A rare cause of inguinal mass

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CASE REPORT

A 42-year-old-man presented with one year history of abdominal pain and inguinal masses. The physical examination was notable for bilateral inguinal masses, the right one was an ulcero-vegetative tumor (Figure 1A) measuring 150 mm at its largest dimension, and vacuity of the right scrotum. Computed tomography of the abdomen, pelvis, and thorax showed a large mass involving under the right kidney, measuring 270 × 180 mm extended to the right inguinal region with bilateral inguinal adenopathy. The biopsy of the right inguinal mass was performed. The histologic analysis showed a testicular seminoma. Alpha fetoprotein and human chorionic gonadotrophin levels were negative. Lactate dehydrogenase level of 1759 units per liter (reference range, 140–280 units per liter). The patient received chemotherapy (cisplatin, etoposide, bleomycin) with good clinical response (Figure 1B). Computed tomography showed more than 90% regression of the mass. Lactate dehydrogenase level after chemotherapy was normal. The patient was lost to follow-up.

DISCUSSION

Cryptorchidism is the absence of one or both testes from the scrotum [1]. It is the most common birth defect of the male genitalia [2]. Lip et al. used meta-analysis to identify 12 series, they conclude that the relative risk of having cryptorchidism and subsequent testicular malignancy is 2.9 [3]. Surgical treatment is mandatory, with resection of intra-abdominal mass and chemotherapy may be an alternative, depending on the stage [4].

CONCLUSION

Early diagnosis and treatment of cryptorchidism is very important to avoid the risk of developing germ cell tumors. Our case had a good response after chemotherapy.

Keywords: Chemotherapy, Cryptorchidism, Testicular seminoma

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Conflict of Interest

Authors declare no conflict of interest.

Data Availability

All relevant data are within the paper and its Supporting Information files.

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