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Case report / Olgu sunumu

A RARE CASE OF PRIMARY EXTRA-NODAL MIXED CELL NON-HODGKIN'S LYMPHOMA OF THE TESTIS; CASE REPORT

Testisin nadir görülen bir tümörü; Ekstranodal mikst hücreli Non-Hodgkin lenfoma. Olgu sunumu

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ABSTRACT

Primary testicular non-Hodgkin's lymphoma is an uncommon extra nodal presentation, constituting less than 1% of all non-Hodgkin's lymphoma. The disease is typically present in patient's aged sixth and seventh decade of life. Both testes involvement is equal in frequency and in approximately 6% of testicular lymphomas will have bilateral involvement.

In our case, there was non-Hodgkin's lymphoma of right testes without any central node system involvement. Primary testicular non-Hodgkin's lymphoma is an uncommon entity and with combined modalities with high inguinal orchiectomy and chemotherapy has good outcome.

Key words: Extranodal, non-Hodgkin's lymphoma, testes.

ÖZET

Ekstranodal ve primer non-Hodgkin lenfoma'nın testiste oldukça nadirdir ve %1'den daha az görülen bir durumdur. Hastalık daha çok 60 ve 70'li yaşlarda görülür. Her ijki testista e görülebileceği gibi %6 vakada her iki testiste de birlikte görülebilir.

Vakamızda, başka nodal sistemi tutmayan ve primer olarak sağ testisten kaynaklanan non-Hodgkin lenfoma vardı. Çok nadir görülen bu vakamıza önce sağ orşiektomi ve daha sonra kemoterapi yapıldı ve şifa ile taburcu edildi.

Anahtar kelimeler: Ekstranodal, non-Hodgkin lenfoma, testis.

CASE

A 52 years male patient presented in urology outpatient department with right scrotal swelling progressively increasing in size for last three months (Figure 1). Patient was initially under treatment of local medical practioner for more than one month as epididmoorchitis, on antibiotics and anti-inflammatory drugs with no improvements in symptoms, after which he was referred to this Centre. Patient did not give any h/o of trauma, fever or chills or any loss of testicular sensations. Patient had pulmonary tuberculosis 7 years back and had full course of ATT for nine months. Patient is a vegeterarian, non-alcoholic, non-smoker with normal bowel and bladder habits. Clinically patient is well built with vitals within normal limits with no systemic abnormality or any lymphadenopathy. Local examination revealed huge right testicular swelling 15x10 cms, firm in consistency with smooth surface with mild tenderness at base.

Testicular sensations were preserved. Swelling was non fluctuant and non-transilluminant. Inguinal lymph nodes were not palpable and per rectal examination was normal. Patients Hb was 11.5m% with TLC 6000/ with neutrophils 45. LFT and KFT were normal limits. U/S abdomen and scrotum revealed mixed echogenicity right testicular mass about 11x17 cms with mild reactionary fluid

around the right testes with no abnormality in abdomen or pelvis.

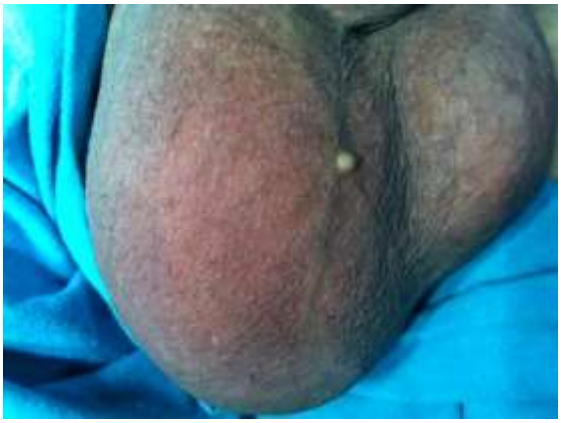

Figure 1: Scrotal swelling.

Right inguinal orchiectomy was performed under regional anaesthesia (Figure 2). Patient had uncomplicated post-operative period and histhopathological report revealed monomorphic lymphoid cells with effacement of normal architecture. Cells are round to oval with hyper chromatic nucleoli and scanty cytoplasm with no areas of necrosis, consistent with non-Hodgkin's lymphoma with mixed small and large cells (intermediate grade) with spermatic cord not involved. During hospital stay patient had contrast enhanced CT scan abdomen and pelvis which revealed no lymph node involvement or secondaries. Patient was referred to medical oncology department for chemotherapy.

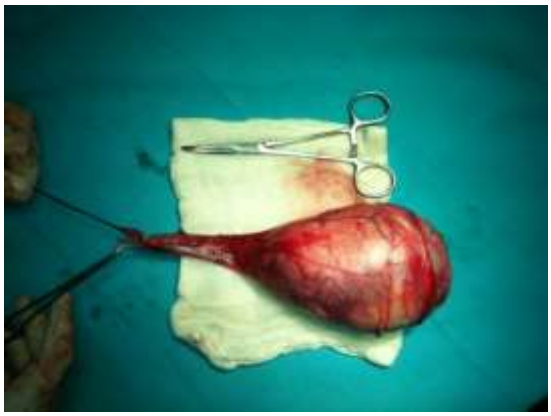

Figure 2: Orchiectomy.

DISCUSSION

Primary testicular lymphoma is predominantly disease of elderly (1,2). In this case patients age was 52 years compared to >70 yrs reported in other series (3-8). In our case report patient presented with unilateral testicular swelling which is most common presenting symptom for testicular lymphoma (4). Testicular lymphoma carries a poor prognosis as compared to non-Hodgkin's lymphoma, and may require prolonged chemotherapy (8). Treatment for testicular non-Hodgkin's lymphoma include removal of tumour in stage 1 with chemotherapy regime of cisplatin, vincristine, and cyclophostamide which our patient has been subjected to. Previously high orchiectomy used to be preferred to treat primary non-Hodgkin's lymphoma of testes but survival rate was low as 12% and most patients used to die within 2 years of systemic dissemination. There is no definitive data for use of monoclonal antibodies in such patients but survival and prognosis has improved over a period of time due to multimodality therapy (3). High rates of Central Node System (CNS) relapses in various series has led to a recommendation for role of CNS prophylaxis. With intrathecal methotrexate (6) but its role remains controversial in prophylaxis. In our case patient had lost about three months by taking antibiotics and anti-inflammatory drugs prescribed by medical practitioner which delayed the mandatory treatment.

To conclude taking into account the rarity of this disease it will be difficult to standardize the therapeutics and preventive strategies through randomized trials as in our case patient has no systemic involvement and high orchiectomy with chemotherapy is expected to have better prognosis if detected and referred to tertiary centre without delays.

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