*Medical Memoranda***Seminoma Testis with Metastases
after 31 Years***Brit. med. J.*, 1965, 1, 356

Seminoma is the commonest malignancy of the testis and early recurrence after operation is not uncommon. The present case records such a recurrence in the pelvic lymph nodes 31 years after orchidectomy.

CASE REPORT

The patient was a fit man of 52. He presented as an acute surgical emergency case, having been seized earlier in the day with acute pain and swelling above the right groin. He was found to have an obvious deep swelling below the lower third of the right rectus muscle, filling the inner half of the right side of the abdomen, just lateral to the pubic spine.

The man had felt generally unwell for a month or so before the acute episode and had had a variable amount of pain in the lower part of the back which radiated down the right thigh. He had had his right testis removed at St. Bartholomew's Hospital, London, 31 years earlier, but did not know why.

There was no time to investigate the history further and immediate laparotomy was performed (Mr. Mark Coleman). An extra-peritoneal abscess was found on the right side about the size of a fist, containing much creamy-yellow pus. In addition, a grossly necrotic swelling measuring about 5 cm. across was discovered, and this was removed. Recovery from operation was uneventful though the post-operative course was complicated by a phlebotrombosis in the leg.

The histological report showed anaplastic tumour with much necrosis and a structure suggestive of seminoma testis (Fig. 1).

FIG. 1.—Section of mass from right iliac fossa, 1964. ($\times 260$)

As it was almost certain that residual tumour was present in the right lower abdomen, the area was treated with a course of super-voltage x-ray therapy to a maximum dose of 6,600 r in 25 days.

The patient tolerated treatment without difficulty. At the time of writing he was well.

COMMENT

An inquiry to the Surgical Professorial Unit at St. Bartholomew's Hospital revealed that this patient had attended the hospital 31 years earlier and gave a history of a painful testicular swelling of about nine months' duration. Right orchidectomy was carried out. Thanks to the kindness of Dr. A. G. Stansfeld it was possible to obtain sections of the original tumour and compare them with the present material. There is no doubt that they are one and the same tumour (Fig. 2).

FIG. 2.—Seminoma testis. Section of primary tumour, 1933. ($\times 260$)

Metastasis after a long interval is common in certain forms of malignant disease, the breast for example, and rare in others, such as seminomas. It is theoretically possible that this patient has a small and as yet clinically undetectable second primary seminoma in his *left* testicle and that this has metastasized massively to the *right* side. This hypothesis is far less likely than that we are witnessing an extremely long latent interval between the removal of the primary tumour and the occurrence of its metastases.

The outlook in seminoma testis after orchidectomy and x-ray therapy to the para-aortic lymph nodes is comparatively good: recurrence, if seen at all, tends to be early, so that an optimistic forecast is generally given when the patient has survived a few years. The present case shows that this is not always justifiable.

Inquiry among pathologists and a search of the literature have failed to reveal a similar case. How the anaplastic metastasis has passed its 31 years is almost beyond speculation.

I am grateful to Mr. Mark Coleman for carrying out the laparotomy and for enabling me to treat the patient. The photographs and histological reports are the work of Dr. Michael Bennett.

PAUL STRICKLAND, M.B., M.R.C.P., D.M.R., F.F.R.
Mount Vernon Hospital, Northwood, Middlesex.