Case Report:

A rare case of primary extra-nodal mixed cell Non-Hodgkin’s lymphoma of testis.

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Abstract:
Primary testicular non-Hodgkin’s lymphoma is an uncommon extra nodal presentation, constituting less than 1% of all non –Hodgkin’s lymphoma. The disease is typically present in patient’s aged sixth and seventh decade of life. Both testes involvement is equal in frequency and in approximately 6% of testicular lymphomas will have bilateral involvement, testicular non –Hodgkin’s lymphoma has a relapse site in the central nervous system which is actually a rare disease. In our case there was non-Hodgkin’s lymphoma of right testis without any CNS involvement. Primary testicular non –Hodgkin’s is an uncommon entity and with combined modalities with high inguinal orchietomy and chemotherapy has good outcome.

Key words: Non-Hodgkin’s lymphoma

Background:
A 52 years male patient presented in urology outpatient department with right scrotal swelling progressively increasing in size for last three months. Patient was initially under treatment of local medical practioner for more than one month as epididmoorchitis., on antibiotics and anti-inflammatory drugs with no improvements in symptoms, after which he was referred to this Centre. Patient did not give any h/o of trauma, fever or chills or any loss of testicular sensations.

Case Report:
Patient had pulmonary tuberculosis 7 years back and had full course of ATT for nine months. Patient is a vegeterian,non-alcoholic non-smoker with normal bowel and bladder habbits.Clinically patient is well built with vitals within normal limits with no systemic abnormality or any lymphadenopathy. Local examination revealed huge right testicular swelling 15cmsx10cms,firm in consistency with smooth surface with mild tenderness at base. Testicular sensations were preserved. Swelling was non fluctuant and non trasillumenant 1 .Ingunal lymph nodes were not palpable and per rectal examination was normal. Patients Hb was 11.5gm% with TLC6000/ with neutrophils 45. LFT and KFT were normal limits. U/S abd and scrotum revealed mixed echogenicity right testicular massabout 11cmx17cmswith mild reactionary fluid aroundthe right testes with no abnormality in abdomen or pelvis. Right inguinal orchietomy was performed under regional anaesthesia. Patient had uncomplicated post-operative period and histopathological report revealed monomorphic lymphoid cells with effacement of normal architecture. Cellsare round to oval with hyper chromaticnucleoliand scantytoplasm with no areas of necrosis ,consistent with non –Hodgkin’s lymphoma with mixed small and large cells(intermediate
grade) with spermatic cord not involved. During hospital stay patient had contrast enhanced CT scan abdomen and pelvis which revealed no lymph node involvement or secondaries. Patient was referred to medical oncology department for chemotherapy.

Discussion:
Primary testicular lymphoma is predominantly disease of elderly\(^1\). In this case patient's age was 52 years compared to >70 yrs. reported in other series\(^3,8\). In our case report patient presented with unilateral testicular swelling which is most common presenting symptom for testicular lymphoma\(^4\). Testicular lymphoma carries a poor prognosis as compared to non–Hodgkin’s lymphoma\(^8\), and may require prolonged chemotherapy compared to non-Hodgkin’s lymphoma. Treatment for testicular non–Hodgkin’s include removal of tumour in stage 1 with chemotherapy regime of cisplatin, vincristine, and cyclophosphamide which our patient has been subjected to. Previously high orchiectomy used to be preferred to treat primary non-Hodgkin’s lymphoma of testes but survival rate was low as 12% and most patients used to die within 2 years of systemic dissemination. There is no definitive data for use of monoclonal antibodies in such patients but survival and prognosis has improved over a period of time due to multimodality therapy\(^3\). High rates of CNS relapses in various series has led to a recommendation for role of CNS prophylaxis. With intrathecal methotrexate\(^6\) but its role remains controversial in prophylaxis. In our case patient had lost about three months by taking antibiotics and anti-inflammatory drugs prescribed by medical practitioner which delayed the mandatory treatment. To conclude taking into account the rarity of this disease it will be difficult to standardize the therapeutics and preventive strategies through randomized trials as in our case patient has no systemic involvement and high orchiectomy with chemotherapy is expected to have better prognosis if detected and referred to tertiary centre without delays.

References:

