INCIDENTAL FINDING OF TESTICULAR SEMINOMA AFTER RADICAL NECK DISSECTION FOR THYROID CARCINOMA IN A HEART TRANSPLANT PATIENT

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Introduction: Testicular classic seminoma account for 30% of all germ cell tumors. Peak incidence is seen between the fourth and fifth decade. Metastasis to neck is an infrequent manifestation, although there is vast evidence in the literature. However, seminoma account for only one third of the reported cases. In addition, a literature review revealed only one case with cervical nodes as the initial presentation for testicular seminoma. Nevertheless, to our knowledge this is the first case reported that testicular seminoma presented as an undescended testis and also with thyroid papillary microcarcinoma.

Case description: A 37 year old Puerto Rican man with a medical history significant for thyroid carcinoma with multiple neck nodes. After undergoing thyroidectomy with radical neck lymphadenectomy, final pathology revealed papillary microcarcinoma with 9/56 nodes positive for metastatic classic seminoma. After this pathology, patient consulted to our service. His past medical history is remarkable for congenital hypertrophic cardiomyopathy with heart transplant and currently on immunosuprresive medication. Furthermore, he underwent left orchiopexy with right inguinal exploration 30 years ago. Physical examination was remarkable for empty right hemiscrotum without palpable right testicle. Tumor markers including alphafeto protein, B-HCG, and LDH were all within normal limit. Scrotal sonogram of left testicle was unremarkable. However, abdominal CT scan revealed an ovoid mass in the right pelvic fossa suggestive of right intraabdominal testicle. Furthermore, CT scan also with evidence of liver metastasis. After discussing case with Oncology Department, decision made to give chemotherapy for metastatic classic seminoma prior to right orchiectomy.

Discussion: This case illustrates the potential benefit of an adequate history and physical exam prior to any surgical intervention. Furthermore this finding reinforces the need to include testicular metastatic disease in the differential diagnosis of neck masses, moreover in the setting of a patient with history of undescended testis. These patients should undergo further imaging or diagnostic abdominal laparoscopy.