PRIMARY TESTICULAR LYMPHOMA [PTL]- A RARE EXTRA NODAL INVOLVEMENT OF NON-HODGKIN'S LYMPHOMA

Abstract

The study presenting a rare extra nodal involvement of non-hodgkin's lymphoma. Primary testicular lymphoma (PTL) constitutes 1-2% of Non-Hodgkin's lymphoma (NHL), 4% of extra nodal NHL and about 9% of testicular neoplasms affecting elderly men greater than 60 years of age, with a grave prognosis. A 73 year-old male patient reported with a chief complaint of painless enlargement in the right scrotal region since 6 months. The patient had a previous history of smoking and no history suggestive of cryptorchidism or any endocrine symptoms. Testis and spermatic cord shows tumor composed of diffuse sheets and discrete medium to large atypical cells with pale eosinophilic to clear cytoplasm , vesicular nuclei, prominent nucleoli, increased mitosis 10/hpf in mitotically active area and apoptotic bodies.

Keywords: Primary Testicular Lymphoma, cryptorchidism, vesicular nuclei, Non-Hodgkin's lymphoma

INTRODUCTION - Primary testicular lymphoma (PTL) constitutes 1-2% of Non-Hodgkin's lymphoma (NHL), 4% of extra nodal NHL and about 9% of testicular neoplasms affecting elderly men greater than 60 years of age, with a grave prognosis. This is a case report of patient diagnosed with Testicular primary diffuse large B cell lymphoma(DLBCL).

AIM - presenting a rare extra nodal involvement of non-hodgkin's lymphoma.

METHODS:

A 73 year-old male patient reported with a chief complaint of painless enlargement in the right scrotal region since 6 months. The patient had a previous history of smoking and no history suggestive of cryptorchidism or any endocrine symptoms. The physical examination revealed a right testicular mass measuring approximately the size of an adult's fist measuring 10*5 cm in size. No abnormality was found in the left testicle. The patient had no lymphadenopathy or hepatosplenomegaly. All the laboratory findings, including haematological, urinary and biochemical values, were in acceptable range. scrotal ultrasonography had revealed thickened right epididymis and altered parenchymal echo texture with large area of necrosis in right testes with minimal vascularity was noticed. As the testicular neoplasm was clinically suspected, the right high orchiectomy has been performed and the resected tumour was examined histopathologically..

RESULTS:

Testis and spermatic cord shows tumor composed of diffuse sheets and discrete medium to large atypical cells with pale eosinophilic to clear cytoplasm , vesicular nuclei, prominent nucleoli,increased mitosis 10/hpf in mitotically active area and apoptotic bodies. There is large area of necrosis.Tumor cells abutting and encroaching blood vessels in the periphery, the tumor is traversing in between the seminiferous tubules and is also noted within the lumen of seminiferous tubule . The tumor is diffusely infiltrating the adjacent soft tissue, spermatic cord and there are a few interspread lymphocytes and plasma cells

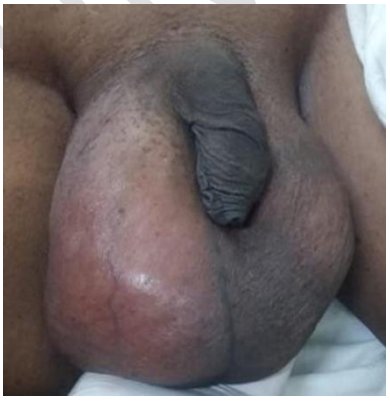

fig1: Right testicular mass

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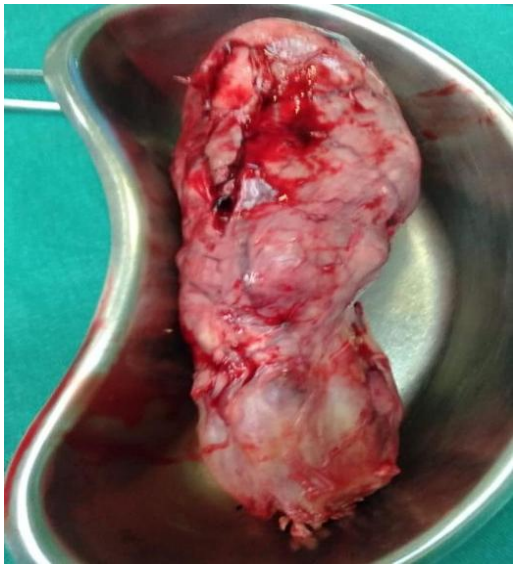

fig 2: Right high orchidectomy specimen

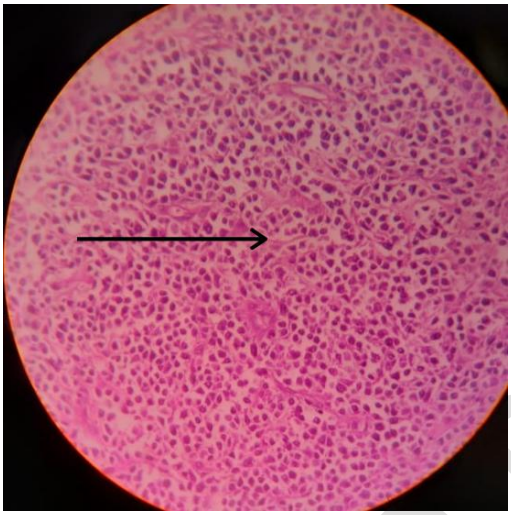

fig 3 : Atypical cells with pale eosinophilic to clear cytoplasm

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DISCUSSION AND CONCLUSION:

The prognosis for testicular DLBCL generally poor, since disseminated disease is usually evident within the first two years following the diagnosis. Advanced-stage disease is usually managed with doxorubicin- based chemotherapy. For early-stage disease, opinion is divided regarding systemic chemotherapy following orchidectomy. The cyclophosphamide, doxorubicin, vincristine and prednisone (CHOP) regimen has been the mainstay of therapy for several decades. More recently, the addition of the anti-CD20 monoclonal antibody rituximab to the CHOP regimen (R-CHOP) has led to a marked improvement in progression-free and overall survival.The high incidence of spreading, especially to the CNS, leads to advocacy of the use of CNS prophylaxis with intrathecal chemotherapy. Our patient was refered to oncologydepartment for Chemotherapy

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