

DIVERGENT TESTICULAR PATHOLOGIES: UNRAVELLING THE CLINICAL COMPLEXITY OF TESTICULAR LYMPHOMA IN DISTINCTION FROM CARCINOMA

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INTRODUCTION

Diffuse Large B-cell Lymphoma (DLBCL), representing 30-58% of non-Hodgkin lymphomas, is an escalating diagnosed aggressive B-cell malignancy. Testicular DLBCL, a rare subtype at 1-2% of NHLs, predominantly afflicts elderly men (median age 60-70). Standard treatments demonstrate curative efficacy in 50-90% of DLBCL cases contingent upon clinical and biological risk factors.

CASE REPORT

A 47-year-old Malay male presented with a one-year history of painless right testicular hardening, unaccompanied by urinary tract infection (UTI) or constitutional symptoms. Clinical examination revealed hard, right testicular enlargement without thickening of the spermatic cord. Despite normal peripheral blood film (PBF), tumour markers (LDH, AFP, β HCG), ultrasound detected a lobulated hypoechoic solid lesion with vascularity in the right testis, highly suggestive of malignancy. High ligation right orchidectomy was performed, revealing DLBCL, NOS. The patient was subsequently referred to the Haematology team for further therapeutic intervention.

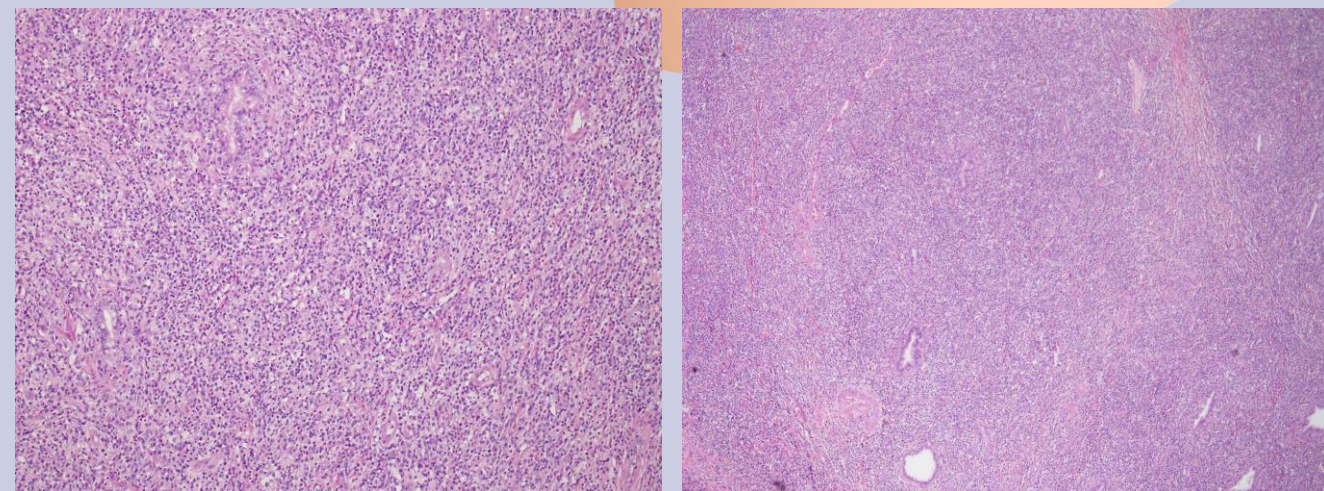
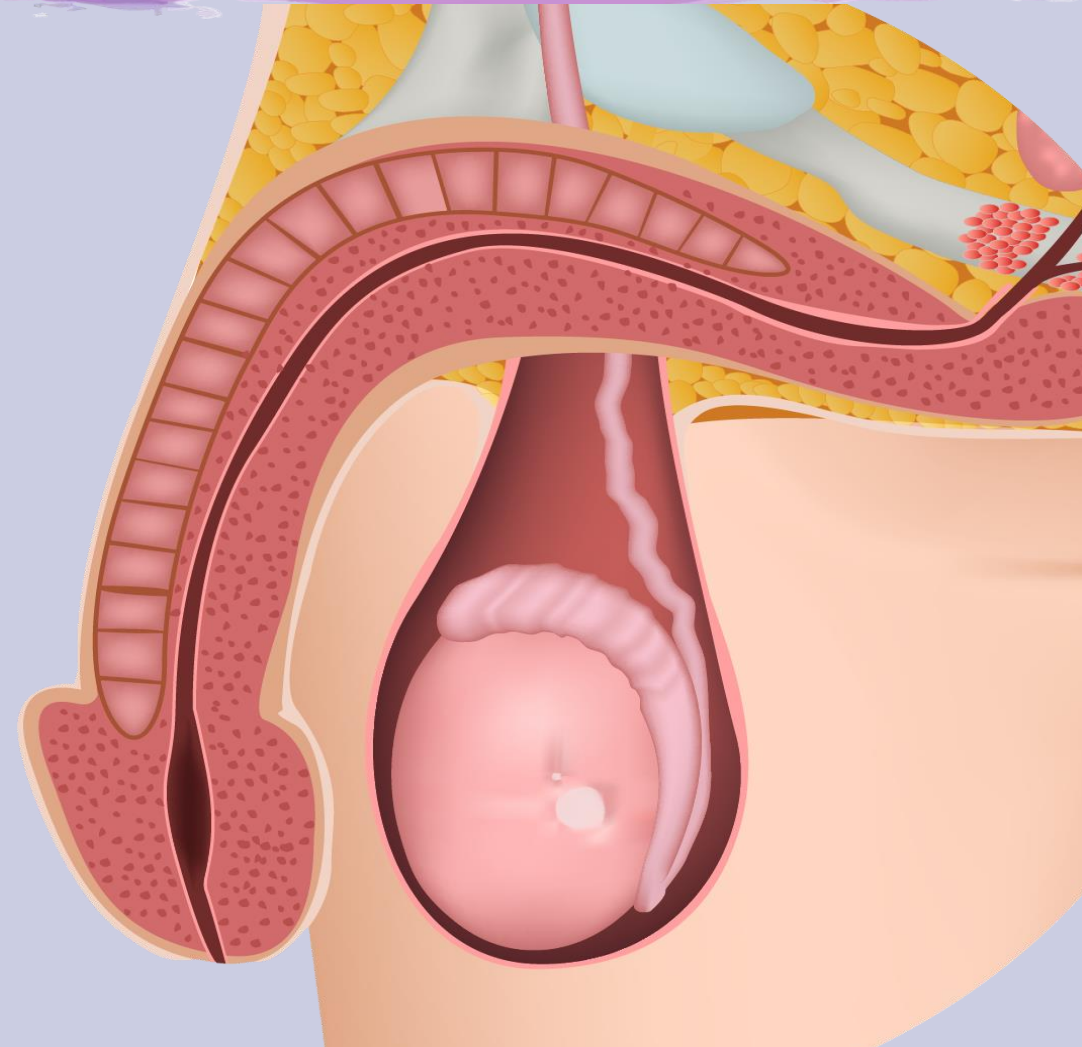
DISCUSSION

