

## **Original Research Paper**

**Medical Science** 

# A Case Primary Extra – Nodal Non-Hodgkin's Lymphoma of Testis a Case Of Extra Nodal Non Hodgkins Lymphoma of **Testis**

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**ABSTRACT** 

Non Hodakin lymphoma of testis is an uncommon extra nodal presentation and accounts for 1% of all NHLs and 5% of all testicular tumors. Right and left sided testicular involvement is equal in frequency and approximately 20% of testicular lymphoma will have bilateral involvement. We report a case of 54 year old male patient presenting with

complain of left testicular swelling.

#### Case Presentation

A 54 year old patient presented with chief complain of right sided testicular swelling and multiple inquinal lymph node for 3 months which was progressively increasing in size. There was no history of trauma or fever with chills.

Gross pathology showed tumor mass arising from right testis. The cut surface revealed uniform homogenous grayish white material.

Microscopic finding showed sheets of atypical lymphoid cells. Individual tumor cells were round to oval with scanty cytoplasm, exhibiting nuclear atypia and pleomorphism with proliferating blood vessels in between. Normal testis parenchyma was not seen. Diagnosis on Non Hodgkins lymphoma was given.

## KEYWORDS: - Testis, extra nodal, non hodgkins lymphoma, gross pathology, histopathology.

### **INTRODUCTION:-**

Primary malignant lymphoma of testis is rare and involves patient over 60 years of age. Ninety percent of lymphoma are of B-cell lineage and predominant histology is diffuse large B cell lymphoma(DLBCL).

Propensity exists for testicular lymphoma to be associated with skin ,central nervous system, and Waldeyer ring .The incidence of bilaterality is around 20%

#### **DISCUSSION**

Testicular lymphomas are chiefly of 2 types: childhood lymphomas and adult variety. Pediatric tumors are mainly follicular lymphoma and have better prognosis when compared with adults. Grading is done as low-grade ,intermediate grade and high grade. Prognosis is worst in high-grade tumors with overall survival rate of 15% to 30% at 2 years.

Upto 50% of these tumors spread to spermatic cord or epididymis. The typical growth pattern of lymphoma is interstitial infilteration of neoplastic cells with relative sparing of seminiferous tubules, although the seminiferous tubules may be filled up or effaced by tumor cells.Vascular invasion is seen upto two-third of cases. Necrosis is uncommon

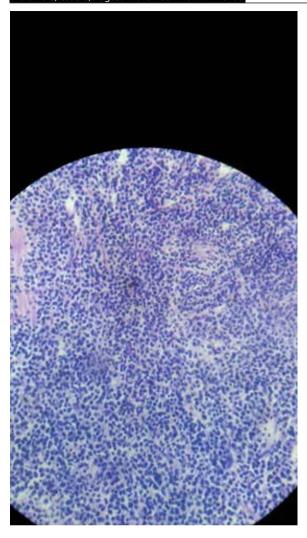
Treatment for testicular NHL include removal of the tumor and post operative chemotherapy regime of cisplatin, vincristine and cyclophosphamide..

High rates of central nervous system relapses in historical series have led to a recommendation for routine CNS prophylaxis with at least intrathecal methotrexate

But its role in prophylaxis remains controversial as CNS relapses have been observed after intrathecal therapy.

CONCLUSION-Primary testicular NHL is an uncoomon entity and with current combined modality treatment and CNS prophylaxis, the outcome may be as good as nodal NHL.





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