

Case Report:

A rare case of primary extra-nodal mixed cell Non-Hodgkin's lymphoma of testis.

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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, testicular non-Hodgkin's lymphoma has a relapse site in the central nervous system which is actually a rare disease. In our case there was non-Hodgkin's lymphoma of right testis without any CNS involvement. Primary testicular non-Hodgkin's is an uncommon entity and with combined modalities with high inguinal orchiectomy and chemotherapy has good outcome.

Key words: Non-Hodgkin's lymphoma

Background:

A 52 years male patient presented in urology outpatient department with right scrotal swelling progressively increasing in size for last three months. Patient was initially under treatment of local medical practitioner for more than one month as epididymo-orchitis, 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.

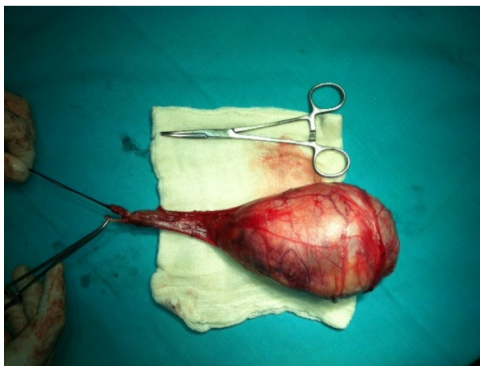
Case Report:

Patient had pulmonary tuberculosis 7 years back and had full course of ATT for nine months. Patient is a vegetarian, 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 15cmsx10cms, firm in consistency with

smooth surface with mild tenderness at base. Testicular sensations were preserved. Swelling was non fluctuant and non transilluminant¹. Inguinal lymph nodes were not palpable and per rectal examination was normal. Patient's Hb was 11.5gm% with TLC6000/ with neutrophils 45. LFT and KFT were normal limits. U/S abd and scrotum revealed mixed echogenicity right testicular mass about 11cmx17cm with mild reactionary fluid around the right testes with no abnormality in abdomen or pelvis.

Right inguinal orchiectomy was performed under regional anaesthesia. Patient had uncomplicated post-operative period and histopathological report revealed monomorphic lymphoid cells with effacement of normal architecture. Cells are round to oval with hyperchromatic nuclei and scant 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



Discussion:

Primary testicular lymphoma is predominantly disease of elderly¹. In this case patients age was 52years compared to >70yrs.reported in other series^{3,8}. In our case report patient presented with unilateral testicular swelling which is most common presenting symptom for testicular

lymphoma⁴.Testicular lymphoma carries a poor prognosis as compared to non –Hodgkin’s lymphoma⁸,and may require prolonged chemotherapy compared to non-Hodgkin’s lymphoma. Treatment fo testicular non –Hodgkin’s 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 therapy³.High rates of CNS relapses in various series has led to a recommendation for role of CNSprophylaxis. With intrathecal methotrexate⁶ 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 practitionerwhich delayed the mandatory treatment. To conclude taking into account the rarity of this disease it will be difficult to standaralize 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 .

References:

1. Freeman C,Berg JW,Cutler SJ:Occurrence and prognosis of extra nodal lymphomas. *Cancer*;1972;29:252-60.
2. Connors JM,Klimo P, Voss n.FaireyRN,Jackson .Testicular Lymphoma improved outcome with early chemotherapy.*J clin oncology* 1988;6:776-81.
3. Pingali S,GO RS, GundrumJD,WrightL,Gay G. Adult testicular lymphoma in the united states(1958-2004);analysis of 3,669 cases from the national cancer Data Base(NCDB).*J clin oncal* 2008;26:1950
4. Shahabn,Doll DC. Testicular lymphoma.*Semin oncal*.1999;26:259-69.

5. Nitsu N, Umeda M: Clinical features of testicular non-hodgkins Lymphoma: Focus on treatment Strategy. Actaoncal; 1998;37:677-80
6. Linassier C, DasablensB, Lefromcq T, LC prise pY, HarousseaujL, Jacob,etal. stage 1-11E primary non-hodgkins Lymphoma of testis; Result of a perspective trail byGoELAMS study group. CCLin lymphoma 2002;3:167-72
7. Zucca E, Conconi A, Mughal TI, Sarris AH, Seymour JF, VitoloU,etal. Patterns of outcome and prognostic factors in primary large cell Lymphoma of the Testis in a survey by the international Extranodal Lymphoma study group. J. clin oncal 2003;21:20-2.
8. Darby S, Honcock BW. Localised non-Hodgkins Lymphoma of the Testes: The Sheffield Lymphoma Group experience. Int J oncal2005;26:1093-9.

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