

Case Report

LOWER BACK PAIN - UNUSUAL MANIFESTATION OF TESTICULAR MALIGNANCYDr.Ravindra B.N¹, Dr.Anushree²Assistant professor¹, Senior resident², department of radiology, MIMS Mandya, Karnataka. India.**Corresponding Author: Dr.Ravindra B.N****Abstract:**

Testicular germ cell tumors are one of the common types of malignancy seen in young age group. It usually presents as painless swelling. In many instances patients present late and the diagnosis is made due to manifestations caused by metastatic disease. Lower back pain due to metastatic disease is one of the uncommon presentations of testicular malignancies but must be kept in mind particularly in young males. An early diagnosis of testicular malignancy is essential as delayed diagnosis is associated with the risk of presenting with metastatic disease which is associated with uniformly poor prognosis.

Keywords: - Testicular Germ Cell Tumors, Imaging, Computerized tomography, lymphadenopathy.

INTRODUCTION:

Testicular germ cell tumors are the most common malignancy among young men. These are highly chemo-sensitive tumors with high cure rates. More than 95% of patients with testicular cancer present with a painless testicular mass.¹

CASE REPORT:

An eighteen-year-old boy presented with constant progressive lower back pain for 3 months which has aggravated for 1 week. There was a history of 6 kg weight loss over past 3 months. General examination of the patient revealed pallor. There was a 5x4cm lymph node over the Left anterior lower cervical group. Tinea corporis over anterior aspect of both legs was also seen. Neurological examination of the patient revealed Weakness in hip flexors and adductors along with brisk knee and ankle jerk bilateral plantar flexor with normal sensations. Patient was negative for HIV. Chest X-ray revealed multiple coin lesions in bilateral lung fields. CT thorax and abdomen revealed multiple metastasis in lung with pre aortic,

paraaortic area and renal hilar lymphadenopathy. MRI Spine was normal. FNAC of cervical lymph node revealed metastatic seminoma. Scrotal examination was found to be normal, however USG scrotum showed well defined heterogenous lesion with areas of calcification in right testis.

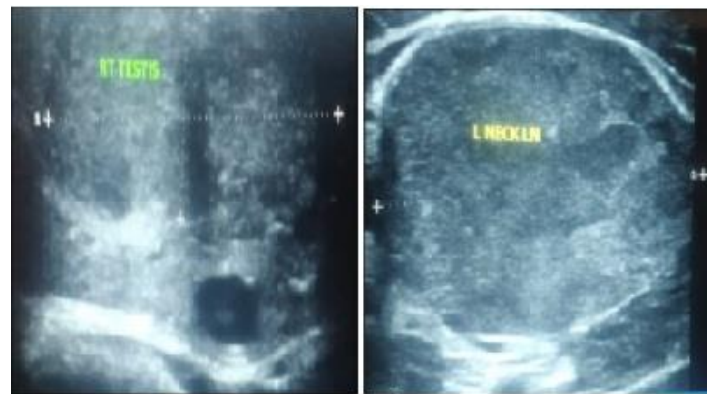


Figure 1: Ultrasound examination of testis showed heterogenous lesion with areas of calcification in right testis (Left), Enlarged cervical Lymph nodes also seen on ultrasound (Right).

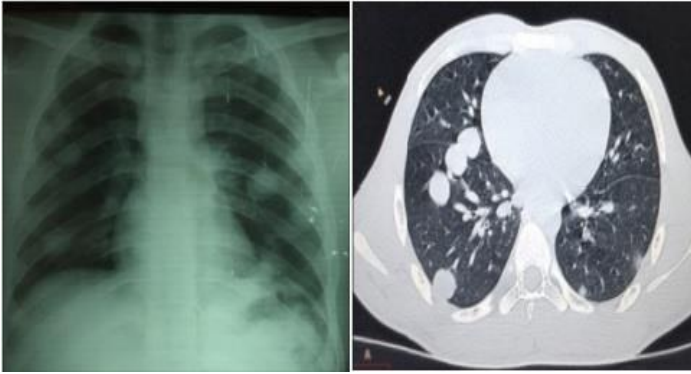


Figure 2: Multiple Coin Like lesion on X-Rays (Left) and Resolution Computed Tomography (Right).

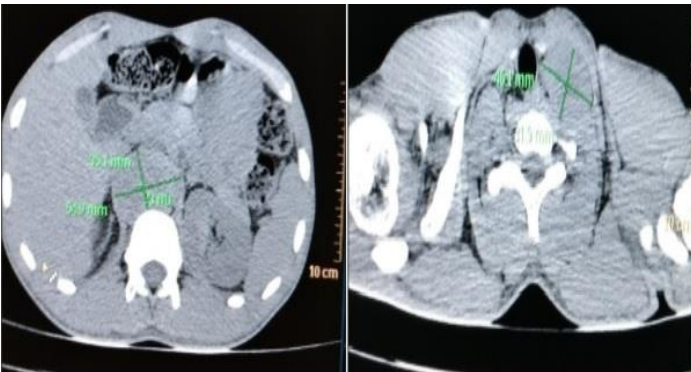


Figure 3: - Enlarged para-aortic lymph node displacing Aorta (Left) and enlarged cervical lymph node (Right) as seen on Computerized tomography.

DISCUSSION:

Testicular germ cell tumors are the most frequent cause of malignancy in young males². Clinical features include painless scrotal swelling and symptoms of secondary metastasis.³ Retroperitoneal lymph nodes metastasis is common and many patients first present with abdominal pain due to retroperitoneal lymphadenopathy.³ In many instances non-specific symptomatology may cause delay in seeking medical care which may lead to metastatic spread of the disease by the time of presentation, thus affecting prognosis.⁴ A careful physical examination with high index of suspicion is of prime importance in pointing towards

the correct diagnosis. Radiological features such as multiple lung nodules giving cannon ball appearance indicates disseminated malignancy to the lungs and is associated with poor prognosis.^{5,6} Scrotal ultrasound is highly sensitive for detecting testicular masses and is the imaging of choice for confirming the presence of testicular tumors.⁷ Blood concentrations of tumor markers including alpha fetoprotein and beta-human chorionic gonadotropin are often elevated.^{8,9} They are chemosensitive tumors respond well to platinum based drugs.¹⁰

CONCLUSION

Lower back pain in young boys with red flag signs should be cautiously screened for possibility of testicular malignancy as it is very sensitive to chemotherapy and 5 year survival is 95% if the diagnosis is made early. Delay in the diagnosis may cause distant metastasis and adversely affect the outcome.

Conflict of Interest: none

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