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## Editorial Comment

### Editorial Comment to A case of adenocarcinoma of the rete testis with durable response to cisplatin-based chemotherapy

In spite of an unknown exact incidence, adenocarcinoma of the rete testis is extremely rare. Patients range in age from their 10s to their 90s, with a mean in the 50s and a peak incidence around the 70s.<sup>1,2</sup> Most cases exhibit painless scrotal swelling as a clinical symptom, and half of patients have a history of hydrocele.<sup>1</sup> Diagnosis is commonly made by histopathological analysis after high orchiectomy. One third of patients had metastases at presentation and half developed metastases after radical orchiectomy.<sup>1,2</sup> In nonmetastatic cases, after orchiectomy, although adjuvant radiotherapy for the retroperitoneal lymph node (RPLN) area does not appear to help, RPLN dissection may be a useful therapeutic modality.<sup>1</sup> The value of adjuvant chemotherapy remains unknown.<sup>1,2</sup> The 3-year survival rate of organ-confined cases was nearly 90%,<sup>1,2</sup> and the prognosis of disseminated cases was reported to be poor.<sup>1</sup>

In this issue of *IJU Case Reports*, Owa *et al.* reported a case of adenocarcinoma of the rete testis in a 48-year-old man with Down syndrome.<sup>3</sup> The patient had a 5.6 × 6.0 × 6.2 cm left testicular tumor within the hydrocele as well as multiple RPLN metastases.<sup>3</sup> After left high orchiectomy, the diagnosis of adenocarcinoma of the rete testis was given based on the presence of *in situ* lesions in the

rete testis and the exclusion of metastasis from other lesions.<sup>3</sup> To treat the metastatic lesions, Owa *et al.* planned to administer four cycles of bleomycin, etoposide, and platinum (BEP) based on the standard treatment for intermediate/poor risk of metastatic testicular cancer. The patient developed severe side effects during the first cycle of BEP, however, and was subsequently switched to a reduced dose of EP therapy.<sup>3</sup> The chemotherapy was terminated at six cycles without removal of the residual metastatic lesions.<sup>3</sup> The metastatic lymph nodes remain nonenlarged 7 months after the chemotherapy was discontinued, and the patient is alive 20 months after discontinuing chemotherapy.<sup>3</sup>

In 1995, Sanchez-Chapado *et al.* reviewed approximately 60 cases of adenocarcinoma of the rete testis.<sup>1</sup> As some cases did not fulfill the diagnostic and histologic criteria, they summarized the clinical characteristics of 42 cases of this disease.<sup>1</sup> Recently, Takeda *et al.* evaluated the demographic and clinical data of 51 cases.<sup>2</sup> As described above, the prognosis of disseminated cases was poor, and 1- and 3-year survival rates were reported to be 34% and 14%, respectively.<sup>1</sup> The most common metastatic sites were the lung and lymph nodes followed by the skin, liver, and bone.<sup>1,2</sup> Due to its rarity, the recommended treatment strategies have not yet been established. When encountering a rare disease, we usually use the medical literature search engine, PubMed. As such, a description of the treatment is important despite the fact that the efficacy and value of chemotherapy have not yet been demonstrated.<sup>1,2</sup> I could understand that germ cell cancer-

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oriented treatment is one of the most important options for metastatic adenocarcinoma of the rete testis.

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## Conflict of interest

The author declares no conflict of interest.

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