



## CASE STUDY

### UNDESCENDED TESTIS IN AN ADULT MALE CAUSING GIANT SEMINOMA AND PRESENTING AS AN OBSTRUCTIVE UROPATHY

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Seminoma, Cryptorchid,  
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#### ABSTRACT

A 35 year old male presented with complaints of oliguria, on evaluation he had mass per abdomen, left undescended testes and pedal oedema. Renal profile test –raised blood urea and serum creatinine. CECT abdomen revealed 15x 14 cms large soft tissue density mass in pelvis. Testicular tumor marker study revealed raised beta-HCG with normal AFP and raised LDH Patient was diagnosed with seminomatous germ cell tumor arising from left intra abdominal testis. Haemodialysis was done for 3days and RFT improved slightly. Patient was planned for Platin based chemotherapy. Patient received 3 courses of carboplatin for 3weeks. After chemotherapy, blood urea and serum creatinine came within normal limits and urine output improved and regression of tumor mass was seen. After 1 month of CECT abdomen revealed no mass. Post chemotherapy serum tumor markers were decreased. He is being followed up regularly with serum tumor markers.

**Discussion:** Persistently cryptorchid (inguinal and abdominal) testis are at higher risk for seminoma (74%), while corrected cryptorchid or scrotal testicles that undergo malignant transformation are most likely to become nonseminomatous (63%, $p<0.0001$ ), presumably because of a decreased risk of seminoma.

**Conclusion:** Seminoma is associated with increased sensitivity to platin based chemotherapy and radiation therapy. Relative to cisplatin, the greatest benefit of carboplatin is its reduced side effects, particularly the nephrotoxic effects. In our case chemotherapeutic agent carboplatin was found to be effective which not only relieved urinary symptoms but also helped reduction in size of malignancy. Initially chemotherapy followed by 1-stage surgical removal of the primary and residual metastasis is a favourable option to improve compliance.

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## INTRODUCTION

Undescended testis occurs when the testis is arrested along its normal pathway of descent at birth. About 4% of the full term baby boy have unilateral undescended testis (cryptorchidism) but by 3 months of age this figure is 1.5% and changes little thereafter. Undescended testis are histological abnormal and an increased risk of malignancy. Malignant transformation in undescended testis is 20 times more common than normally descended testis. Seminoma is most common malignancy in undescended testis. Measurement of serum tumour marker (beta-HCG, AFP, LDH) are helpful in diagnosing testicular tumor.

### Case report

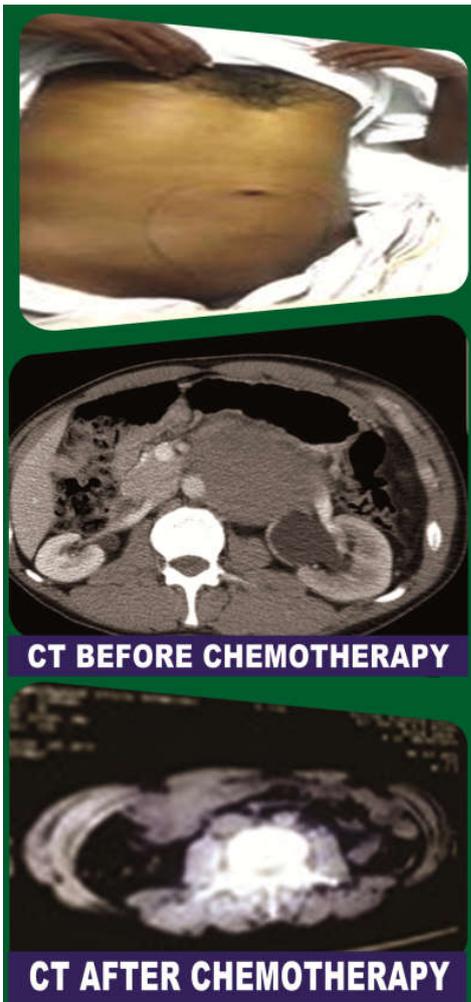
A 32 year old male presented with complaints of oliguria, on evaluation he had mass per abdomen, left undescended testes

and pedal oedema. Renal profile test –raised blood urea and serum creatinine. CT abdomen revealed 16x 13 cms large soft tissue density mass in pelvis. Testicular tumor marker study revealed raised beta-HCG with normal AFP and raised LDH Patient was diagnosed with seminomatous germ cell tumor arising from left intra abdominal testis. Haemodialysis was done for 3days and RFT improved slightly. Patient was planned for Platin based chemotherapy. Patient received 3 courses of carboplatin for 3weeks. After chemotherapy, blood urea and serum creatinine came within normal limits and urine output improved and regression of tumor mass was seen. After 1 month of CT abdomen revealed no mass. Post chemotherapy serum tumor markers were decreased. He is being followed up regularly with serum tumor markers.

	Beta-HCG(miu/ml)	AFP(ng/ml)	LDH(iu/l)
Before chemotherapy	70.24	1.25	2465
After chemotherapy	7.4	1.05	650

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## DISCUSSION

Undescended testis is the absence of one or both testis in normal scrotal position. The pathogenesis of isolated cryptorchidism remains largely unknown but is most likely

multifactorial, involving both genetic and environmental risk factors. Persistently cryptorchid (inguinal and abdominal) testis are at higher risk for seminoma (74%), while corrected cryptorchid or scrotal testicles that undergo malignant transformation are most likely to become nonseminomatous (63%,  $p < 0.0001$ ), presumably because of a decreased risk of seminoma. The size of the mass in the pelvic region was rapidly decreasing following chemotherapy along with the Sr. Tumour Marker.

## Conclusion

Undescended testis are histological abnormal and at an increased risk of malignancy. Seminoma is most common malignancy in undescended testis. Seminoma is associated with increased sensitivity to platin based chemotherapy and radiation therapy. The value of AFP remained in the normal range where as Beta HCG and LDH level reduced post chemotherapy. Relative to cisplatin, the greatest benefit of carboplatin is its reduced side effects, particularly the nephrotoxic effects. In our case chemotherapeutic agent carboplatin was found to be effective which not only relieved urinary symptoms but also helped reduction in size of malignancy. Initially chemotherapy followed by 1-stage surgical removal of the primary and residual metastasis is a favourable option to improve compliance. Follow up should be done post surgery for atleast 10 years.

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