A CASE PRESENTATION OF TESTICULAR LYMPHOMA. J R Jones, S L Elkins, Department of Medicine, University of Mississippi Medical Center, Jackson, MS.

METHODS: A forty-three year old African American male presented with a three month history of painless enlargement of his right testicle. On physical exam, a firm, five centimeter mass was palpated in the right testis. The patient underwent a right radical orchiectomy.

RESULTS: The specimen submitted to pathology was a 9 x 8 x 6.5 cm mass, with almost complete replacement of testicular parenchyma. Final results revealed the tumor to be a primary testicular lymphoma. An ultrasound of the opposite testis was performed, which was normal. Bone marrow aspiration and biopsy was also negative for disease. CT chest/abdomen/pelvis and MRI brain following the radical orchiectomy showed no evidence of disease. This patient is currently being treated with Cytoxan, Vincristine, Adriamycin, and Prednisone (CHOP chemotherapy), along with Rituxan, given that the tumor was strongly CD-20 positive. He is also receiving intrathecal Methotrexate prophylactically, and plans are for testicular radiation therapy when chemotherapy is completed. CONCLUSIONS: Testicular lymphoma is exceedingly rare in a person of this age. It comprises approximately five percent of all testicular neoplasms, and is the most common primary testicular neoplasm in men over the age of sixty. Patients typically present with painless testicular enlargement. At presentation, two-thirds of cases are confined to the testis alone. It is the most common bilateral testicular neoplasm, involving the contralateral testis in approximately twenty percent. Other sites of spread include the CNS, skin, and Waldeyer’s ring. The majority are Diffuse Large B-cell Lymphomas. Initial staging should include ultrasound of the contralateral testis, and if a mass is seen it should be assumed to be lymphoma. CT chest/abdomen/pelvis, MRI brain, bone marrow aspirate/biopsy, and diagnostic LP also must be performed. Testicular lymphoma is associated with a poor prognosis and early distant spread. Median survival reported in most series is less than 1 year, with less than twenty percent of patients surviving five years. Treatment is with combination chemotherapy and radiation to the involved testis if resection is not performed. Given the propensity for early spread of this disease, radiation therapy should be given to the contralateral testis, and CNS prophylaxis should also be considered.