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5th European Conference on

Clinical and Medical Case Reports

September 07-08, 2017 Paris, France

Neuroendocrine tumor (carcinoid tumor) arising in postpubertal testicular teratoma in a 32 year old male: Case report & literature review

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Primary neuroendocrine tumors of testis are less common accounting for <1% of all testicular neoplasms and even rare when arise in testicular teratomas. Herein, we present a case of neuroendocrine tumor arising in postpubertal teratoma in 32 year old male who presented with complaints of abdominal swelling associated with history of undesended left testis. His serum levels of beta-HCG, AFP and LDH were slightly elevated. Later, left orchidectomy was performed. Macroscopically, a grey white well circumscribed tumor of 2.5x2.0x1.8cm within testicular parenchyma is identified. Histological examination of entirely submitted tumor reveals a neoplasm showing organoid arrangement of round blue cells with salt and pepper chromatin, rosettes formation and occasional mitosis. Features of mature teratoma were seen in background. No other germ cell component (choriocarcinoma, seminoma, yolk sac tumor and embryonal carcinoma) was noted. Immunohistochemistry reveal positivity for Synaptophysin and Chromogranin-A with Ki-67 index of 3-20% which confirmed a well differentiated neuroendocrine tumor (Grade 2) arising in postpubertal teratoma. Prognosis of these malignant transformation depend upon stage of tumor, as teratoma with malignant transformation carry excellent prognosis following radical orchidectomy if confined to testis (Stage 1). Postpubertal teratomas are considered itself malignant with the chances of metastasis at time of presentation, so close follow-up is advised so that earliest possible interventions could be done prior to advanced stage/metastasis for better prognosis and long term survival.

Biography

Faria Khan has done his M.B., B.S. from University Of Health Sciences in 2011 at the age of 24. Now she is doing her post graduate residency from Chughtai Lab. in Histopathology.

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