

## Case Report

## Testicular Tumor Presenting as Scrotal Abscess

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## ABSTRACT

We present a case of an 18-year-old male with a scrotal swelling which initially appeared to be a ruptured scrotal abscess but rapidly grew into a fungating mass after initial exploration. Investigations revealed Embryonal Carcinoma of testis with paraaortic and inguinal lymph nodal involvement. High inguinal orchidectomy and local excision of scrotum was followed by chemotherapy. Later the patient made complete recovery. Involvement of skin in case of testicular cancer is rare.

**Keywords:** Scrotal abscess; Testicular tumor; Scrotal skin.

## INTRODUCTION

Testicular tumours classically present in previously healthy male in third or fourth decade of life as a painless and hard testicular swelling. Presentation depends on the stage and the presence of metastasis at the time of referral.

This paper describes an unusual case of an aggressive testicular cancer involving the scrotal skin mimicking as a ruptured scrotal abscess at presentation which responded well to treatment.

## CASE HISTORY

18-year-old male came to emergency with complaint of a painless swelling on the left side of scrotum for one month which ruptured spontaneously two days ago and had discharge coming out of it then.

Patient had no history of weight loss, anorexia, fever and burning micturition. His vitals were stable. The skin over the left scrotum was indurated and a sinus tract was seen extending to the left testis. Inguinal lymph nodes were enlarged on left side. An initial diagnosis of scrotal abscess was made.

It was decided to explore the abscess under anaesthesia and drain any pus loculi. But no pus like discharge instead, dirty grey coloured debris was seen at the base which seemed to arise from the upper pole of the left testicle. The sinus was thus enlarged into a cavity which was cleaned and packed to allow secondary healing. The debris on the floor of the lesion was sent for pus culture and histopathology.

Patient was put on broad-spectrum antibiotics. Daily dressings were done. Exuberant granulation tissue was seen in the cavity after

a couple of days. But over the next five days what looked like granulation tissue grew into a 5 x 5 x 4 cm fungating mass which was firmly adherent to left testes and involved the scrotal skin.

Later histopathology report was received and it suggested Embryonal cell carcinoma. CT-scan of chest and abdomen and tumour markers were ordered. CT-scan chest was normal. CT-scan of abdomen had sub-centimetric paraaortic and inguinal lymph nodes on the left side.

Alpha fetoprotein was 1097 ng/ml while Beta hCG was 79.97 mIU/ml. A wide excision of scrotum and high inguinal orchidectomy were done and specimen sent for histopathology. Embryonal cell carcinoma was confirmed in the report. The skin margins and the cord were clear of tumour cells. The patient was subsequently referred to oncology department for chemotherapy where he received three cycles of BEP (Bleomycin, Etoposide and Cisplatin). The patient had an excellent response to treatment. The scrotal skin healed well. Repeat CT-scan done showed regression of enlarged lymph nodes. Patient decided to be on regular follow up. All tumour markers were normal on follow up tests.

## DISCUSSION

It is well known that surgical trauma can excite an inflammatory response which in turn can promote tumour cell proliferation.<sup>1</sup> In our case aggressive growth in tumour was seen after initial exploration was done which raised suspicion of malignancy.

Tough layer tunica albuginea around the testes prevents involvement of scrotal skin by testicular tumours. Scrotal skin involvement is thus rare in testicular tumours.<sup>2</sup>

Cases of scrotal skin involvement secondary to testicular tumour infiltration have been reported previously as well. A fungating scrotal mass was reported in patients secondary to teratocarcinoma and yolk sac tumour by Nabi<sup>3</sup> and Yadav<sup>4</sup> respectively. While Reggio<sup>5</sup> reported scrotal gangrene in a schizophrenic patient with embryonal carcinoma.

Germ cell tumours generally respond well to treatment. In our case and in cases previously reported the patients made complete recovery after local excision and systemic chemotherapy despite the fact that the disease presented at an advanced stage.

## CONCLUSION

The surgeon must think about malignancy when dealing with a scrotal swelling or any testicular mass. Germ cell tumours generally respond well to treatment.

## CONFLICTS OF INTEREST

None.

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