Case Report

Testicular germ cell tumor fungating through anterior abdominal wall

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ABSTRACT

Retroperitoneal lymph node metastases from testicular germ cell tumor are common, but fungation of such mass through the anterior abdominal wall is extremely rare. We report such a case which had a favorable response to chemotherapy.

Key words: Abdominal wall, fungation, germ cell tumor, testicular tumor

INTRODUCTION

Testicular germ cell tumor (GCT) presenting with retroperitoneal lymph node mass fungating through anterior abdominal wall is an extremely rare occurrence. We report such a case with disseminated disease and poor performance status, but who could be salvaged with judicious use of chemotherapy.

CASE REPORT

A 32-year-old male presented to us with a left-sided scrotal swelling for four months, progressive abdominal distension for two months, and protrusion of a mass through the anterior abdominal wall for one month. He also underwent a superficial debridement of the fungating mass at a local center. Clinical examination revealed left supraclavicular lymphadenopathy, left testicular swelling and a mass fungating through the left lower abdomen [Figure 1]. Contrast-enhanced tomographic (CECT) scan of abdomen showed extensive left para-aortic, perihilar and iliac lymphadenopathy invading and fungating through the left lower part of the anterior abdominal wall (arrows, Figures 2a and 2b), there was no visceral metastasis; CECT chest was normal. Serum α-fetoprotein (AFP) was 12380 ng/ml and serum β-human chorionic gonadotrophin (β-HCG) was 378 mIU/ml. Fine-needle aspiration cytology of left supraclavicular lymph node was consistent with GCT. Thus, a diagnosis of metastatic mixed GCT, poor risk, was made. The patient had a performance status of ECOG 4; hence he was given single-agent carboplatin 600 mg rather than standard bleomycin-etoposide-cisplatin (BEP) chemotherapy. The tumor mass reduced and the performance status improved to ECOG 3. Thereafter he received four courses of BEP chemotherapy in standard dosages. There was clinical improvement; his performance status became ECOG 1, left supraclavicular lymphadenopathy resolved and the abdominal wall defect closed. The retroperitoneal lymph node mass was still palpable to a size of 6 cm diameter. Serum AFP level reduced to 5 ng/ml and serum β-HCG was undetectable. CECT scan of

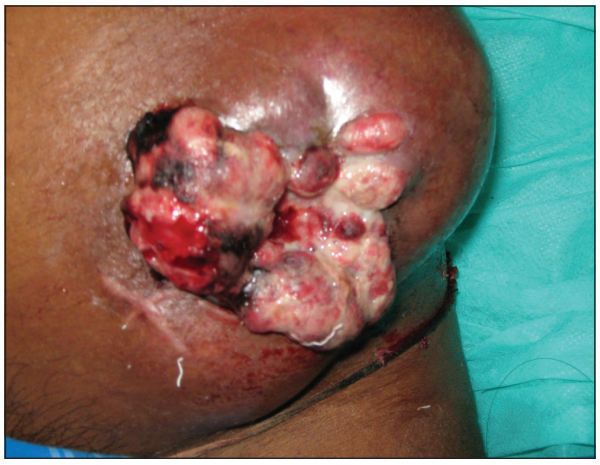

Figure 1: Lymph node mass fungating through anterior abdominal wall along with a scar resulting from previous debridement

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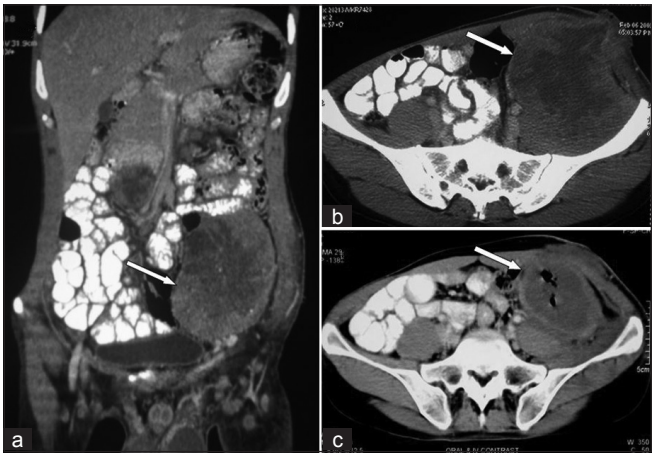

Figure 2: (a,b) CECT abdomen showing left retroperitoneal lymphadenopathy fungating through the left lower part of anterior abdominal wall (coronal and axial views); (c) Post-chemotherapy CECT abdomen showing residual necrotic lymph node mass in left iliac region abutting the anterior abdominal wall

abdomen showed residual necrotic lymph node mass in left iliac region abutting the anterior abdominal wall (arrows, Figure 2c). Following this, he underwent left orchiectomy; histopathologic examination of removed testis showed no viable tumor. He was planned for retroperitoneal lymph node dissection (RPLND), but was lost to follow-up since then.

DISCUSSION

Testicular GCT presenting as a mass fungating through anterior abdominal wall is an extremely rare occurrence. To the best of our knowledge, the only previously published case report is that of a giant teratoma invading the penis and lower part of abdominal wall including bilateral inguinal lymph nodes.[1] Though we see around 80 cases of testicular GCT at our center in a year, this is the first case of such kind seen by us. This kind of presentation is likely due to delay in seeking medical attention by the patient. In our patient, though he had disseminated disease at presentation and a poor performance status, he could be salvaged with judicious use of chemotherapy. He had a residual retroperitoneal lymph node mass along with normal serum markers. RPLND is recommended in this scenario.[2] Certainly, the treatment of this patient had to be left incomplete, as he was lost to follow-up and did not undergo RPLND.

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