

considered in the differential diagnosis of cystic pelvic masses, it was not so difficult to make the correct diagnosis in our case preoperatively because of laboratory facilities was available here. If the physician lacks the high index of suspicion, the lesion may be misdiagnosed as a pelvic malignancy. Therefore, hydatid cysts should be considered in the differential diagnosis of cystic pelvic masses, especially in areas where the disease is endemic.

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Case Report

Diagnosis of Testicular Choriocarcinoma: A Case Study

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Abstract

Testicular cancer, although relatively rare, is the most common malignancy in men at the age of 15 to 35 years. Germ cell tumor (GCT) is the most common testicular tumor (90%-95%) and peak age of incidence is between 20 years to 50 years. Choriocarcinoma is very rare in male as a pure testicular tumor (<1%) but may be seen as a component of mixed GCT. These tumors characteristically secrete hCG (human chorionic gonadotrophin) into the serum, which use as an important serum tumor marker for these tumors. A 30 years old male presented to us with the complaints of hard feeling of the left testis for 6 months which was initiated with mild pain but the size of the testis was unchanged. On examination there was an indurated area (2cm X 2cm) at lower part of the left testis and epididymis felt separately. He had no history crypto-orchidism, orchitis and scrotal trauma. Ultrasonogram showed a mixed echoic mass lesion (13X10mm) at infero-medial aspect left testis with an epididymal cyst. On laboratory investigation his β -hCG and AFP level were 306 MIU/L (high) & 6.3 IU/L respectively. Contrast enhanced CT scan of the whole abdomen revealed no abnormality except enlarged lymph node (>1 CM) in right lower lung. Fine needle aspiration cytology (FNAC)

showed features of chronic orchitis. We explored his left testis because of high β -hCG through inguinal approach and suspected testicular tissue was sent for frozen section biopsy which also revealed inconclusive findings. On the basis of his high β -hCG, we performed left radical orchidectomy. Histopathology of the left testis showed features of Choriocarcinoma, epididymis and spermatic cord were normal. According to TNM classification, AJCC (American Joint Committee on Cancer) staging and international germ cell consensus prognostic classification it was T3N0M1S1, stage IIIa and intermediate prognosis group respectively. Post-orchidectomy β -hCG dropped to 7.3 MIU/ML. Now he is on systemic chemotherapy BEP (bleomycin, etoposide, cisplatin). Choriocarcinoma, though is a rare malignancy, it may affect young men in the prime of life and is the most aggressive histologic variant of germ cell tumor. But it has a good prognosis if diagnosed early and treated accurately. Serum β -hCG level plays most important role in diagnosis, in monitoring therapy and follow-up of patients with choriocarcinoma.

Key Words: β -hCG, Testicular Carcinoma, Choriocarcinoma

Introduction:

Testicular cancer, although relatively rare, is the

most common malignancy in men at the age of 15 to 35 years. Testicular cancer represents between 1% and 1.5% of male neoplasms and 5% of all urological cancer. The classification of testicular tumors is complex and controversial. Germ cell tumor (GCT) is the most common testicular tumor (90%-95%) and peak age of incidence is between 20 years to 50 years¹. Choriocarcinoma is very rare in males as a pure testicular tumor (<1%) but may be seen as a component of mixed GCT. These tumors characteristically secrete hCG (human

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chorionic gonadotrophin) into the serum, which is used as one of the serum tumor markers for this tumor. Serum tumor markers are prognostic factors and contribute to diagnosis and staging.^{2,3}

Case Report:

Our patient was 30 years old male presented to us with the complaint of hardening of the left testis for 6 months which was initiated with mild pain and size of the testis was unchanged.

On examination there was an indurated area (2cm X 2cm) at lower part of the left testis and epididymis felt separately. He had no history of cryptorchidism, orchitis, scrotal trauma.

Ultrasonogram showed a mixed echogenic mass lesion (13X10mm) at infero-medial aspect left testicular with an epididymal cyst. On laboratory investigation his beta hCG and AFP level were 306 MIU/L & 6.3 IU/L respectively. Contrast enhanced CT scan of whole abdomen revealed no abnormality except enlarged lymph node (>CM) in right lower lung.

