EXHIBITION OF FACIAL HAIR ASSOCIATED WITH YOLK SAC TUMOUR OF THE TESTIS

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SUMMARY

In this study a 3 year old boy with yolk sac tumour of the testis was presented. His complaints were growth of facial hair and a painless swelling in the right hemiscrotum. His tumour markers and hormone levels were normal.

Key words: Testis, testicular tumour, yolk sac tumour, hirsutism, hormonal variations.

INTRODUCTION

Signs of sexual maturation and pseudo-precocious puberty can be observed in boys with testicular tumours. While these hormonal changes are most commonly seen in patients with Leydig cell tumours, other gonadal stromal tumours (Sertoli cell tumours) and embryonal carcinoma or choriocarcinoma may cause variations in hormone levels (1).

We herein present a 3 year old boy with facial hair who had yolk sac tumour of the testis.

CASE REPORT

A 3-year old boy was admitted with the complaint of hair growth on his face and painless swelling in the right hemiscrotum. He had no history of drug use. Physical examination revealed a hard, non-tender enlarged right testis. He had developed facial hair, but no other signs of sexual maturation (Fig. 1). Axillary and public hair was absent. His serum alpha-foetoprotein (AFP), beta subunit human chorionic gonadotropin (BHCG), testosteron, dihydroepiandrostenoidone, follicle stimulating hormone and luteinizing hormone levels were within normal levels.

A formal right radical orchiectomy was performed and histology revealed yolk sac tumour of the testis with no syncytotrophoblastic elements (Fig. 2). Postoperative tumour markers and androgenic hormone levels were also normal. There were no abnormalities in urinary 17-hydroxycorticosteroid and 17-ketosteroid levels. Cranium and cella graphies were also normal.

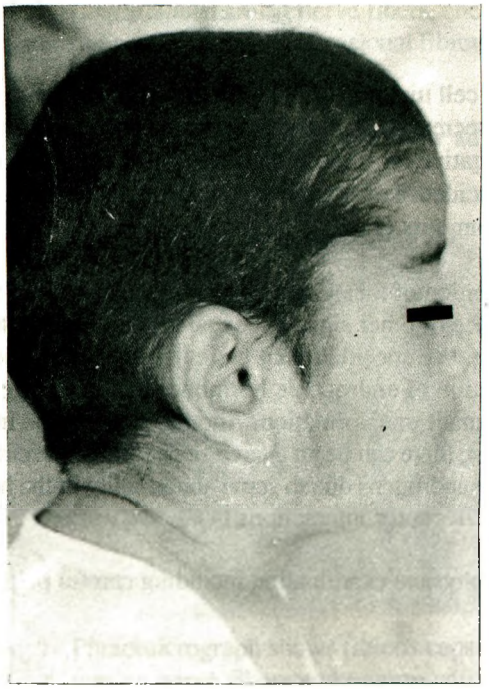

Fig. 1 : Hair growth on the face of the patient.

The patient is well with no evidence of the disease one year after the operation with no additional therapy.

DISCUSSION

Hormonal changes are expected with gonadal stromal tumours, but may also be seen in germ cell tumours (1). BHCG secreted from the tumour cells may be the explanation of androgenic effects in patients with

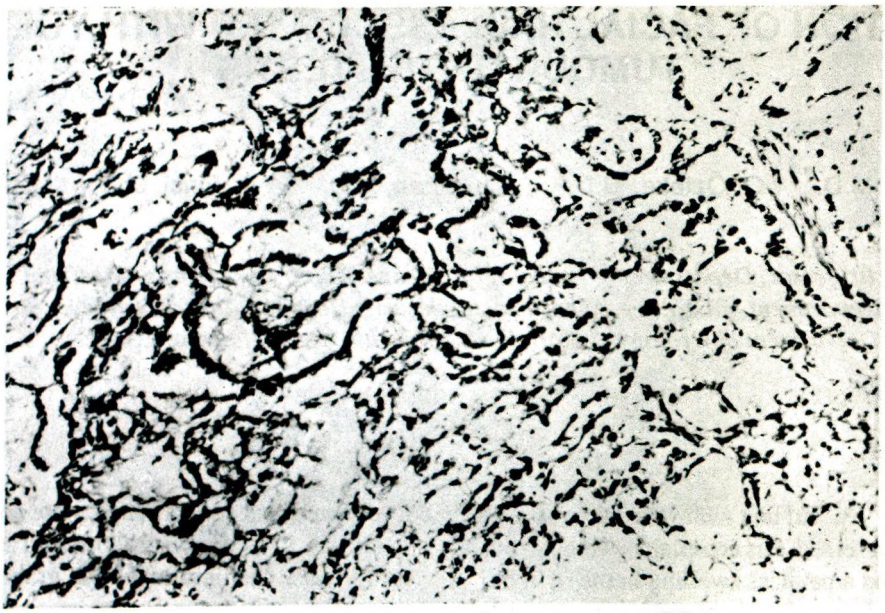

Fig. 2 : Histology revealed yolk sac tumour of the testis (HEx200).

germ cell tumours (2,3). Although yolk sac tumours may secrete AFP, in our case two measurements were negative for tumour markers. There is no data on the incidence of pseudo-precocious puberty in germ cell tumours (1).

Exhibition of facial hair in this particular case in the absence of other signs of sexual maturation is interesting. We speculate that there has been a transient elevation of androgenic hormones at some stage of malignant transformation. Another explanation may be that, there can be an altered sensitivity to the circulating androgens due to some abnormality in the hormone-receptor interactions (4).

Full physical examination including careful palpation of the testes in children presenting with incomplete forms of androgenic influence is essential.

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