Well differentiated (benign) papillary mesothelioma of the tunica vaginalis

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Abstract
An unusual mesothelial lesion occurred in the tunica vaginalis of the testis. It conformed histologically and immunohistochemically to well differentiated papillary mesothelioma of the peritoneum. Its aetiology remains uncertain, but this lesion, more than likely, is innocuous. It is important to recognise this entity, which is not well documented in the tunica vaginalis, because it may be misdiagnosed as a malignant mesothelioma and the patient may be subjected to unnecessary treatment.

Mesothelial lesions of the tunica vaginalis of the testis include mesothelial hyperplasia, adenomatoid tumour, and frankly malignant mesothelioma. Well differentiated papillary mesothelioma (WDPM) also falls in the ambit of mesothelial proliferations of the tunica vaginalis, probably at the benign end of the spectrum. This uncommon mesothelial lesion is seen more commonly in the peritoneum of young women and very rarely in the tunica vaginalis.

Case report
An 18 year old man complained of a scrotal swelling that had been gradually increasing in size over a period of weeks. There was no history of trauma or exposure to asbestos. A large right hydrocele was found on examination. No testicular masses were palpated. Systemic enquiry and examination yielded normal results. Initial aspiration produced about 150 ml of straw-coloured fluid. However, the hydrocele reaccumulated, and surgery was performed. Two nodules, both measuring 1·0 cm in maximal diameter, were excised from the tunica vaginalis. Twelve months later the patient was well and asymptomatic.

Pathological findings
Both lesions were identical. A tubulo-papillary pattern dominated. The papillary structures had broad fibrous cores clothed by a single layer of cuboidal mesothelial cells (fig 1). Cytologically, these cells were uniformly bland and no mitotic activity was noted. Other areas of the lesion comprised a solid, cellular component. Here the cells were vacuolated and resembled those of an adenomatoid tumour. The stroma tended to be sclerotic with entrapment of mesothelial cells, producing a pseudo-infiltrative pattern. Typical psammoma bodies were also present (fig 2). No evidence of inflammation or haemosiderin deposits was seen.

The tumour cells contained vacuoles of...
Mucous metaplasia of the pleura

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Abstract
A case of mucous metaplasia of mesothelium in an 80 year old woman is described. Its cause is unknown, but it is important not to confuse it with secondary tumour.

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Case report
An 80 year old woman presented with upper abdominal pain and weight loss. A right sided pleural effusion was found on examination but no abdominal signs were detected clinically or on ultrasound scan. She had never complained of respiratory symptoms, and a chest x-ray picture after pleurocentesis, when pleural biopsy was performed, was normal. There was nothing to suggest new growth in this patient and she died about a week later. Necropsy was not performed and cause of death was given as cardiorespiratory failure.

Pleural histology
This showed inflamed vascular connective...