



ORIGINAL RESEARCH PAPER

General Surgery

A RARE ONCOLOGICAL EMERGENCY-A CASE REPORT

KEY WORDS:

Cryptorchidism-intraabdominal testicular tumour-non seminomatous germcell tumour-torsion.

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ABSTRACT

Intra abdominal malignant testicular torsion is a clinical condition, which is a rare differential diagnosis of acute abdomen. In a patient with acute abdominal symptoms and absence of testis in scrotum, high suspicion of intraabdominal testicular torsion may be considered. A 35 year old male presented with complaints of lower abdominal pain, fever, vomiting and retention of urine 1 day. The patient was febrile and tachycardic. on examination lower abdomen was distended along with tenderness and guarding. CECT abdomen revealed features suggestive of testicular tumour with torsion. Intraoperative findings-emergency laparotomy revealed 18*9 cm mass was found in the lower abdomen with its twisted pedicle attached to right lateral abdominal wall and its capsule was breached exposing the necrotic material. The mass was found adherent to the segment jejunum and bladder. Enbloc resection of the mass with segment of jejunum and bladder was done. Intestinal continuity was maintained by jejunojejunal anastomosis, bladder was primarily sutured and spc was done.

INTRODUCTION:

An undescended testis has 4-6 times higher risk for development of testicular germcell tumour, compared to normally descended testis. such testis is more vulnerable to torsion due to rapid increase in size and free mobility.

CASE REPORT:

A 35 year old male presented with complaints of lower abdominal pain, fever, vomiting and retention of urine 1 day. The patient was febrile and tachycardic. on examination lower abdomen was distended along with tenderness and guarding. His blood tests were normal except for leucocytosis. USG and CECT abdomen revealed heterogeneously enhancing mass lesion 18*9 cm with predominantly central necrotic components noted in the lower abdomen and pelvis displacing the bowel loops to periphery, lesion also contains fat component and eccentric calcification (possibility of non-seminomatous germcell tumour to be considered). With the clinical and radiological investigations a provisional diagnosis of testicular tumour with torsion was made. Patient is planned for emergency laparotomy and tumours markers were collected.

Intraoperative findings-emergency laparotomy revealed 18*9 cm mass was found in the lower abdomen with its twisted pedicle attached to right lateral abdominal wall and its capsule was breached exposing the necrotic material. The mass was found adherent to the segment jejunum and bladder. Enbloc resection of the mass with segment of jejunum and bladder was done. Intestinal continuity was maintained by jejunojejunal anastomosis, bladder was primarily sutured and spc was done. postop Hpe showed non seminomatous mixed germcell tumour along with elevated tumour markers. postoperative period uneventful. Metastatic workup was done and patient was started on chemotherapy as per medical oncologist opinion.

Fig 1. Intraoperative picture-intraabdominal testicular tumour with its twisted pedicle

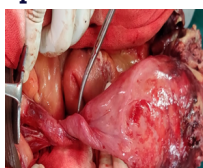
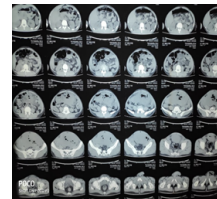


fig 2: CECT Abdomen - Intraabdominal Testicular Tumour



DISCUSSION:

The first case report in the literature was by Gerster in 1897. subsequently, sporadic small clusters of cases have appeared in the literature. cryptorchidism may be associated with complications such as cancer, ischemia, infertility and torsion. Risk of malignancy is 4 times higher in intraabdominal than an inguinal testis.

The cancer of undescended testis peaks in the third or fourth decade of life. Pure seminoma is the most frequent germ cell neoplasm in the undescended testis. By 12 months of age, about 1% of all boys have cryptorchidism.

Orchidopexy is now recommended for patients younger than years old and even as young as months old. It was found that the risk of testicular tumour among those who were treated at a younger age.

Because torsion of the intraabdominal testis is more common on the right, confusion with the diagnosis of acute appendicitis or appendix mass may arise if we fail to examine the external genitalia as part of the abdominal examination.

Clinical presentations of malignant intraabdominal testis can range from an asymptomatic mass to symptoms simulating appendicitis or retroperitoneal mass, incarcerated hernia, urinary frequency or dysuria from mass effect on bladder or acute abdominal pain due to torsion or haemorrhage. A detailed history taking, thorough physical examination of the abdomen and genitalia, meticulous inspection of radiological films and above all the awareness of such complications involving undescended testis can enhance the diagnostic yield.

CONCLUSION:

In an acute abdomen with absence of testis in the scrotum high suspicion of intraabdominal testicular torsion should always be considered.

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