

## A CASE REPORT OF TESTICULAR NON – HODGKIN LYMPHOMA

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**Abstract****Introduction**

Testicular lymphoma is a rare extranodal subtype of non-Hodgkin's lymphoma affecting the male testicles and is often pathologically diagnosed as an extranodal diffuse large B-cell lymphoma (DLBCL) of the testis. The disease tends to have an aggressive clinical course. It is most often diagnosed in elderly men; however, an exception is in younger, male HIV positive patients, in whom PTL has a comparatively high incidence.

**Case presentation:**

We report the case of a 60-year old men diagnosed with non-Hodgkin lymphoma of the testis. The primary complain was a painless mass of the testis sinister. After orchiectomy, the biopsy resulted non Hodgkin lymphoma, diffuse large B cell subtype. The patient was stadified as stage IEA, because of the CT scan torax and abdomen was normal and the patient doesn't have sign B of the disease.

After that the patient was treated with systemic combination chemotherapy for 6 cycles with R-CHOP and than he was on periodic control according to NCCN guidelines. Actually, the patient is on remission.

**Conclusions:**

Prognosis for most patients with testicular lymphoma is good, especially those diagnosed and treated for early-stage disease. However, later-stage disease is more difficult to treat and prognosis in these cases is considered poor. The earlier the stage of the disease, the higher the success rate of treatment, although in the case of testicular lymphoma it appears that there is even a success rate difference between early stage disease (stage I and stage II). Over the years, treatment for primary testicular lymphoma has been variable and survival rates are improving, probably due to multimodality treatment strategies and incorporation of rituximab in standard therapy.

**Key words:** lymphoma, chemotherapy, prognosis**Introduction:**

Non-Hodgkin lymphoma (NHL) of the testes is an uncommon extranodal presentation with incidence rates of 0.06 to 0.09 per 100,000 persons and accounts for about 1% of all NHL. The disease typically presents in patients aged over 60 years and is the most common testicular tumor in patients older than 60 years. Right and left sided testicular involvement is equal in frequency and approximately 6% of testicular lymphomas will have bilateral involvement. Most commonly, testicular lymphoma presents as a painless unilateral (one-sided) mass on the testis, although in about one-fifth of the cases, it is bilateral (affecting both testis). Self-testicular exams properly carried out can contribute to early detection.

**Matherials and methods**

The patient, 60 years old complained a painless mass of the sinister testis. Tumor markers were negative, and CT torax and abdomen was normal. After surgical removal of the testis (also spelled orchiectomy) the biopsy resulted non Hodgkin lymphoma, difuse large B cell subtype with CD 20 positive. The patient was stadified as stage IEA and was treated with systemic combination chemotherapy for 6 cycles with R-CHOP and than he was on periodic control according to NCCN guidelines.

**Results:** The patient is on remission. All exams are normal and he continous the periodic control**Discussion:** Most patients present with limited stage; stage I (59.1%), stage II (15.3%), stage III (6.0%) and stage IV (19.6%).<sup>1</sup>Historically, prognosis is poor after surgery alone and addition of postoperative radiotherapy improves 5-year survival up to 50-60%.

Chemotherapy with anthracycline-containing regimens is the recommended therapy after

orchidectomy and improves survival beyond that achieved by orchidectomy and radiotherapy combined.

Testicular NHL has shown tendencies to relapse in central nervous system (CNS), contra lateral testis and less commonly lung, skin, bone, adrenal glands, liver, gastrointestinal tract and nodal sites.

When testicular lymphoma recurs following treatment, common sites include the central nervous system (CNS). For this reason, CNS prophylaxis (preventive medicine) could be necessary, in which case patients might receive intrathecal chemotherapy involving methotrexate, cytarabine and dexametasone.

## Conclusions

Over the years, treatment for primary testicular lymphoma has been variable and survival rates are improving, probably due to multimodality treatment strategies and incorporation of rituximab in standard therapy. Prognosis for most patients with testicular lymphoma is good, especially those diagnosed and treated for early-stage disease. However, later-stage disease is more difficult to treat and prognosis in these cases is considered rather poor.

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## REFERENCES:

1. Freeman C, Berg JW, Cutler SJ. Occurrence and prognosis of extranodal lymphomas. *Cancer* 1972;29:252-60.
2. Connors JM, Klimo P, Voss N, Fairey RN, Jackson S. Testicular lymphoma: Improved outcome with early brief chemotherapy. *J Clin Oncol* 1988;6:776-81.
3. Pingali S, Go RS, Gundrum JD, Wright L, Gay G. Adult testicular lymphoma in the United States (1985-2004): Analysis of 3,669 cases from the National Cancer Data Base (NCDB). *J Clin Oncol* 2008;26:19503.
4. Gundrum JD, Mathiason MA, Go RS, Moore DB. Adult diffuse large B cell lymphoma of the testis: Analysis of the Surveillance Epidemiology and End Results (SEER) data base from 1980-2004. *J Clin Oncol* 2008;26:19524.
5. Zucca E, Conconi A, Mughal TI, Sarris AH, Seymour JF, Vitolo U, *et al* . Patterns of outcome and prognostic factors in primary large cell lymphoma of the testis in a survey by the International Extranodal Lymphoma Study group. *J Clin Oncol* 2003;21:20-7.
6. Vural F, Cagiran S, Saydam G, Hekimgil M, Soyer NA, Tombuloglu M. Primary testicular lymphoma. *J Natl Med Assoc* 2007;99:1277-82.
7. Touroutoglou N, Dimopoulos MA, Younes A, Hess M, Pugh W, Cox J, *et al* . Testicular lymphoma: Late relapses and poor outcome despite doxorubicin-based therapy. *J Clin Oncol* 1995;13:1361-7.
8. Fonseca R, Habermann TM, Colgan JP, O'Neill BP, White WL, Witzig TE, *et al* . Testicular lymphoma is associated with a higher incidence of extranodal recurrence. *Cancer* 2000;88:154-61.
9. Martenson JA, Buskirk SJ, Ilstrup DM, Banks PM, Evans RG, Colgan JP, *et al* . Patterns of failure in primary testicular non-Hodgkin's lymphoma. *J Clin Oncol* 1988;6:297-302.
10. Niitsu N, Umeda M. Clinical features of testicular non-Hodgkin lymphoma: Focus on treatment strategy. *Acta Oncol* 1998;37:677-80.