

Anaplastic seminoma in maldescended testis in fertile adult man

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Abstract: Patient with undescended testes have a high risk of developing seminoma than non-seminoma of testes. Testicular cancer is a rare disease, and as early as 1777 physicians suspected that undescended testes was associated with an increased risk of testicular carcinoma, although cryptorchidism is now a day's one of the best established risk for testicular carcinoma.

Keywords: Cryptorchidism, Seminoma, Testis

CASE REPORT

Well built 48 years male patient married for last 22 years having four children, three male and one female, employed in government forest department, presented in the urology OPD on and off pain in the left lower abdomen for past two days. Patient gave similar history of recurrent episodes of colicky pain for last six months for which he has been taking some antispasmodics prescribed by local practitioner. Patient gave history of seizures and has been on drugs for last three years. No history of obstructive bowel or urinary symptoms or history suggestive of renal infections or stones.

On clinical examination patient was built, not anemic and on abdominal palpation an intra abdominal mass measuring 3 cms X 3.5 cms was palpable in the left iliac fossa, non-mobile, non-tender with all margins well circumscribed, non-pulsatile with no fluctuations. Examination of external genitalia revealed right testes normal in shape and size with left scrotum not well developed and empty (fig 1). Besides routine investigations which were reported normal, ultrasound revealed left iliac fossa mass 3cms X 3cms with non-visualization of left testes in the scrotum or inguinal region. Enhanced CT scan revealed left iliac fossa mass with local lymph node involvement, possibly testicular mass from left undescended testes.

Patient was subjected to exploratory laparotomy and a solid lobulated retroperitoneal mass adherent to the peritoneum with a single lymph node in adjacent area with short spermatic cord was noticed. After ligating the cord vessels and freeing the mass along with lymph node was excised and specimen was send for histopathological examination which was reported as anaplastic Seminoma (figure 2). Patient was advised to report to Medical Oncology and radiotherapy

department for post op management. Patient was regularly attending Urology OPD for three months after which he lost to follow up in our hospital.



Figure 1: showing underdeveloped left scrotum

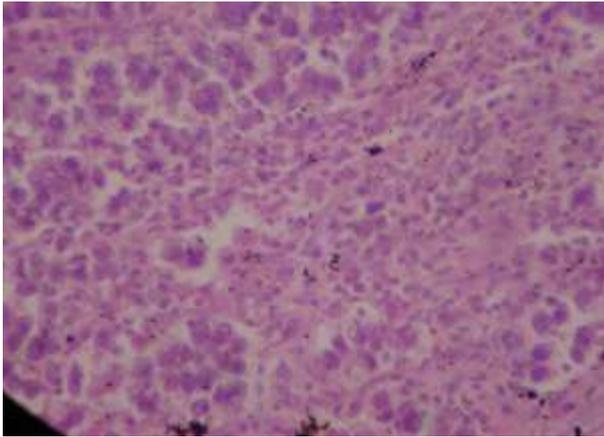


Figure 2: Histology showing anaplastic seminoma

DISCUSSION

Cryptorchidism results from abnormal formation and descent of testes. Approximately at eight weeks of gestational age, leydig cells begin to secrete testosterone. Testes remain retroperitoneal throughout their descent, but are intimately adherent with posterior wall of processes vaginalis [1,2]. Cryptorchidism is present in approximately 6% of full term neonates and approximately 0.8% of infants at one year of age [3-4]. It can be bilateral in 10% of patients and its association with other urinary tract abnormalities. It is thought to be one of the manifestations of generalized defect in genitourinary embryogenesis; other association malformation includes renal agenesis, or renal ectopias, seminal vesicle agenesis or cysts and hypospadias [5]

and high risk for testicular carcinoma. Approximately 3.5%- 14.5% of undescended testes have the risk of developing testicular tumor and pathophysiology of malignant transformation is not completely understood, but it is believed due to defect in embryogenesis that results in dysgenetic gonads. It has been suggested that screening for carcinoma in situ should be offered to all men with history of maldescended testes.

References

1. Giwercman A, Grindsted J, Hansen B, Jensen OM, Skakkebaek NE; Testicular cancer risk in boys with maldescended testes : A cohort study. *J. urol*, 1987;138(5):1214-1216.
2. Krabbe S, Skakkebaek NE, Berthelsen JG, Eyben FV, Volsted P, Mauritzen K, Eldrup J, Nielsen AH; High incidence of undetected neoplasia in maldescended testes. *Lancet*, 1979;1(8124):999-1000.
3. Waxman M; Malignant germ cell tumor in situ in a cryptorchid testis. *Cancer*; 1976;38(3):1452-1456.
4. Lee JK , McLennan BL, Stanley RJ, Sagel SS; Utility of computed tomography in localization of undescended testes. *Radiology*, 1980; 135(1): 121-125.
5. Lenz S, Giwercman A, Skakkebaek NE, Bruun E, Frimodt-Møller C; Ultrasound in detection of early neoplasia of the testes. *Int J Androl*, 1987;10(1):187-190.