

REPORT OF AN ADENOMATOID TUMOUR IN A NEONATE

WITH A REVIEW OF THE CASES DIAGNOSED AT THE SOUTH AFRICAN INSTITUTE FOR MEDICAL RESEARCH

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Through the years the adenomatoid tumour has suffered many vicissitudes in its nomenclature, ranging from mesothelioma and adenomyoma, to lymphangioma and others. Although Naegeli¹ first described the tumour in 1912, it was not until 1945 that Golden and Ash² reported 15 cases, described their pathological appearances, emphasized the benignity of the tumour and suggested the name 'adenomatoid tumour'—a term descriptive rather than histogenetic. At that time the origin of the tumour was in doubt, and many suggestions concerning its histogenesis were propounded. Current feeling is that it is probably derived from Wolffian or Mullerian vestiges, most likely the latter, since the sites in which the tumours are observed are consistent with the sites of the Mullerian vestiges in the male and female but not with the Wolffian vestiges in the female.

For a detailed description of this tumour, the reader is referred to the articles by Golden and Ash,² and Rankin.³

The adenomatoid tumour is a benign neoplasm found, in the male, usually in the epididymis or in association with the tunica vaginalis; and in the female in the ovary, fallopian tubes and body of the uterus. The tumour consists of interlacing cords of polygonal cells and duct-like structures lined by flattened or cuboidal epithelial-like cells. Many of these cells are vacuolated, but the contents of these vacuoles and the duct-like structures have not been identified. The stroma consists of loose connective tissue, cellular fibrous tissue, or dense collagenous tissue. Smooth muscle is usually seen in the tumour, particularly at the periphery and often in abundance, but it is possible that this smooth muscle is part of the surrounding structures, rather than a part of the tumour itself. Usually seen in adulthood, this tumour is exceedingly rare in adolescence or childhood, and (to date) only one case has been reported in a neonate.⁴

The case we report appears to be the second adenomatoid tumour in a neonate to be described. The patient was a newborn African male infant. At operation the tumour appeared to be in the left testis and was approximately the size of a walnut. It was apparently limited by the tunica vaginalis externally, while the epididymis itself looked normal. The site is, therefore, somewhat unusual. The specimen received consisted of a portion of a greyish-white tumour, measuring approximately a centimetre in diameter. Histological sections showed the typical features of an adenomatoid tumour (Fig. 1).

At the South African Institute for Medical Research, over the last 6 years, 21 adenomatoid tumours have been diagnosed (Table I). Of these, 9 were in females and 12 in males. In the males all the tumours appeared to have been associated with the testis and epididymis, but insufficient information precludes a more accurate localization. In the female, 3 of the tumours were located in the fallopian tube and the remainder in the body of the uterus. A suspicious lesion in the ovary was reviewed, and since there was some doubt about its identity, it has been excluded from this series.

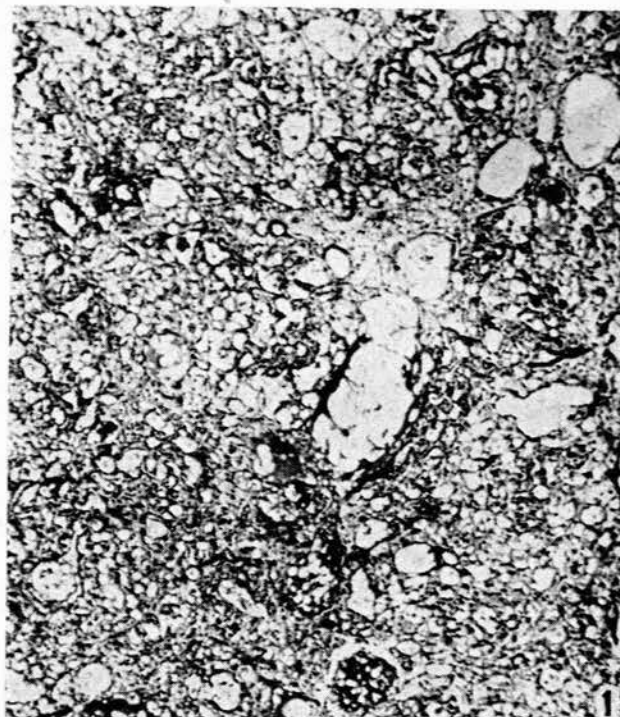


Fig. 1. Histological appearance of adenomatoid tumour.

Before 1955, the diagnosis of adenomatoid tumour was not made, and re-examination of sections reported as 'mesenchymoma', 'unusual fibroma', etc., showed that none of these were in fact adenomatoid tumours.

The adenomatoid tumour would appear to be the most common benign lesion occurring in the epididymis and

TABLE I. ADENOMATOID TUMOURS DIAGNOSED AT THE SAIMR, 1955-1961

No.	Age (years)	Sex	Race	Site
1	35	Male	Bantu	Epididymis
2	56	Male	White	Epididymis
3	42	Male	Bantu	Epididymis
4	48	Male	Bantu	Epididymis
5	?	Female	White	Uterus
6	48	Female	White	Uterus
7	Newborn	Male	Bantu	Testis
8	50	Female	White	Uterus
9	54	Female	White	Uterus
10	24	Female	White	Uterus
11	38	Male	Bantu	Epididymis
12	30	Male	White	Epididymis
13	42	Female	White	Fallopian tube
14	40	Male	White	? Testis
15	29	Male	White	Epididymis
16	33	Female	White	Uterus
17	40	Female	White	Fallopian tube
18	31	Male	White	Testis
19	33	Male	White	Epididymis
20	58	Male	White	Epididymis
21	30	Female	Bantu	Fallopian tube

fallopian tube, and in the myometrium it is second only to fibromyomata.

SUMMARY

The second case of an adenomatoid tumour in a neonate is reported, and 21 additional cases are recorded.

We wish to express our appreciation to the medical staff of

the Elim Mission Hospital, Northern Transvaal, for permission to publish this case, and to Mr. M. Ulrich of the South African Institute for Medical Research for the photograph.

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