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Case report

Testicular cancer

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ABSTRACT

Testicular cancer is the most common solid malignancy in men ages 15-35 years of age. Most men are diagnosed with an asymptomatic enlarging mass. A major risk for the development of testicular cancer is cryptorchidism. Although the debate continues over whether early surgical intervention to bring an undescended testis in to the scrotum alters the future risk of cancer, it is accepted that doing so allows much easier monitoring for the development of a testicular mass.

1. Introduction

Most neoplasms arise from the germ cells, though nongerm cell tumors arise from Leydig's or Sertoli's. The nongerm cell tumors are rare and generally follow a more benign course. Germ cell cancers are categorically divided into seminatous and non seminomatous forms that follow different treatment algorithms.

All solid testicular masses observed on physical examination and documented on ultrasound are malignant until proven otherwise, because the vast majority is cancerous. Initial studies must include tumor markers, including alpha-fetoprotein and beta human chorichorionic gonadotrophin. Elevated tumor markers are found almost exclusively in nonsemenomatous germ cell tumor, though occasionally seminomas will cause a modest rise in beta human chorionic gonadotrophin. Chest and abdominal imaging must be performed to evaluate for evidence of metastasis. The most common site of spread is the retroperitoneal lymph nodes extending from the common illiac vessels to the renal vessels, and abdominal imaging should be performed in all patients.

There is no role for percutaneous biopsy of testicular masses due to the risk of seeding the scrotal wall and changing the natural retroperitoneal lymphatic drainage of the testicle, because the testes have a remarkably

predictable pattern of lymphatic drainage. In case where metastatic disease to the testicle is suspected, an open testicular biopsy by delivery of the testicle through the inguinal canal is recommended. Lymphoma may involve one or both testes, but evidence of the disease usually is present elsewhere in the body, although relapse may be isolated to the testes.

2. Case reports

A 53 years old male patient presented with h/o abdominal pain (mild - moderate), pricking pain Rt. scrotal contents. Physical examinations confirmed - NAD (during the year 1998) and all the investigations including blood, urine, stool and all within normal limit. ?? Metabolism.

During the month of December 2007 accidently found a very small swelling (like mustard seed) in the Rt. scrotal Contents with moderate - severe pain in the Rt. Inguinal area and radiating to the Rt. Testicle. Physical examinations and several ultrasonography failed to reach a final diagnosis. Due to the discomfort symptoms the patient consulted Urologist and USG revealed obstruction in the inguinal area and advised C.T. Scan. But the patient refused to do C.T. Scan.

By the end of January 2008 the patient become unstable condition and unable to sit or stand. Due to severe pain the consultant advised Pethidin injection daily before bed.

On 30th January 2008 during injection the patient collapsed and Immediately transferred to the ICU and within 45 mnts the patient recovered. In order to control his pain the specialist administered Morphine injection daily and continued to stay in the ICU.

On 10th of February 2008 the condition of the patient became worse and transferred to more specialized center.

- ✓ Ultrasonography and C.T. Scan revealed - Testicular Carcinoma.
- ✓ Chest X-Ray, Laboratory investigations - Within normal limit.
- ✓ ECG - Shows old M.I.

On 13th February 2008 Orchidectomy done. Post operative period passed uneventful. Wound scar healed and discharged with an advice to consult Medical Oncology Dept. for further evaluation and treatment.

The patient presented himself to the Oncologist and received 5 cycles of Chemotherapy that is from 22-02-2008 to 24-05-2008 with 2 weeks interval. During the course of Chemotherapy his weight declined - 10kgs.

Treatment: Cisplatin, Etosid with other routine medications.
Side effects: Nausea, Vomiting, Hair loss, Lose of appetite, Low CBC etc.

References

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