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MECHANISM OF UNUSUAL PRESENTATION OF TESTICULAR TUMOUR: CASE STUDY AND LITERATURE REVIEW

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Testicular cancer is an increasingly prevalent cancer especially amongst young and middle-aged men. Most commonly it presents as a painless mass but atypical presentations are well-known and have been reported in the literature. A 45-year-old male presented with acute periumbilical pain. After an unremarkable clinical examination of the abdomen and genitalia, an abdominal computerised topography (CT) scan showed a solitary enlarged para-aortic lymph node (30 mm) and ultrasound scan (USS) showed a 15x6x11 mm left-sided testicular lesion. Tumour markers were normal. CT-guided biopsy of the para-aortic lymph node revealed metastatic deposits from classical seminoma. We hereby discuss possible mechanisms of an enlarged para-aortic lymph node causing periumbilical/abdominal pain with reference to the normal anatomical structures present in the vicinity of the para-aortic lymph nodes in the retroperitoneum. We also present our findings of a literature review of similar case presentations and discuss the comparison between those cases and the index case. We conclude that clinicians should undertake careful assessment of the genitals routinely when assessing men presenting with acute abdominal pain, and consider a testicular USS to exclude impalpable lesions, particularly when the clinical presentation is inconsistent with acute abdominal visceral pathology.

Biography

Angela Yan and Zhi Yang Low are both final year medical students at UCL with a keen interest in research and surgery. They will both be starting their foundation training in August; Miss Yan will be starting an Academic Foundation Programme post in Leicester and Mr Low will be working in London. Dr Dhili Arul is a consultant histopathologist at Whittington Health NHS Trust. Mr Sudhanshu Chitale is a consultant urologist and Lead for the Urology Paediatric and Joint Urology Diabetes Service and Male Fertility. He is also an Honorary Senior Lecturer at UCL.

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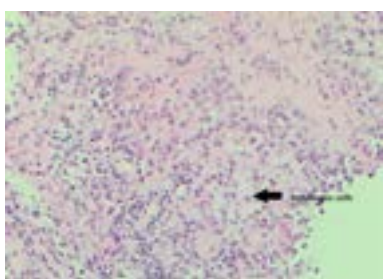


Figure1: Immunohistochemical staining of the tumour with hematoxylin and eosin (H&E) revealed seminoma cells