Testicular Lymphoma Presenting As Epididymo-Orchitis - A Rare Case Report

Authors
Dr. Patel Bhavin¹, Dr. Rao Naresh², Dr. Kumar Santosh³, Dr. Bapat SS⁴

¹Postgraduate, Urology resident, Department of Urology, Ratna Hospital, Pune, India
²Professor of Urology, Department of Urology, Ratna, Hospital, Pune, India
³Postgraduate Urology resident, Department of Urology, Ratna, Hospital, Pune, India
⁴Professor of Urology, Department of Urology, Ratna, Hospital, Pune, India

Corresponding Author
Dr. Patel Bhavin
301, K. K. Apartment, New Maneklal Estate,
Ghatkopar west, Mumbai-400086. India
Email: drbhavin.patel@yahoo.in

ABSTRACT
Introduction - Testis is very rare extra nodal site for lymphoma. Usually testicular lymphoma presents as a painless scrotal swelling.

Material and Method - We present a case of 60 year old patient presenting as epididymo-orchitis.

Discussion – Testicular lymphoma represents only 1% of all lymphomas. It is unusual presentation of primary testicular lymphoma which is rarely reported.

Conclusion – Such unusual case reports would greatly contribute towards understanding the disease as a whole.

Keywords - Testicular Lymphoma, Epididymo-Orchitis.

INTRODUCTION
Primary testicular lymphoma (PTL) accounts for about 1% of all lymphomas and 9% of testicular tumors. It is most common testicular malignancy in men aged > 60 years.¹,² Extra nodal PTL is a lethal disease, second only to primary brain lymphomas. Median survival is 12 – 24 months.

CASE REPORT
We present a case of 60 year old male patient presenting with painful left testicular swelling since 5 days. Patient had associated fever with chills since last 2 days. On examination there was tender left testicular swelling which was firm in consistency. On lifting the testis pain reduced. On
clinical grounds left epididymo-orchitis was diagnosed and patient was started on conservative treatment. However over next 4 days patient did not responded to medical management and hence was subjected to ultrasound Doppler of scrotum. It revealed left testicular mass around 6x6x3cm with increased vascularity. Patient then underwent left inguinal orchidectomy. Histopathology of testicular mass revealed lymphoma (Non Hodgkin’s – diffuse variety) [Figure 1]

Postsurgery patient was subjected to CT scan of neck, thorax and abdomen and staging bone marrow biopsy. All investigations were normal. Patient was then subjected to doxorubicin based chemotherapy (6 cycles). Patient tolerated chemotherapy well.

DISCUSSION

Primary testicular lymphoma is a very rare tumor. It represents 1-2% of all lymphomas. Most commonly lymphomas involves testis through dissemination from extra testicular sites. Non Hodgkin’s lymphoma is the most common variety (diffuse). This tumor usually presents as painless testicular mass. Approximately 25% men have systemic symptoms (fever/ night/ sweats/ weight loss). The initial treatment is radical orchidectomy. Patients are then to be screened for systemic involvement. Most cases are associated system disease and overall prognosis is poor. Because of low incidences of disease and absence of prospective studies, most appropriate therapy for PTL remains controversial. Recently combined modality treatment with systemic chemotherapy, prophylactic intrathecal chemotherapy and scrotal radiotherapy has been recommended.

Our patient presented as epididymo-orchitis which is rarely reported. Postorchidectomy he underwent chemotherapy.

CONCLUSION

Primary testicular lymphoma is rare disease. Very few prospective studies has been done in this field. Our case is rare in sense that patient presented as epididymo-orchitis. The author would like to stress the importance of identifying unusual presentation of disease and further studies in this field so as to contribute on larger scale. Such unusual case reports would greatly contribute towards understanding the disease as a whole.

ACKNOWLEDGMENT

Author would like to thank Department of Urology, Ratna Hospital, Pune, India
REFERENCES


