

Seminoma in undescended testes presenting with acute renal failure

Sir,

A 17-year-old boy was admitted with a high grade fever for 2 days along with alteration in sensorium and decrease in urine volume. The fever was high grade, associated with chill and rigor. He had a huge swelling in the lower part of the abdomen, which according to his parents had been progressing over last 6 months. On examination, the patient was unconscious, febrile with a pulse rate of 110/min. Respiratory rate 26/min with acidotic pattern. There was no pallor or lymphadenopathy. Chest examination revealed bilateral coarse crepitations. Abdomen examination revealed single testes in the scrotum on the left side, a huge mass in the lower part of abdomen, firm in consistency, not fixed to overlying skin, with a side-to-side mobility. There was no pulsation or audible bruit. Cardiovascular system was normal. Routine blood report revealed hemoglobin 11.8 mg/dl, total leucocyte count 17,000/cu mm with polymorphonuclear leukocytosis, urea 234 mg/dl, creatinine 8 mg/dl. Urine showed plenty of pus cells. Patient was treated conservatively with intravenous (IV) antibiotics and IV fluids. The patient was put on dialysis and regained consciousness after 2 days. Ultrasonography showed a huge retroperitoneal mass with bilateral hydroureteronephrosis. No lymphadenopathy could be documented. Right scrotal sac was empty with a normal left testis. A non-contrast computed tomography scan revealed ovoid well-defined, soft-tissue attenuation mass, measuring about 101 mm × 127 mm in the midline of the lower abdomen, with absent right spermatic cord

[Figure 1]. The impression was, testicular carcinoma arising from the right intraabdominal undescended testis. At the end of 1st week, there was an improvement of clinical condition with normalization of total leucocyte count and his serum urea and creatinine values came down to 43 mg/dl and 1.6 mg/dl respectively. After stabilization of patient's condition, the patient underwent orchidectomy followed by radiotherapy. Histopathologically, the mass was confirmed as seminoma.

Seminoma affects young men typically between the ages of 30 and 55 years and accounts for approximately 50% of testicular germ cell tumors. The cure rates is very high due to its extreme sensitivity to chemotherapy and radiotherapy.^[1] The prognosis of pure seminoma is excellent.^[2] Majority of undescended testes are located distal to the external inguinal ring and they are palpable. Non-palpable undescended testes are generally located in the inguinal canal, but a very few of them are located



Figure 1: Non contrast computed tomography scan of abdomen showing large pelvic mass (marked)

intra-abdominally.^[3] About 66% of undescended testes are located distally to the external inguinal ring, 16% in the inguinal canal, 10% are intraabdominal and 3% are surgically absent.^[4] As seminoma of testes is common between 30 and 55 years of age with pure seminoma being rare, here we are presenting a case of pure seminoma testes admitted with urinary tract obstruction leading to urinary stasis and urosepsis leading to acute renal failure.

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Quick Response Code:	Website: www.indianjnephrol.org
	DOI: 10.4103/0971-4065.132029