

Image article

Retroperitoneal Lymphnode Dissection after Chemotherapy for Advanced Testicular Cancer

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A 22-year-old man, with no significant pathological history, presented himself in the emergency department for a large scrotal mass in an a pyretic context. The patient underwent an ultra sound evoking a right testicular tumor, with tumor markers LDH HCG and AFP (LDH = lactate dehydrogenase, hCG = human chorionic gonado trophin, AFP = alpha-fetoprotein) increased. He underwent a right orchidectomy and the pathological examination found a mixed testicular germ cell tumor. The Thoraco-abdomino pelvic CT scan classified patient IIB (presence of multiple pathological ganglia with at least > 2 cm but none ≤ 5 cm).

The patient received 3 cycles of BEP (cisplatin, etoposide, bleomycin). Tumor markers became normal but FDG PET demonstrated the persistence of a retroperitoneal mass. Post chemotherapy retroperitoneal lymphnode dissection (PC-RPLND) was performed. With a 2-year follow-up, the patient did not have a relapse.

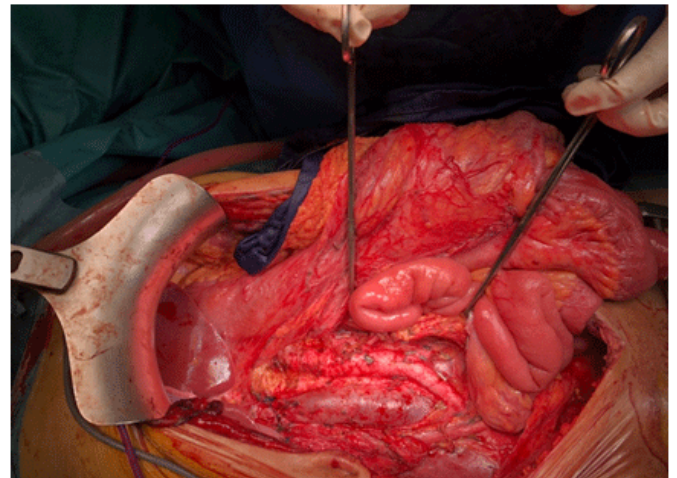


Figure 1. Peroperative image of a retroperitoneal lymphadenopathy after chemotherapy. Aorta and vena cava are well individualized

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