

# MEDICAL AND PEDIATRIC ONCOLOGY

VOLUME 23, NUMBER 3, 1994

Official Journal of

S I O P

(Société Internationale d'Oncologie Pédiatrique)  
International Society of Pediatric Oncology



WILEY-LISS

**P-177****GERM CELL TUMORS OF THE TESTIS (TGCT) IN CHILDHOOD.  
A Review from a National Case Report.**

F. Siracusa (\*), M.R. Di Pace (\*), G. Cecchetto, G.P. Cuneo, A. Inserra, M. Montinari, M. Lo Curto, P. Dall'Igna, F. Cataliotti (\*) - for the Italian Cooperative GCT Group (\*) Dpt. Paediatric Surgery, Univ. Palermo

Primary testicular tumors (PTT) are rare in childhood, accounting for 0.5%-4% of all solid neoplasms; although the initial form of therapy is always the radical inguinal orchiectomy (R.O.), the role of the retroperitoneal lymph-node dissection (LAR) remains controversial. A retrospective study was carried out because of the rarity of PTT; the aim of this study was to revise the surgical treatment performed in 60 PTT affected by PTT, treated in 21 Division of Paediatric Surgery during a 10 year period. Ten cases were Gonadal tumors; 3 Lymphangiomas, and 47 TGCT. Among TGCT, YST was the most frequent one (27 pts), followed by Teratomas (15 cases), and by TeratoCa (3 cases) and by 2 Epidermoid Cyst. Following the initial surgery, the staging of the tumor was performed using a variety of investigative approaches (ultrasonography, CT-scan, MRI); the staging criteria reported by Hays were used: only 2 pts with TGCT showed a stage II disease. 1) Forty-two pts were treated with R.O., followed "tout en fois" by LAR in 15 cases: in these pts. the histopathological findings were negative. 2) Two pts affected by stage II disease underwent R.O. and later Chemotherapy (CT) and CT+radiotherapy (RT) respectively, followed by LAR in one case and excision of a 'giant' metastasis in the other one. 3) Three pts underwent sparing surgery (s.s.)<sup>(1)</sup>: 2 pts affected by Epidermoid cysts had the correct treatment; 1 pt, affected by Mature Teratoma, had a recurrence of a microscopic residue with malignant evolution; in this pt R.O., orchiectomy and CT were performed later. All pts survived a 10 year follow up showing no evidence of recurrence. In conclusion, the aim of this paper is to stress the role of R.O. in the treatment of all PTT; in our opinion, the s.s. must be limited to Epidermoid cysts: actually, in teratomas a multifocal microscopic disease and/or a malignant evolution of even minimal residues may occur. The LAR performed at the same time with R.O., is not a necessary additional treatment for TGCTs, as demonstrated by the negative histologic findings reported in our series: actually, it should be restricted to pts with permanently elevated serum aFP levels after R.O. and CT.

Ref.:1. Rushton HG et Al.: Testicular sparing surgery for prepubertal teratoma of the testis: clinical and pathological study. *J. Urol.*, 144, 726, 1990

2. Siracusa F. Di Pace M.R. et Al.: Testicular tumors in childhood. A national report. *Ped. Surg. Int.*, 8, 244, 1993.

Supported by Associazione Italiana per la Ricerca sul Cancro (A.I.R.C.)