CASE PRESENTATION

This case highlights the uncommon physical manifestations, reviews the guidelines for screening, and makes aware the atypical physical presentation of testicular cancer.

- Patient is a 28 year old African-American male with history of nicotine dependence and cannabis use disorder.
- Symptoms:
  - Intractable neck pain with an enlarging left supraclavicular mass (ranks the pain as a “20” out of 10 at its worst)
  - Frequent night sweats
  - Increasing fatigue
- Evaluated for a notable mass 2 months ago (early July 2019) and it has continued to increase in size. Originally thought to have been benign lymphadenopathy.
- PMHx: Nicotine and cannabis use disorders
- PSHx: Denies
- Allergies: NKDA
- Meds: Denies
- FHx: Uncle diagnosed with leukemia in 30-40s and cousin diagnosed with breast cancer 20-30s.
- SooHx: ½ ppd smoker; no ETOH; frequent marijuana use (smoked)

Physical Exam:
Physical exam normal except for neck lymphatics.

- V/S = 98% RA, 98.2 F, 89, 124/75, 18
- SocHx: ½ ppd smoker; no ETOH; frequent marijuana use (smoked)

Tests:
- CBC with diff: Normal
- HIV, RPR, Quantiferon, Acute hepatitis panel – All Negative
- CMP:
  - Uric Acid: Normal
  - CMP: Beta-2 Microglobulin: 1.1 (0.6 - 2.4 mg/dL)
- HIV, RPR, Quantiferon, Acute hepatitis panel – All Negative
- CBC with diff: Normal
- LYMPHATICS: There is a fairly large left supraclavicular mass
- V/S = 98% RA, 98.2 F, 89, 124/75, 18
- SocHx: ½ ppd smoker; no ETOH; frequent marijuana use (smoked)

Imaging:
- CT Neck with Contrast: 6.5 cm mass within the supraclavicular region of the left neck concerning for malignancy, lymphoma versus metastatic disease. Adjacent lymphadenopathy. Also lymphadenopathy visualized within the upper mediastinum.
- CT Chest, Abdomen, Pelvis: Additional lymphadenopathy within the lower left side. Mediastinal lymphadenopathy. Low-density retroperitoneal lesions likely reflecting partially necrotic lymphadenopathy. Findings could reflect lymphoma or metastatic disease.

BACKGROUND

- Testicular Cancer: 1% of all solid tumors in males 15 – 35 y/o 
  - Estimated 8,850 new cases and 410 deaths during 2017 in USA 1,2,3
  - Age-adjusted annual incidence in US is 5.6 cases/100,000 persons
  - Caucasians, Hispanics, and American Indian/Alaska Natives have highest rate of testicular cancer
  - Notable risk factors:
    - Cryptorchidism – 2.9% to 6.3% of developing testicular cancer
    - Ethnicity
    - Personal and Family Hx (a father or brother with testicular cancer have a 3.8 and 8.6 times greater risk respectively)
    - Associations between testicular cancer and marijuana use, inguinal hernia, diet, maternal smoking, and body size are inconclusive
  - Average age at presentation is ≈ 30 years

SUMMARY/ CONCLUSION

USPSTF Guidelines for Testicular Cancer Screening 1,2

- Recommended against screening adolescent or adult males (Grade D)
- USPSTF performed brief literature review (in 2009) and found no new evidence that would warrant a change in its recommendation.
- Reaffirms (2011) its recommendation against screening adolescent or adult males for testicular cancer by clinician examination or patient self-examination
- Important to note that “Guidelines” are in place for the majority, but there are always exceptions
- Case Patient presented with no symptoms other than unexplained lymphadenopathy

Patient Summary
- Currently in treatment with Bleomycin, Etoposide, and Cisplatin
- Right radical orchiotomy performed
- Currently in treatment with Bleomycin, Etoposide, and Cisplatin
- Fertility services offered but patient refused at this time

LIFE LESSONS

- From an Osteopathic perspective, one should always approach patients holistically and not solely focus on an individual symptom or finding
- Expand one’s knowledge regarding unexplained solo lymphadenopathy and location
- This case’s location suggested GI, reproductive, pulmonary, thyroid/laryngeal disease or malignancy

REFERENCES

3. USPSTF performed brief literature review (in 2009) and found no new evidence that would warrant a change in its recommendation.
4. Germ Cell Tumors (GCTs) account for ≈ 95% of testicular tumors
  - 5% sex cord stromal cell tumors
  - Mixed GCTs are 1/3 of all testicular GCTs
  - Pure embryonal carcinoma accounts for ≈ 2% of GCTs but it is a histologic component of ≈ 85% of all mixed GCTs
  - Embryonal carcinoma is rare in prepubertal males
  - Poorest prognosis among all GCTs
  - Cure rate:
    - >95% for Stage I
    - 70% - 85% for bulky Stage II and Stage III

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