

Pure Yolk Sac Tumor of the Testis With Scrotal Invasion in an Adult Male

Jas Singh 

Department of Urology, Division of Surgery, The University of Texas MD Anderson Cancer Center, Houston, United States

Pure yolk sac tumor (YST) is most commonly seen in infants and young children, accounting for 80% of all germ cell tumors in this age group[1]. Pure YST is rare in adults, constituting up to 2.4% of tumors, and is associated with a less favorable prognosis in adults than in children[2-3]. Here, we describe a rare case of pure YST of the testis in an adult with scrotal invasion.

A 62-year-old male presented with a 3-month history of an enlarging scrotal mass. On examination, the patient was found to have a 10 cm to 12cm fungating and necrotic mass with superficial bleeding, ulceration, and breakdown of the overlying skin (Figure 1). Only the left testicle was palpable. Bilateral inguinal lymphadenopathy with mobile, firm, rubbery lymph nodes was noted. Given the lymphatic drainage networks of the scrotum, these may represent reactive adenopathy from infection or regional metastases[4].

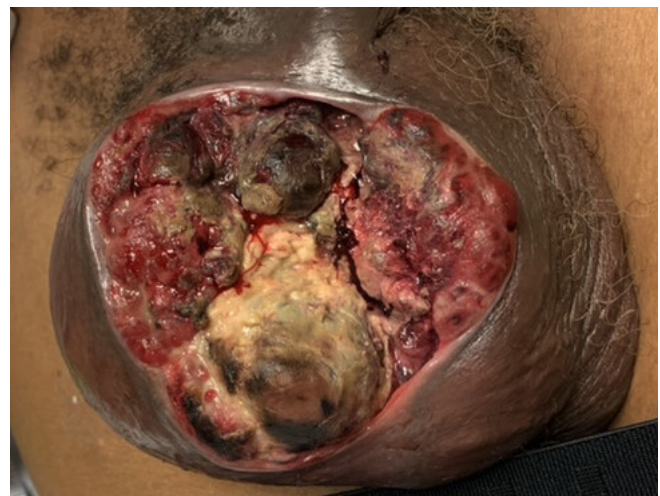
Serum tumor markers included AFP 17 418 ng/mL, β -hCG <0.06 IU/L, LDH 234 U/L. Contrast-CT was negative for lymphadenopathy of the chest, abdomen, and pelvis. No abdominal and pelvic visceral metastases were visualized. In the scrotum, there was a 10.9 cm heterogenous mass without demonstration of the right testicle. Radiologic lymphadenopathy of the bilateral inguinal regions was confirmed. The patient was taken to the operating room for biopsy, and surgical pathology demonstrated extensive necrosis and pure yolk sac pathology. Immunohistochemistry was positive for Sall4, Glypican-3, AFP, and CD117, and negative for OCT3/4 and CD30. Microscopic inspection revealed classic Schiller-Duval bodies.

The patient was initiated on neoadjuvant chemotherapy with etoposide and cisplatin for 4 cycles. Bleomycin was withheld from the regimen because the patient had a long-standing smoking history. He tolerated the treatment protocol without significant adverse events.

On follow-up, the patient had experienced a reduction in the size of the scrotal mass and resolution of the inguinal lymphadenopathy, and he will be scheduled for surgical consolidation.

FIGURE 1.

Anterior view of the large fungating, ulcerative scrotal mass with breakdown of the overlying skin



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Key Words

Testis, yolk sac, germ cell tumor, alpha-fetoprotein

Competing Interests

None declared.
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