

Acute Presentation of Testicular Tumours

Zahid Niazi,* M.B.,B.S.,
Brendan Mooney,** M.Ch.,
F.R.C.S.,
and
Seamus O. Domhnaill,***
M.Ch., F.R.C.S., F.R.C.S.I.,
Regional hospital, Limerick, Eire.

Introduction

Testicular tumours rarely present acutely. We describe two cases which presented with painful inguinoscrotal swellings within three weeks of each other. Both were found to have testicular tumours.

Case Reports

Case 1. C.H. A 38 year old man presented on the 27.8.86 with a painful left inguinoscrotal swelling which had been present for 24 hours. This was associated with vomiting. A left inguinal herniorrhaphy had been performed in the past. On examination he had a tense tender left inguinoscrotal swelling which was irreducible.

Exploration revealed a huge locally invasive testicular neoplasm involving the scrotum and spermatic cord. Orchidectomy was performed. Histology revealed a well differentiated seminoma with a few small foci of moderately well differentiated teratomatous tissue. The testis was extensively necrosed.

Chest X-ray revealed lung metastases. Post-operatively he received chemotherapy.

Case 2. M.M. A 42 year old man presented on the 13.9.86 with a painful right groin swelling present for 2 days. He gave a history of a reducible swelling for 1 year. On examination he had a tense, tender right inguinoscrotal swelling which was irreducible.

On exploration he was found to have a hydrocoele, a tumour of the right testis and a small hernial sac. A right orchidectomy and herniorrhaphy were performed. Histology revealed a haemorrhagic partly infarcted well differentiated seminoma. Post-operatively he received a course of radiotherapy.

* Senior House Officer,

** Consultant Surgeon,

*** Consultant Surgeon, Regional Hospital, Dooradoyle, Limerick, Eire.

Discussion

The prognosis for testicular tumours has improved dramatically in the past decade. Inguinal orchidectomy is combined with radiotherapy and chemotherapy where indicated.

Both patients presented acutely with features suggestive of an irreducible inguinal hernia and were managed accordingly.

At operation, haemorrhagic/necrotic testicular tumours were found. This was confirmed on histopathology and was in keeping with the clinical presentation.

While ignorance of testicular cancer in the male population prevails, late presentation will continue to be a feature and despite improved treatment, prognosis must remain poor in these patients.

References

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