



## A RARE CASE OF SPINAL METASTASIS IN CASE OF CARCINOMA TESTIS: CASE REPORT

### Neurosurgery

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### ABSTRACT

A 25 year old male patient presented to our hospital with low back ache and paraparesis since 15 days. On examination patient found loss of sensation below inguinal region and power 1/5. Investigations reveled malignant cord compression with lymphatic and vertebral body (D11) metastases. On examination the patient was found to have 5-cm left testicular mass. He was treated with left high inguinal orchidectomy followed by D11 laminectomy with cord decompression. Pathology confirmed mixed germ cell tumor (60% teretoma and 40% yolk sac tumor). Patient advised post operative radio and chemotherapy. Patient improved post operatively and power becomes 3/5 after 1 month.

### KEYWORDS

#### INTRODUCTION

Testicular cancers are heterogenous neoplasms often found in young adults. They tend to metastasize to the chest, retroperitoneum, or neck, but rarely to the long bones or skeleton [1, 2]. However, they can cause neurologic compromise and should be considered in young male patients who present with symptoms of a spine lesion and no known primary cancer.

#### CASE REPORT

A 25 year old male patient presented to our hospital with low back ache and paraparesis since 15 days. Patient admitted in ward for further investigation. On clinical examination patient found loss of sensation below inguinal region and power 1/5. Patient's CT and MRI dorsal spine has been done which reveled malignant cord compression with lymphatic and vertebral body (D11) metastases [figure 1]. On examination the patient was found to have 5-cm left testicular mass. He was treated with left high inguinal orchidectomy followed by D11 laminectomy with cord decompression. Pathology confirmed mixed germ cell tumor (60% teretoma and 40% yolk sac tumor). Patient advised post operative chemotherapy. Patient improved neurologically and post operatively and power becomes 3/5 after 1 month.



Figure 1 : MR image shows D11 metastatic fracture.

#### DISCUSSION

Testicular cancer is common among young men between the ages of 15 and 40 years. The incidence is increasing in various countries while its mortality is decreasing through advanced medical care.[3] Testicular cancer can present with distant metastases to many organs, commonly the lungs, liver, brain, and bone.[1] However, vertebral metastases from testicular cancer are rare.[2] MRI is the investigation of choice for the diagnosis of vertebral metastases, the management of which requires a multidisciplinary approach. Patients usually need decompression surgery and/or stabilization to preserve the neurological function but, even with treatment, the neurological deficits may persist. Another option is chemotherapy and radiotherapy, which can be given postoperatively as an adjuvant treatment, or as a first-line treatment in the absence of any acute neurological deficits. [4]

#### RESULT

Patients improved neurologically after surgery, but not regained the ability to ambulate independently. Patient underwent chemotherapy. Patient is alive at 1 year follow-up.

#### CONCLUSION

Vertebral metastases from testicular tumors, although rare, should be considered in young men presenting with spinal cord compression. Work-up should include magnetic resonance imaging (MRI) of the spine and computed tomography (CT) of the chest, abdomen, and pelvis. Urgent intervention may be required, as these case show that loss of neurologic function can be rapid and permanent.

#### REFERENCES

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