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CLINICAL IMAGE

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Rapidly enlarging abdominal mass in a patient with recurrent germ cell tumor

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Abstract

This clinical image illustrates the alarming growth rate for an embryonal carcinoma, as well as its highly curable nature. For similar cases, early diagnosis and treatment are key.

KEYWORDS

oncology, urology

A 29-year-old man was diagnosed with a clinical stage IIIB nonseminomatous germ cell tumor of the testis (NSGCT). He presented with an elevated alpha-fetoprotein level of 4533 and a retroperitoneal mass measuring 22 cm. After frontline chemotherapy comprising bleomycin, etoposide, and cisplatin (BEP) ×4, pathologic examination from a RPLND and left orchiectomy showed less than 5% teratoma with extensive necrosis in the residual lymph node.

No recurrence or metastasis was found by a CT performed 7 months later (Figure 1). After complaints of abdominal pain, nausea, vomiting, and early satiety, one month later, a CT scan showed a mass with a thick rim (Figure 2). Differential diagnoses include fibrosarcoma, Burkitt lymphoma, and parasitic abscess. Biopsy revealed embryonal carcinoma.

After salvage chemotherapy comprising paclitaxel, ifosfamide, and cisplatin (TIP) ×1 and paclitaxel, doxorubicin, cisplatin (ATP) ×3, resection of the residual mass unveiled multiple minute microscopic foci of NSGCT. Four years after receiving adjuvant chemotherapy comprising TIP ×2, the patient is doing well without evidence of metastatic or recurrent disease.

To our knowledge, this is the first report of a rapidly enlarging mass in a patient with embryonal carcinoma that recurred over 7 weeks. It is highly unusual even for an isolated

FIGURE 1 Representative image from an abdominal CT scan on 05/06/2013 showed no evidence of new mass lesion or local recurrence

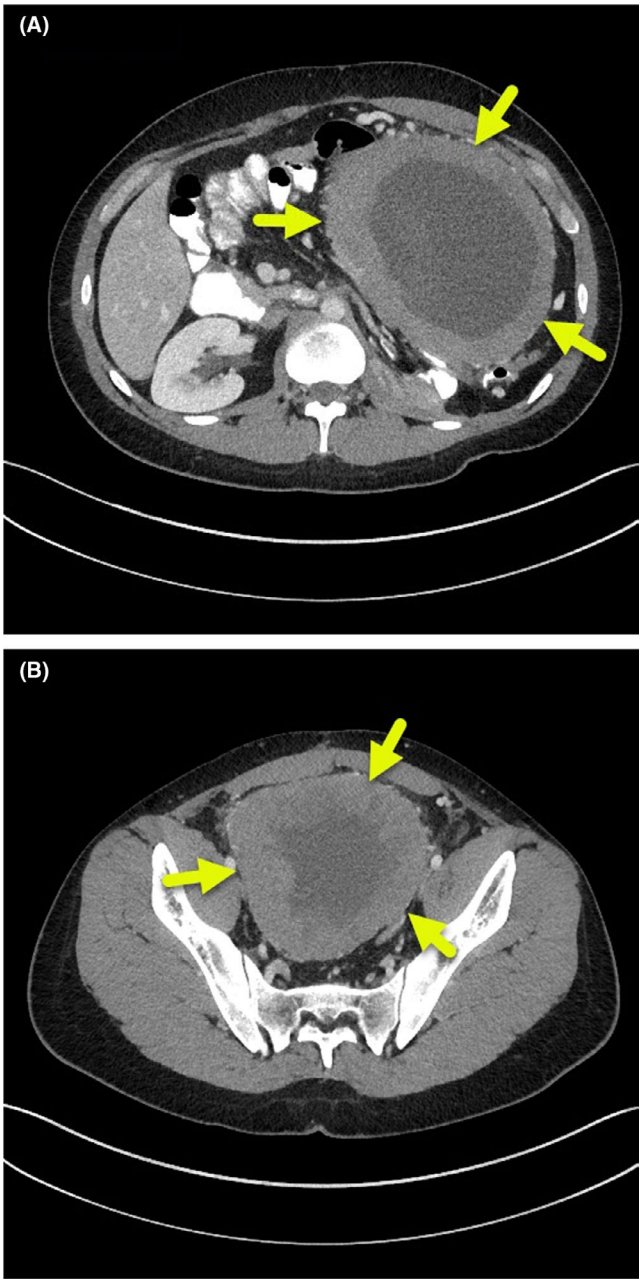

FIGURE 2 Representative image from an abdominal CT scan on 06/24/2013 showed a large, recurrent, partially necrotic abdominal pelvic mass with a thick rim (arrows)

embryonic tumor to grow in this manner at this rate.[1,2] For men with relapsed NSGCT, a multimodality approach of chemotherapy combined with resection of all residual disease is the standard of care. Although the overall cure rate is high (>90%), early detection still offers the best potential for successful treatment.

CONFLICT OF INTEREST

None declared.

AUTHOR CONTRIBUTIONS

ST and LH: contributed to searching the literature, writing the report, providing relevant images, and editing the report. LP: performed the surgery. All authors have approved the final version. Written informed consent to publication was obtained.

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