Scholars Journal of Medical Case Reports **ISSN 2347-6559 (Online)**
Sch J Med Case Rep 2014; 2(12):780-781 **ISSN 2347-9507 (Print)**

(An International Publisher for Academic and Scientific Resources)
www.saspublishers.com DOI: 10.36347/sjmcr.2014.v02i12.005

Bılateral Testes Tumor: A Case Report

Ali Gurel
Firat University Medical School Internal Medicine Department, Elazig, TURKEY

***Corresponding Author:**
Name: Ali Gurel
Email: draligurel@gmail.com

Abstract: Testis tumors account for less than 1% among all male cancers, however it is the most common male malignancy between the ages of 20 and 40. Nearly 2% of all testis tumors are bilateral. A 42 year old man underwent orchiectomy operation because of left testicular tumor 14 years ago. Seven years ago ultrasonographic examination performed because of a new mass in the right testis was compatible with immature teratoma. The pathologic evaluation of right testicular orchiectomy material was concluded as seminoma. After the second orchiectomy operation the patient had received Bleomycine, Etoposide and Cisplatin (BEP) chemotheraphy regimen for 4 cycles. Since the second operation he receives testosteron as local gel because of the hypergonadotropic hypogonadism due to orchiectomy. Control parameters such as computed tomographic and ultrasonographic evaluation of abdomen and alpha fetoprotein and human chorionic gonadotropin levels are all in normal ranges.
Keywords: Testes, bilateral, tumor, teratoma, seminoma..

INTRODUCTION

Testes develop in the retroperitoneal area of the abdomen during intrauterine life. Then they migrate to the scrotum through the spermatic cords and locate at the edge of these cords in scrotal pouch. Scrotum cares the testes in suitable temperature less than intraabdominal temperature [1, 2]. Although testis tumors account for 1% of all male cancers, they are the most common male malignities between the ages of 20 and 40. The most common testis tumors of young adults are germ cell tumors such as seminoma, embryonal cell carcinoma and teratoma. On the other hand among the people older than 60 years old, 75% of testis tumors are non germ cell tumors and the lymphoma is the most common. Metastases to testis are mostly come from prostate cancer, leuchemia, lung cancer and melanoma. Testis tumors are less frequent in Negroes and Asian people than white race. Cryptorchidism and testicular feminisation are well known risk factors for testis cancers. Nearly 2% of all testis tumors are bilateral. Because of this rare situation we presented this case [3-5].

CASE REPORT

We report a 42 years-old man who underwent orchiectomy because of left testicular tumor 14 years ago. Histopathological examination revealed seminoma. Seven years ago in the ultrasonographic examination because of a new mass in the right testis, lightly hypoechogenic regular bounded three lesions in size of 45x31x20 mm, 32x23 mm and 10x6 mm were detected at the inferior site of right testis. One of the lesions tended to invase the epididimis and there were calcific foci in testis tissue. Radiologically, lesions were like recurrent immature teratoma when lesion characteristics evaluated with the calcifications in the parencima of the testis. At the same period of time, the HCG level of patient was high (5.65 mlU/mL) but AFP level was in the normal range (1.14 lU/ml). Right orchiectomy was executed and the pathologic report of right testicular orchiectomy material was also concluded as seminoma. After the second orchiectomy operation the patient had received BEP chemotheraphy regimen for 4 cycles and afterwards because of his intolerance, the chemotherapy was discontinued. After the second orchiectomy, FSH and LH levels were high (66.06 mlU/ml and 48.24 mlU/ml respectively) and the testosterone level was low (0.17 ng/ml). Since the second operation, he receives testosteron as local gel because of the hypergonadotropic hypogonadizm due to bilateral orchiectomy.

Control parameters such as computed tomographic and ultrasonographic evaluation of abdomen and alpha fetoprotein and human chorionic gonadotropin levels are all in normal ranges, nowadays. Although bilateral testis tumors are rare, it should be in mind that these tumors may occur simultanously or many years later after the detection of the first tumor.

DISCUSSION

Testis tumors account for 1% of male cancers. Incidence and prevalence of testis tumors are 0.003% and 0.2% respectively in Eastern populations. Ninety

percent of all testis tumors are germ cell tumors and among these 35% are seminomas, 20% are embryonal cell carcinomas, 5% are teratomas and 40% are mixed cellular types. Although testicular malignancies are frequent between second and fourth decade, there is a mild increase of spermatocytic seminomas among people older than 65 years old. Because 7% of classical seminomas contain trophoblastic giant cells, they stain positively with HCG even slightly elevation of serum levels. Spermatocytic seminoma is a rare hystological type and accounts for 4-7 % of seminomas and frequently seen in elderly men. The usual clinical presentation of testis cancer is painless testicular enlargement or testicular mass lesion. Treatmet depens on the alternatives of orchiectomy, chemotherapy, dissection of retroperitoneal lymph nodes and lymph node irradiation [3- 7].

We report a 42 year old man who underwent orchiectomy because of left testicular mass 14 years ago. Seven years ago, ultrasonographic examination because of a new mass in the right testis has reported as an immature teratoma. The pathological report of right testicular orchiectomy material was concluded as seminoma. After the second orchiectomy operation the patient had received BEP chemotheraphy regimen for 4 cycles. Since the second operation he receives testosteron as local gel because of the hypergonadotropic hypogonadizm. Control parameters of the patient are all in normal ranges.

REFERENCES

1. Casciato DA; Manual of Clinical Oncology. Lippincott Manual Series, Lippincot Williams & Wılkins, 5th edition, 2004: 286-294.
2. Junqueira LC, Carneiro J, Kelley RO; Basic Histology. Aytekin Y ditor; Turkish edition, Barış Kitabevi, 1998: 407.
3. Sonneveld DJ, Schraffordt Koops H, Sleijfer DT, Hoekstra HJ; Bilateral testicular germ cell tumors in patient with ınitial stage ı disease: Prevalence and prognosis-a single centre's 30 years' experience. Eur J Cancer, 1998; 34(9): 1363-1367.
4. Livine PM, Zer M, Dintsman M; Seminoma of intra-abdominal testis in a sixty seven-year old man. Urology, 1983; 21(4): 408-409.
5. Wasserman DH; Seminoma in male aged seventy-three. Urology, 1976; 8(6): 579.
6. Gori S, Porrozzi S, Roila F, Gatta G, De Giorgi U, Marangolo M; Germ cell tumours of the testis. Critical Reviews in Oncology/Hematology, 2005; 53(2): 141-164.
7. Blumberg JM, Sedberry S, Kazmi SO; Bilateral asynchronous metastatic carcinoid tumor of the testis. Urology. 2005; 65(1):174.