

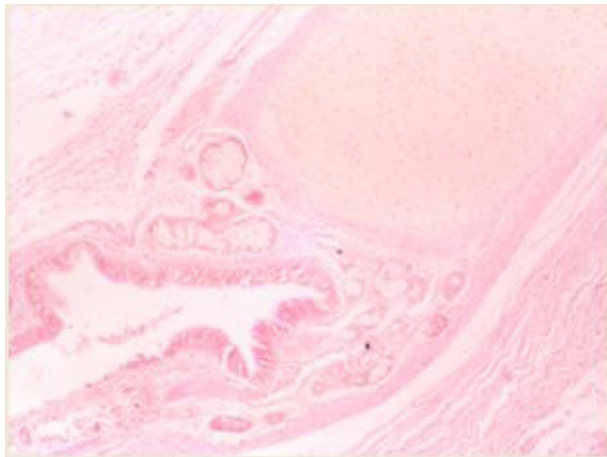
LETTER TO EDITOR (VIEWERS CHOICE)

TESTICULAR TERATOMA IN AN INFANT

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Key words: Scrotal swelling, teratoma of testis, benign testicular tumour, childhood.

One year old boy presented with a history of painless swelling of the left side of scrotum of 4 months duration. On examination, there was no pallor, lymphadenopathy or icterus. Per abdominal examination revealed soft abdomen with no organomegaly or mass. Local examination showed a left sided oval non tender, non-translucent scrotal swelling of 5 x 4cm in size and firm in consistency. Left testis could not be felt separately. Right testis was felt in the scrotum and was normal. Blood alpha-fetoprotein and beta human chorionic gonadotrophin levels were normal. Ultrasound abdomen was normal. Ultrasonography of the swelling showed multiseptate swelling containing thick fluid and the left testis was compressed at the bottom of the swelling. Fine needle aspiration cytology showed fluid with few lymphocytes. Exploration of the swelling through inguinal incision revealed a firm swelling with hard consistency at some places, arising from the left testis. Left testis could not be identified separately. A high inguinal orchiectomy was done. Histopathological examination of the swelling was reported as benign teratoma of the testis (Fig.1). Child recovered well and was discharged.



Inguino-scrotal swellings in children are fairly common with many causes varying from hernia, hydrocele to testicular tumors. Testicular neoplasms in infants and children are rare, representing 1% of all paediatric solid tumors and 3% of testicular tumors. (1) The reported incidence of testicular tumor in children ranges from 0.5-2.0 cases per 100,000 boys as against 5.4 cases per 100,000 men. (2) Childhood testicular tumors are more likely to be benign and have lower incidence of metastasis (2) and are the second most common testicular tumour in children after yolk sac tumor. (3) The reported high prevalence rates of the prepubertal yolk sac tumor probably results from a reporting bias, since benign tumors are less likely to be submitted to the tumor registries. (4) Pure

testicular teratomas in prepubertal boys have not been reported to metastasize, whereas testicular teratomas in adults are associated with clinical metastasis in 60% cases. (5) Inguinal orchiectomy has traditionally been the gold standard of treatment for testicular tumors in childhood. According to recent reports, testis preserving surgery has become a serious option in the treatment of benign testicular tumours. (6) Testis preserving surgery should be reserved for testicular tumor proved to be benign by normal level of serum alpha-fetoprotein and frozen biopsy report. In our case orchiectomy was performed as the testis could not be identified separately.

Thus, testicular teratoma should be considered in any child with painless inguino-scrotal swelling.

REFERENCES

1. Shukla AR, Woodard C, Carr MC, Huff DS, Canning DA, Zderic SA, et al. Experience with testis-sparing surgery for testicular teratoma. *J Urol* 2004; 171: 161-163
2. Walsh C, Rushton HG. Diagnosis and management of teratoma and epidermoid cysts. *Urol Clin North Am.* 2000; 27: 509-518
3. Ross JH, Rybicki L, Kay R. Clinical behavior and a contemporary management algorithm for prepubertal testis tumors: a summary of the Prepubertal Testis Tumor Registry. *J Urol* 2002; 168: 1675-1678
4. Pohl HG, Shukla AR, Metcalf PD, Cilento BG, Retik AB, Bagli DJ, et al. Prepubertal testicular tumor: Actual prevalence rate of histological types. *J Urol* 2004; 172: 2370-2372
5. Carver BS, Ahmadie HA, Sheinfeld J. Adult and Paediatric testicular teratoma. *Urol Clin North Am.* 2007; 34: 245-251. abstract x
6. Agarwal PK, Palmer JS. Testicular and paratesticular neoplasms in prepubertal males. *J Urol* 2006; 176: 875-881.

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