Fine needle aspiration cytology (FNAC) showed features of chronic orchitis. We explored his left testis through inguinal approach and tissue for frozen section biopsy which also showed inconclusive findings. On the basis of his high beta-hCG we performed left orchidectomy.

Histopathology of specimen of the left testis showed features of choriocarcinoma. Epididymis and spermatic cord were normal.

According to TNM (tumor node metastases) classification, AJCC (American Joint Committee on Cancer) staging and international germ cell consensus prognostic classification it was T1N0M1S1, stage IIIa and intermediate prognosis group respectively.

Post-orchidectomy beta-hCG dropped to 7.3 MIU/ML. Now he is on systemic chemotherapy BEP (bleomycin, etoposide, cisplatin)

Discussion:

Pure testicular choriocarcinoma of testis is a very rare malignancy. Histologically the diagnosis of choriocarcinoma requires the presence of both syncytiotrophoblastic and cytotrophoblastic elements. Paradoxically, small intratesticular lesions can be associated with widespread metastatic disease, so tumor may not distort the

normal testicular size and shape. Usually of the patients present with painless enlargement of the testis. Patient may also present with symptoms related to metastatic disease.

Clinically, choriocarcinoma behave in an aggressive fashion characterized by early haematogenous spread and in term of prognosis this is the worst histologic type. Ultrasonography (USG) of the scrotum is a rapid and reliable technique to exclude hydrocele or epididymitis and should be used if there is any suspicion of testicular tumor. The sensitivity of USG to detect a testicular tumor is almost 100% and has an important role in determining whether a mass is intra or extratesticular.⁴ Magnetic resonance imaging (MRI) of the scrotum offers a sensitivity of 100% and a specificity 95%-100% but its use for diagnosis can not be justified because of its high cost.⁵ In addition, nuclear magnetic resonance (NMR) imaging and radionuclide imaging following injection of radioactively labeled antibodies to beta hCG are new techniques which offer great promise for the future.⁶

All patients with choriocarcinoma are expected to have elevated level of hCG and also 40% to 60% of patients with embryonal carcinoma. Approximately 5% to 10% of patients with pure seminoma have detectable level of hCG (usually below the level of 500 ng/ml). Radioimmunoassay techniques for hCG variously cross-react with luteinizing hormone, and, accordingly, caution should be exercised with patients whose luteinizing hormone may be physiologically elevated (e.g., after castration).

Every patient with a suspected testicular mass must undergo inguinal exploration with exteriorization of the testis with in its tunica. Immediate orchidectomy with division of the spermatic cord at internal inguinal ring has to be performed if a tumor is found. If the diagnosis is not clear, an intra-operative testicular biopsy or the completely resected tumor is taken for frozen section biopsy before orchidectomy to avoid unnecessary orchidectomy in benign tumors. In the case of disseminated disease and life-threatening metastases up-front chemotherapy can be started and orchidectomy delayed until clinical stabilization.

Staging represent the cornerstone on which testicular cancer treatment is based. To determine

the presence of metastatic or occult disease, half-life kinetics of serum tumor markers have to be assessed, the nodal pathway has to be screened and the presence of visceral metastases exclude and status of brain and bone if any suspicious symptoms are present.

Conclusions:

Choriocarcinoma, though is a rare malignancy, it affect young men in the prime of life and is the most aggressive histologic variant of germ cell tumor. But it has a good prognosis if diagnose early and treat accurately. Serum beta hCG level plays an important role in diagnosis, in monitoring therapy and follow-up of patients with choriocarcinoma.

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Case Report

Reconstruction of Angle of the Mouth by Microvascular Radial Forearm Free flap- A case report

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Abstract

The terms free flap and free tissue transfer are synonymous used to describe the movement of tissue from one site on the body to another. "Free" implies that the tissue, along with its blood supply, is detached from the original location (donor site) and then transferred to another location (recipient site). However, studies are still going on about the different aspects

Key Words: RFFF, STSG, Angle of the mouth, Allen's test

Introduction:

Microvascular free flaps have the advantage of

of its success and failure. The present case report is one such step to share our experience. In this case report successful microvascular free tissue transfer was possible. With the increase in experience we can expect increased success rate as well.

providing healthy, vascularized, nonirradiated tissue for recipient sites that may have been compromised by surgery, radiation, chemotherapy, or a combination of the three.¹ The Free Forearm

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