inguinal canal, or medial aspect of the thigh and is sometimes associated with genitourinary or anorectal abnormalities [5-7]. Fortunately, the two boys in our report were generally healthy except the accessory.

Review of the literature does not provide enough information on the confirmed causative mechanism for the occurrence of accessory scrotum. The most likely explanation for the embryogenesis of this abnormality is that early division of labioscrotal swelling with subsequent abnormal migration [8]. Lamn and Kaplan [9] have suggested that the failure of movement of

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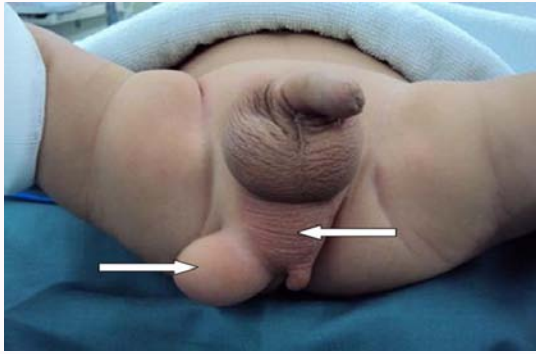
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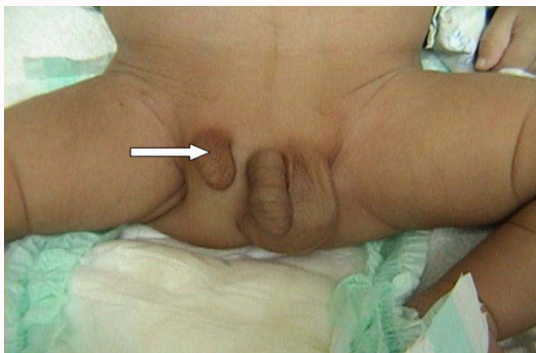
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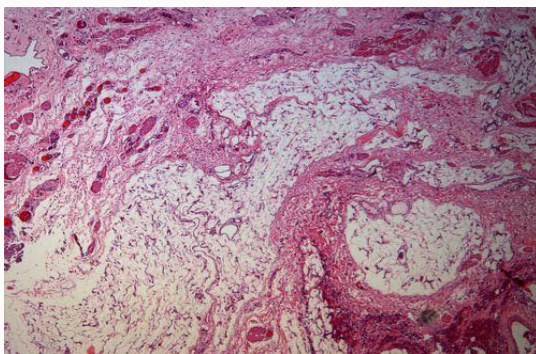
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**Figure 1:** Appearance of the perineal accessory scrotum (with arrows) in a 28-day-old boy. The mass was soft and covered with skin rugosity. The size of it was 10 cm × 5 cm × 4 cm.



**Figure 2:** A 2-day-old boy presented with a soft mass in the right inguinal region (with arrow).



**Figure 3:** Histological appearance of the mass was composed of small lobules of mature fat cells, separated by fibrous septa containing large amounts of collagens (Hematoxylin-eosin ×50).

the labioscrotal swelling to the midline could be responsible for the occurrence of accessory scrotum. Coupris and Bondonny [10] propose abnormal division of the labioscrotal swelling as the causative factor for the occurrence of accessory scrotum.

Sule et al. [5] suggested that a developing lipoma in the perineal region could divide the labioscrotal swelling of one side into two or more parts, so that the accessory scrotum is coincident with a lipoma [11]. But the manifestation mentioned was different from the present cases. On the other hand, soft fibroma is most frequent during middle age, which usually appears around the neck, under the arm, or in the breast. It seldom arises in children, especially in the perineal region [12]. To our knowledge, it is the first time to report neonatal accessory scrotum with soft fibroma.

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