Testicular DLBCL is a rare and aggressive B-cell lymphoma, presenting with unilateral or bilateral testicular swelling, with or without constitutional symptoms. Elevated LDH levels may be observed, while typical testicular tumour markers remain normal. Ultrasound reveals hypoechoic lesions and increased vascularity, raising suspicion of malignancy. Unfortunately, prognosis is generally poor. Multimodal therapy, including orchidectomy, chemotherapy, and scrotal radiotherapy, is employed to enhance survival rates and minimize relapse. Timely recognition, accurate diagnosis, and comprehensive treatment strategies are pivotal in addressing this challenging manifestation of lymphoma.

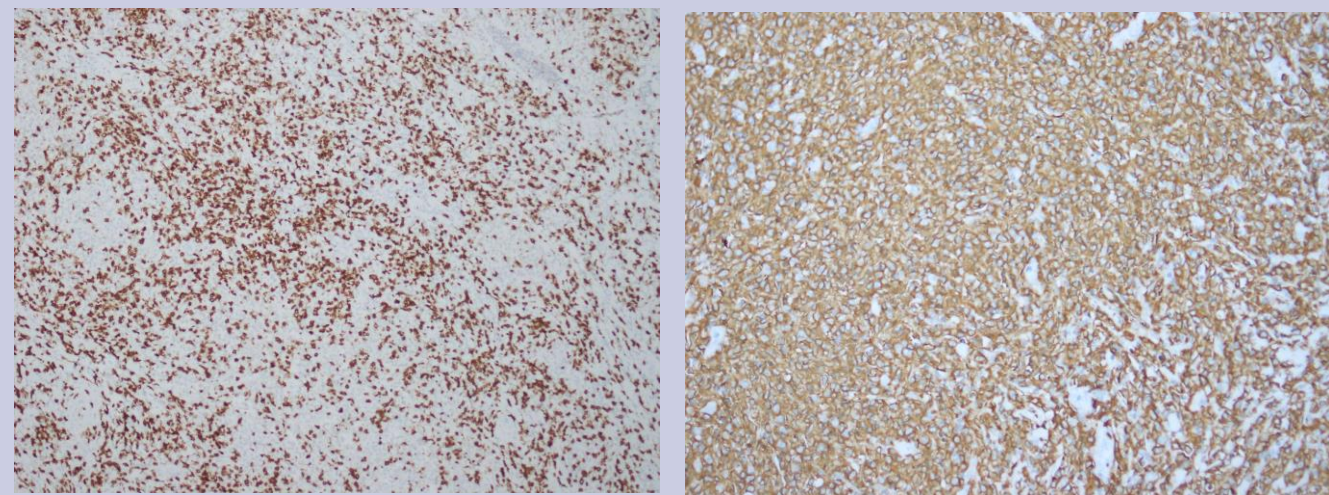
CONCLUSION

Clinical diagnosis of testicular lymphoma in chronic testicular swelling is challenging, and often missed as it resembles chronic orchitis or testicular carcinoma. High index of suspicion, investigation, and surgical intervention aid diagnosis confirmation. Multimodal therapy is the primary treatment, but its aggressive nature leads to high relapse rates. Vigilance and prompt intervention are crucial for managing this challenging condition.

REFERENCES



Medium to large sized malignant lymphoid cells of centroblastic cells and scattered immunoblastic cells



The malignant lymphoid cells are diffusely positive for CD20 and PAX5 with few interspersed small T - lymphocytes (CD3, CD5 - positive) in the background. They are also positive for bal2, MUM - 1 (930%), belb (-30%) and kappa light chain restricted.