

CLINICAL IMAGE

Testicular Germ Cell Tumour

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A 23-year-old male presented with chief complaints of painless left testicular swelling for the past 10 days. On palpation the patient had a large left scrotal swelling which was firm and non-tender. The results of laboratory evaluation revealed AFP levels of 1212ng/ml which was significantly raised. LDH was 175U/L and bHcg levels were insignificant (1.10U/l).

Ultrasonography revealed a heterogenous well-defined lesion measuring 10x7cm almost. A high inguinal orchidectomy was performed. Grossly the orchidectomy specimen measured 8x6 cm. Spermatic cord measured 12 cm in length. On cut open, a tumor was seen measuring 6x4 cm. Cut section of the testis was a grey-white firm with few hemorrhagic areas.



Fig 1: A gross image of the tumor (Left Testis)

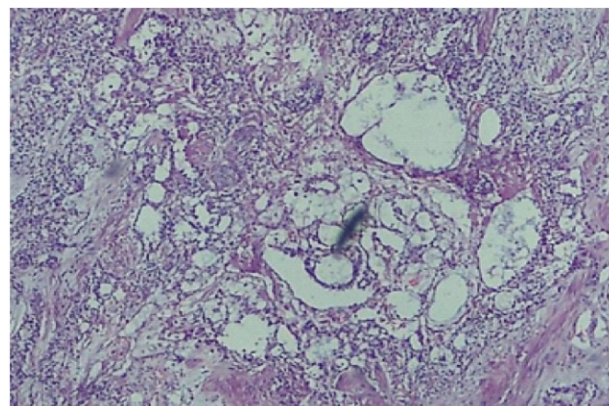


Fig 2: shows microcystic reticular pattern (H&E X 100)

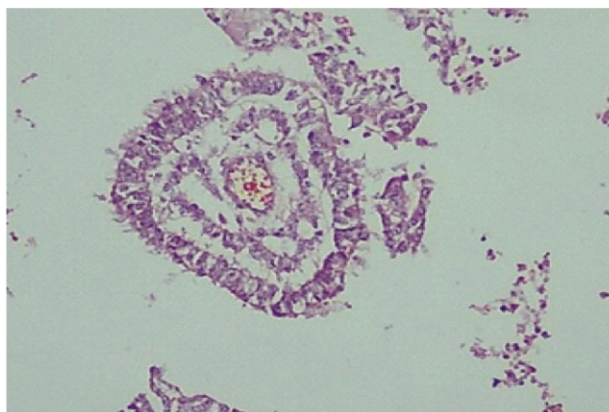


Fig 3: Schiller Duval Bodies (H&E X 400)

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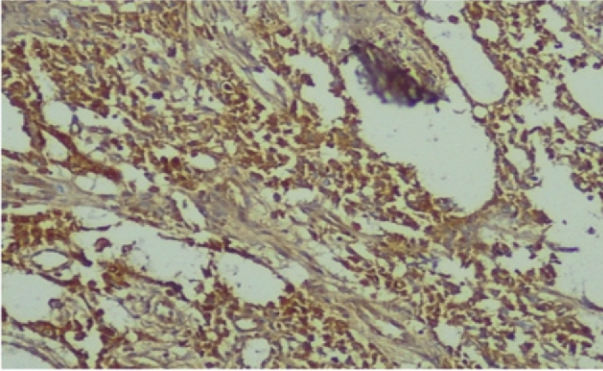


Fig 4: Shows AFP staining in the cytoplasm of tumor cells (DAB X 400)

On microscopic examination, the tumor showed extensive necrosis with infiltration by cells having a predominant reticular pattern. Tumor cells were pleomorphic with scant to abundant cytoplasm. Extensive myxoid degeneration was noted. Characteristic *Schiller Duval bodies* were seen. IHC was performed for confirmation in which the tumor cells revealed cytoplasmic staining for **AFP**.

Based on gross, histopathological and IHC findings the diagnosis of yolk sac tumor was established.