

# Delayed medical presentation causes a giant development of a testicular case report

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## **Abstract**

**Introduction and Objectives.** Testicular cancer is one of the most curable malignancies due to the last advances in diagnosis and treatment, but late diagnosis remains a serious problem.

**Materials and Methods.** We present a case of a 44-year-old man who presented in our clinic with a giant testicular tumor, measuring about 40 cm in diameter, extended to the scrotum. Preoperative investigations revealed tumor markers highly elevated and an enormous tumor mass extended from the right testicle, enlarged pelvic and inguinal lymphatic nodes, bilateral femoral bone metastases and also bilateral pulmonary metastases.

**Results.** Bilateral inguinal orchiectomy and local resection with a wide margin was performed followed by chemotherapy courses and after three months tumor markers decreased to normal and the CT exam revealed a reduction in size of secondary tumors.

A review of the literature showed that this form of presentation is rare, the case being impressive by the size of the tumor.

**Key-words:** case report, giant malignant tumor, seminoma, testicular cancer, tumor markers, Yolk sac tumor

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## Introduction And Objectives

Testicular cancer (TC) is relatively rare accounting for 1% of male neoplasm and 5% of urological tumors but its incidence has been increasing during the last decades, especially in industrialised countries [1], [2]. Aproximately 95% of testicular neoplasm are germ cell testicular tumors (GCTT), being the most common solid malignancies in men 20 to 45 years old. Testicular cancer is one of the most curable malignancies due to the last advances in treatment showing excellent healing rates, based on cellular chemosensitivity, especially cisplatin-based chemotherapy and also due to early diagnosis [3]. But late diagnosis remains a serious problem in GCTT management and this translates into a significant prognostic worsening. About 20-30% of patients with GCTT present metastatic disease at the first presentation [4] and scrotal involvement is rare, being present in case of extensive tumors.

## Materials And Methods

We present a case of a 44-year-old man who presented in our clinic with a giant testicular tumor extended to the scrotum. The patient reported that it was a period of about four years since he noticed an increase in the size of the right testicle (at the time of presentation measuring about 40 cm diameter), recently accompanied with scrotal necrosis, about 40 kg weight loss in the last three months and impaired physical condition. For unknown reasons the patient had not asked for medical help before the presentation to our hospital.



Fig.1  
Testicular tumor at first presentation

Clinical examination detected a giant scrotal mass with wide venous blood vessels that could be seen through the skin. Blood tests showed: severe anemia (Hb=5,6 g/dl) and tumor markers highly elevated: AFP=8037 IU/L, beta-HCG=18,95 IU/L, LDH=2445 IU/L. The IRM of scrotum and pelvis and a toracoabdominal CT exam showed an enormous tumor mass extended

from the right testicle, with a heterogenous structure. Enlarged lymphatic nodes were found in the pelvis and inguinal regions, bilateral femoral bone metastases and also bilateral pulmonary metastases.

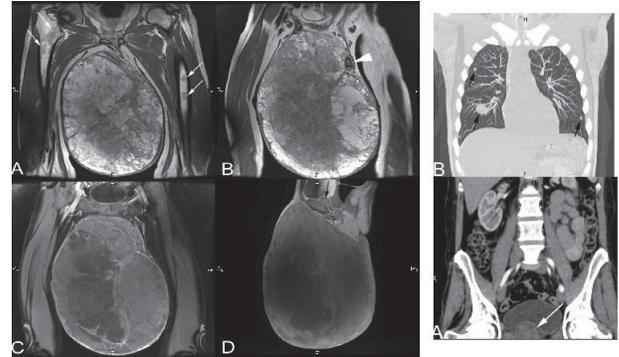


Fig.2 IRM and CT exams

## Results

Bilateral inguinal orchiectomy and local resection with a wide margin was performed Fig 3. The pathology report: giant right testicular tumor (32/22/18 cm in size and a weight of 9 kg) that invaded the spermatic cord and scrotum. Histologically two different types of tumors were found: Yolk sac tumor (70%) and seminoma.



Fig 3  
Postoperative aspect

Postoperative period went without complication and the wound healed completely. The patient was diagnosed with stage IIIC pT4N2M1bS2 mixed germ cell tumor of the right testicle. The treatment was continued with chemotherapy courses with PEB (Platinol-Cisplatin, Etoposide, Bleomycin) and after three months tumor markers progressively decreased to normal and the CT exam revealed a reduction in size of secondary tumors.

## Discussions

Delayed presentation was not due to limited access to appropriate medical facilities as presented in other studies but to the patient's ignoring the scrotum tumor that has grown in size for about four years. A review of

the literature showed that this form of presentation is rare, the case being impressive by the size of the tumor. Although recent diagnostic and therapeutic developments have improved the prognosis of this disease, delaying the diagnosis and occasionally incorrect management of some patients negatively influences the survival rate.

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## IMPORTANT !

### Hotărârea Comitetului Director A.R.U., adoptată în ședința ordinară din 31.03.2018,

Având în vedere creșterea cu 25 % a taxei de membru ARU-EAU, în urma deciziei adoptate de EAU de la 1 JAN 2018, și consecutiv efortului financiar semnificativ din partea ARU, de plată en-bloc a afiliației membrilor săi la EAU, se decide creșterea taxei de membru ARU, de la 1 Ianuarie 2018, astfel:

**Membru Activ: 150 Euro.**

**Membru Junior: 40 Euro.**

*Nivelul de taxare al fiecărui membru crește cu 10 Euro/an,  
dacă acesta dorește să primească Revista Română de Urologie în format fizic.*

Termenul de plată pentru taxa de membru este data de **31 Mai** a fiecărui an.

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