

Clinical Image

Giant Testicular Cancer: Clinical Picture

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Testicular tumour is the most malignant cancer in young males 15 to 34 years of age. Its accounts for 1% of all male cancer and 5% of urological malignancy [1]. The management of this type of cancer is radical inguinal orchiectomy which is the gold standard for the diagnosis and initial management of a suspected testicular cancer. Trans-scrotal orchiectomy is discouraged because scrotal violation is

associated with higher rates of local recurrence and altered pathways of metastatic dissemination [2]. We report a young patient 23 years old. History: Chronic smoking, cannabis. Admitted for large bursa evolving for 14 months. The history of the disease dates back to 14 months by the gradual increase in the volume of the bursa with an alteration of the general status with a weight loss estimated at 10kgs. Clinical examination showed: right hemi-scrotum increased in volume with a hard consistency with a left testicle repressed in extreme lateral and some inflammatory lesions. Right testis was not palpable with a cord repulsed and glued to the inguinal orifice. The ultrasound of the scrotal content showed: large right testis hypervascularized with moderate anterior cloisonnae hydrocele, bilateral testicular microlithiasis. Tumor markers: Lactate Dehydrogenase (LDH) 229IU, beta-Human Chorionic Gonadotropin (beta-hCG) 29.73mUI/ml, Alpha-Foetoprotein (AFP) 400IU/ml. Patient benefited from a complete pre-operative assessment that did not object to any abnormality. Programmed for a right inguinal orchiectomy and reduction scrotoplasty (Figure 1).

An elevation of the alphafoeto proteins as in our patient where the rate is 400 IU/ml may indicate unrecognized non seminomatous germ cell elements. Some studies reported that mild elevations in AFP, however, may be seen in some benign conditions [3].

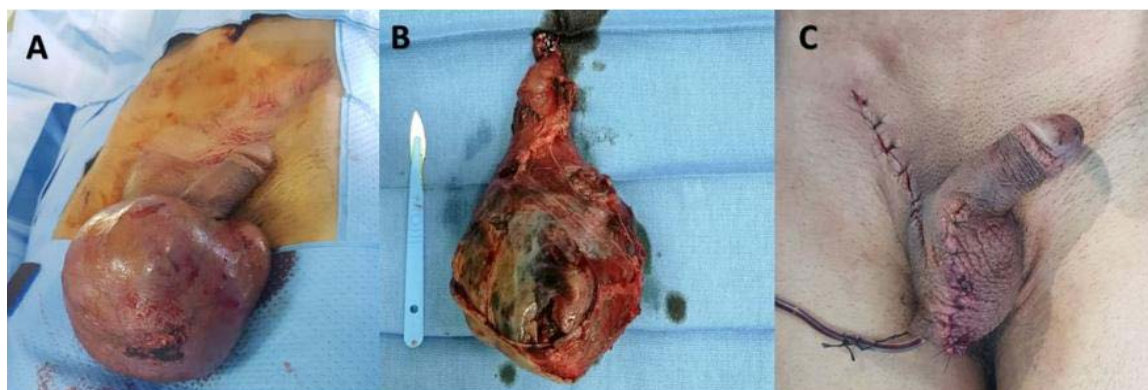


Figure 1: Illustrating of testicular cancer orchiectomy in pre and post-operative. A) Preoperative image of large right testicular mass. B) Peroperative image of the giant testicular mass. C) Appearance of scrotum after scrotoplasty.

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