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Impending rupture of Embryonal Carcinoma in Undescended abdominal Testes in adult: A rare case

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I. Introduction

Rarely , adult males present with undescended testes. Undescended testes have high risk of malignancy and infertility. Here we report a case of 28 years male who presented in surgery OPD with undescended intra-abdominal testes which proved to be embyronal cell carcinoma.

II. Clinical Presentation

28 year old man presented with in surgery OPD with pain abdomen over left iliac fossa and vomiting on and off for 1 month. There was no h/o trauma, constipation, liver disease , renal disease & UTI. O/E- patient was conscious ,alert and well oriented to time place and person. PR-76/m, B/P 124/82mmhg. P/A- tenderness present over left iliac fossa , and lump of approximately 4*4 cm size was palpable over left iliac fossa which was firm in consistency, smooth surface, well defined margin and with restricted mobility. Scrotum was empty on left side, with underdeveloped left scrotum with normal right testes. There was no inguinal lymphadenopathy. On eliciting the history, patient reported absence of left testes

III. Investigation

CBC, LFT, RFT, and other Routine investigation –WNL Sr LDH -794 IU/L, Sr B-Hcg-<1.2 mIU/ml, Sr. AFP->30000 ng/ml USG- a heteroechoic lesion of 7*7 cm noted retroperitoneally in left iliac fossa suggestive of left nodal mass. (fig 1) CECT w/a and pelvis– Heterogeneously enhancing soft tissue density lesion in pelvis with absent testis in left scrotal sac

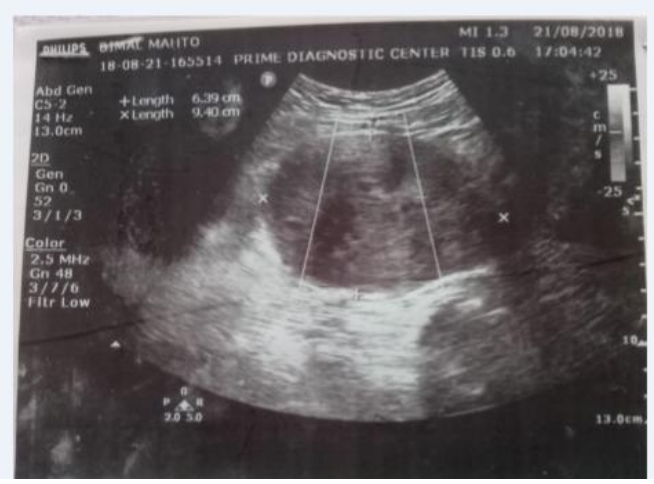

Fig 1: USG of Left Iliac Fossa

IV. Management

After proper investigation and pre anaesthetic clearance, he was taken for elective laparotomy. Abdomen was opened through lower midline incision. Left testicular mass of 8X8 cm was found retroperitoneally, with signs of impending rupture (Fig2). Deep inguinal ring was not developed. mass was resected completely along with cord. Histopathology of specimen showed Embryonal cell carcinoma with involvement of cord. (Fig 3) Postoperative period was uneventful. Post operativetumour markers decreased significantly. He was referred to oncology for chemotherapy and showed excellent response

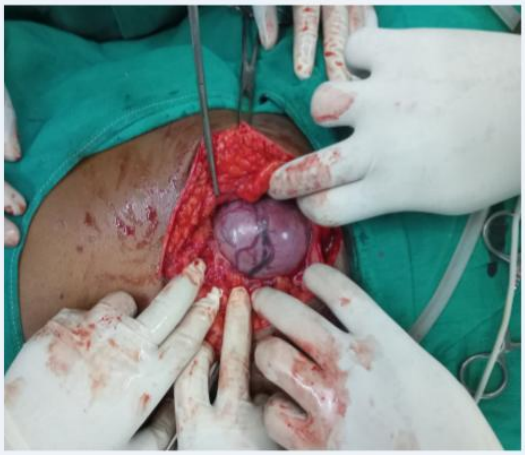

Fig 2: Intra-operative appearance of mass

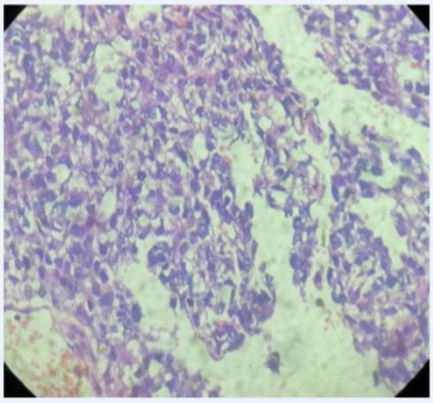

Fig 3: Histo-pathological appearance of the lesion

V. Discussion

Undescended testicle is the most common congenital anomaly in boys and found in approximately 1% of the children aged one year (5). It has been reported that non-palpable or intra-abdominal testicle is found in 13% of these patients (6). Complications including cancer, infertility and torsion may be observed in patients with undescended testicle. The prevalence of testicular tumour has been reported to be 0,5–2 / 100 000 in children (4). On the other hand, testicular tumour has been found in 3–5% of the adult patients with a history of undescended testis (2). The risk of development of cancer is higher in high testicular location compared to scrotal testicle. In patients with intra-abdominal testicle, the risk of development of cancer is 200-fold higher compared to patients with scrotal testicle (7). Cancer makes a peak at the age of two and in adolescence in children with scrotal testicle and undescended testicle (8). However, the risk of malignancy more frequently increases in the 3rd and 4th decade of life in patients with undescended testicle (6). This patient is a 28-year old male with a history of non-palpable testicle who presented pain and lump over abdomen The most common type of testicular tumors in children is yolk sac tumour (54–66%). However, most of these malignancies are observed in normal scrotal testicles (4, 8). The histological type observed in patients with undescended testicle is seminoma (43–90%) and yolk sac tumour, teratoma andchoriocarcinoma (10–57%) have also been reported (3, 6).

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