EPITHELIAL-STROMAL TUMOR OF SEMINAL VESICLE IN A PATIENT WITH PROSTATIC ADENOCARCINOMA: A CASE REPORT.

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INTRODUCTION

Primary tumors of seminal vesicles are rare neoplasms and in this site epithelial stromal tumors even rarer. Epithelial stromal tumors (EST) are morphologically characterized by a mixture of solid and cystic areas consisting of a biphasic proliferation of glands and areas of stromal spindle cells with variable cellularity and growth patterns. Here we report a case of EST arising from the left seminal vesicle in a 70-year-old man with a synchronous malignant prostatic carcinoma, the association of which has not been previously reported.
MATERIALS AND METHODS

A 70-year-old white male went to our hospital for a routine control. A prostatic tumor was suspected by DRE who revealed an immobile and elastic hard mass. PSA level was 2.0 ng/ml. In the transrectal needle biopsy we identified a prostatic adenocarcinoma. Prostatectomy with pelvic limphadenectomy was performed and the pathological findings revealed the presence a medium-high differentiation grade adenocarcinoma (Gleason 5/10) (fig. 1A), with focal tertiary low grade component (fig. 1B).
RESULTS

Macroscopically the prostate was 4x2,5x2,5 cm and on the left seminal vesicle we found a nodular elastic mass of 2 cm in diameter, with a central solid focus consisting of firm fleshy white tissue, and some smaller cysts. Microscopically this mass was within the seminal vesicle (fig.2A), and was seen a biphasic proliferation composed of bland-appearing fibromuscolar stroma (fig.2B), with tubules and small cyst-like spaces lined by epithelial cells occasionally exhibiting cytologic atypia typical for seminal vesicle cells (fig.2C-2D). There was no overgrowth, cytologic atypia or necrosis in the stromal component. Neither component showed mitotic activity.
Immunohistochemically, stromal cells were positive for Desmin, SMA and AML (fig 4A-4B-4C) but negative for Vimentin, PSA, PSAP (fig. 5A-5B-5C).
CONCLUSIONS

At the time of diagnosis a second opinion was sought from M.B. Amin, who further characterized the lesion as an adenomyoma (benign EST) of the seminal vesicles. Up to now the patient is still alive and recurrences have not been reported. Classification of EST has yet to be exactly identified; the collection of all diagnosis is therefore important.
REFERENCES


Khin Thway, MRCPatha, Alex Freeman, MD, MRCPathb, Christopher R.J. Woodhouse, FRCSa, Cyril Fisher, MD, DSc, FRCPPatha,. Epithelial-stromal tumor of seminal vesicle in a patient with chromophobe renal cell carcinoma and small lymphocytic lymphoma. Annals of Diagnostic Pathology 12 (2008), 433–439.