INTRAABDOMINAL GERMINAL TUMOR ORIGINATED FROM AN ECTOPIC TESTIS

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Summary.- OBJECTIVE: We report the case of a 54 year old man with an intraabdominal germinal tumor originated from an ectopic testis, and its treatment.

METHODS: The tumor was diagnosed with percutaneous biopsy and treated with three cycles of BEP (bleomycin, etoposide, platinum), showing an important decrease of its size. Treatment was completed with the excision of the remnant mass and regional lymphadenectomy.

CONCLUSIONS: Abdominal masses in patients with a testicle outside the scrotum can be germ cell tumors and should be considered during the diagnosis.

Keywords: Ectopic testicle. Cryptorchidism. Seminoma.

INTRODUCTION

Testicular maldescent is encountered in approximately 2% of boys. It is in the most cases unilateral (90%). 20% show non-palpable testis, of which 20% are absent (1). Intraabdominal location is the less frequent, but it shows a greater risk of malignancy than maldescendest testis located in inguinal canal. Nevertheless cryptorchidism is also a significative risk factor for the developing of a testicular tumor.

Undescended testis undergo malignant degeneration in 30-40% of the cases, and most of them are germ cell tumors, being the seminoma the most frequent (2).

CASE REPORT

A 54 year-old male, fathering two siblings, was admitted to our hospital for evaluation of an abdominal mass in the lower abdomen that caused pain, without other associated symptoms.

On examination left testis was palpable and seemed normal, noting the absence of right testis and a right inguinal scar.

Ultrasound exploration of the abdomen revealed an intraabdominal mass with a probable retroperitoneal origin.
CT scan of the abdomen and pelvis showed a mass of 18 x 15 cm, with internal calcifications located near right external iliac vessels, displacing the urine bladder. A percutaneous puncture under ultrasound guidance was performed, obtaining an histopathologic diagnosis of germ cell tumor.

The serum alpha-fetoprotein was within normal limits, B-HCG showed a value of 286 mmol/L and LDH of 1024.

With the suspicion of a non descended testis malignized to seminoma, chemotherapy treatment with three cycles of BEP was administered over two months.

It was well tolerated by the patient, and after its completion, tumor markers were negative, although the pelvic mass persisted, yet with a great decrease of its size (8cm).

Given the persistence of residual mass, a laparotomy was done through pararectal incision carrying out a block resection of the mass and ipsilateral lymphadenectomy. The pathology report describes a mass of 6 x 6,5 cm and 100gr of weight, with necrosis and calcification, confirming the diagnosis of seminoma.

At two months from surgery, tumor markers returned to normal value, and the CT performed didn’t show signs of recurrence. After 32 months follow-up, remission persists in CTs and tumor markers keep in normal values.

**DISCUSSION**

The malignant degeneration of non descended testes is a rare entity in the adult male, due to early detection and treatment in children with maldescent testicles; however we cannot forget it in the differential diagnosis of retroperitoneal masses in adults with single testicles (3).

As the spontaneous descent of undescended testes detected at birth is frequent, it is recommended to delay surgery at least 6 months. If the diagnosis is made after 6 months of age the child should be refered to a urologist surgeon for location and for the testis treatment.

Orchiopexy does not reduce the risk of malignancy but allows an early diagnosis because it places the testicle in the scrotum and it makes easier the exploration.

It must be taken into account that in patients with undescended testes in which the testicle is in intraabdominal location, the risk of malignancy rises to 30-40%, so it is necessary to find them in patients with

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*Figure 1A). Axial projection at both iliac blade showing a large retroperitoneal mass, imaging study before treatment. B). Coronal projection.*
unpalpable testes, without forgetting that can be absent in up to 20% of cases (4).

The most common tumors in intraabdominal testes are germ cell tumors including seminoma. The prognosis depends on the initial stage and histology of the tumor, the risk of malignancy increases with age and the higher location of the testis.

CONCLUSION

In the presence of an abdominal mass in a patient with undescended testis, percutaneous biopsy is indicated to prove the existence of a germ cell tumor. Today, the treatment is systemic chemotherapy followed by resection of the residual mass.

REFERENCES AND RECOMMENDED READINGS

(*of special interest, **of outstanding interest)


