Seminoma of Ectopic Testis in Polyorchidism Mimicking Bladder Tumour

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Abstract
Polyorchidism is rare. We present a case of polyorchidism in a 35 year old male who presented with cryptorchidism and mass in hypogastrium. Investigations followed by surgery and histopathology confirmed polyorchidism with seminoma of ectopic testis mimicking bladder tumour. To the best of our knowledge, this is the first case of polyorchidism with seminoma of ectopic testis mimicking bladder tumour.

Introduction
Polyorchidism is defined as 3 or more testis. These can be present along the usual line of descent or as ectopic testis. Cryptorchidism may be occasionally associated with polyorchidism. Seminoma occurs between 35 and 45 years and extremely rare before puberty. Seminoma presents as enlarged testis which is smooth and firm, occasionally fibrous septa give lobulated appearance. Seminoma spread by lymphatics and haematogenous spread is uncommon. Seminoma in undescended testis presenting as inguinal and abdominal mass which can be diagnosed clinically and radiologically, but its unusual presentation as urinary bladder mass and difficulty in micturition pose a problem in diagnosing the case.

Case Report
A 35 year old male presented to us with lump in the hypogastrium since three months along with dysuria. Patient was married since last 15 years with no children. Clinical examination revealed a non tender lump in the hypogastrium with restricted mobility. Patient had bilateral cryptorchidism with bilateral gynaecomastia. His secondary sexual characters were well developed. Computed tomography (CT) scan revealed a 4 cm x 3 cm mass on the surface of urinary bladder. Bilateral testis could be seen separately from mass however right cord seems to be mixed with the mass. Para aortic lymph nodes were enlarged. His tumour markers beta human chorionic gonadotropin (B-HCG) and alpha foeto protein were normal. Cystoscopy showed an extrinsic pressure on the bladder with normal mucosa. Exploratory laparotomy showed an irregular hard mass at the fundus of urinary bladder appearing like testis adherent to the right cord structures with right testis and left testis seen separately (Figs. 1, 2). Bilateral orchidectomy with excision of mass with local resection of bladder and retroperitoneal lymph node dissection was done. Post operative course was uneventful. Histopathology confirmed the mass to be seminoma of the testis with other two atrophic testis. Removed lymph nodes showed metastasis. This confirmed polyorchidism with seminoma in ectopic testis with lymph nodes metastasis. Six cycles of chemotherapy were given. Follow up of one year of patient has shown him to be disease and symptom free.

Discussion
Polyorchidism is a rare anomaly thought to arise from duplication of genital ridge during embryological development. Bilateral cryptorchidism may be rarely associated with polyorchidism. Seminoma though being the commonest testicular tumour associated with
Cryporchidism is rarely seen in ectopic testis in a case of polyorchidism. Our case had polyorchidism with cryporchidism with seminoma of ectopic testis. Seminoma of ectopic testis may present as a retroperitoneal mass, whereas, polyorchidism may present as torsion, mass, inguinal hernia or malignancy. Our patient presented with mass in the hypogastrium mimicking bladder tumour.

CT scan or MRI of abdomen and pelvis along with tumour markers like alpha foeto protein and beta hCG help in establishing diagnosis. However in our case tumour markers were negative and CT scan was showing normal cryptorchid testis with a mass in the hypogastrium most probably from the surface of urinary bladder along with retroperitoneal lymphadenopathy. Hence the diagnosis of seminoma in ectopic testis could not be established.

In our case exploratory laparotomy with surgical excision of mass along with bilateral testis and cord structures and retroperitoneal lymphnode dissection was done. Histopathology of the specimen confirmed polyorchidism with seminoma in the ectopic testis. This case highlights that high suspicion of ectopic testis and polyorchidism should be kept in a patient presenting with abdominal lump in a cryptorchid patient.

**Conclusion**

We suggest that patients who present with bilateral cryptorchidism should be investigated for polyorchidism as this polyorchid testicle could be a site of seminoma presenting as abdominal mass as it was in our case.

**References**