P-177

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


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 hystopathological 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.)(3): 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., enucleotomy 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.

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