



Testicular tumor, about a clinical case

Teresa Benedito Pérez de Inestrosa

Family Doctor Las Norias Health Center. El Ejido Almería. Spain

Abstract

Testicular germ cell tumors are very rare. The testicular germ tumor represents 1% of all malignant tumors in men. This entity is characterized by affecting very young people, by the totipotential capacity to differentiate that tumor cells have and by their healing possibilities; about 95% of newly diagnosed patients can be cured. Testicular ultrasound is essential for diagnosis. Orchiectomy and pathological examination of the testis are needed to confirm the diagnosis and define the local extension. A serum determination of tumor markers (AFP, HCG and LDH in case of metastatic disease) must be performed before and after orchiectomy for the purpose of staging and prognosis. The clinical case of a 37-year-old male, without toxic habits, and without a medical history of interest is presented. Go to consultation after noticing palpation a painful tumor in the right testicle, as the patient refers the pain is triggered after receiving a blow on the testicles playing football.

Exploration: Right testis shows no signs of orchitis, nodule of hard, stony consistency, adhered to deep plans. Not inguinal lymphadenopathy. Given the finding in the exploration, it is referred to a urology service where a testicular ultrasound is performed showing a 14.3mm hypoechoic nodule. In the analytical levels of Alfafetoproteína: 2.1, (normal value); Beta HCG: 1.20 (normal value). The extension study, including chest and abdomen CT, does not show metastasis.

The patient is submitted to right radical orchiectomy. The pathological diagnosis being the following: classical seminoma with intense sarcoid reaction and extension to the testicular covers, the epididymis and the proximal part of the cord. Receiving radiotherapy sessions after surgery.

Seminoma	Typical (classic)	
	Anaplastic	
Tumors Germ Nonseminomatous	Embryonic carcinoma	
	Teratoma:	Mature
		Immature
		With some differentiation
	Carcinoma	
	Tumor of the yolk sac	
Mixed germ cell tumors (specify components)		

Biography

Bachelor of Medicine and Surgery (1994-2000). University of Granada. Spain Medical specialist in Family and Community Medicine (2002-2005) Tutor of residents of Family and Community Medicine. Experience as a teacher in courses aimed at Family Physicians. Numerous articles published in national magazines. Speaker at national congresses. Advanced level of professional career. Secretary of the Spanish Society of Family and Community Medicine. Member of the diabetes group of the Spanish Society of Family and Community Medicine.

Publications

arrison Medicine 17e. Testicular cancer. Robert J. Motzer, George J. Bosl. Part 6 (92).

JiménezL, García del Muro J, Germá JR. Testicular cancer. González Barón Clinical Oncology. Iberoamerican Medical Moment; 2010; 25: 519-535.

Navarro Expósito F, Carballido Rodríguez JA, Álvarez-Mon Soto M. Testicular cancer. Medicine; 2009; 10 (27): 1807-16.

Bols GJ, Bajorin DF, Sheinfeld J, Motzer RJ, Changati RSK. Testicular cancer. In: DeVita VT, Hellman S, Rosenberg SA. Publishers Cancer: Principles and Practice of Oncology. 5th Pan American and Aran Edition ; 1999; 34: 1397-1423.

Sweet potato M, Chu F, Hilaris B, Whitmore W, Golbey R. Testicular cancer in cryptorchids. Cancer 1982; 49: 1023.

20th Annual Conference on Nephrology and Urology
Paris, France | June 29-30, 2020

Citation: Teresa Benedito Pérez de Inestrosa, *Testicular tumor, about a clinical case*, Annual Nephrology 2020, 20th Annual Conference on Nephrology and Urology, Clinical Case Reports, Paris, France | June 29-30, 2020, 2165-7920-10:09-406