CASE REPORT

Pure testicular carcinoid associated with intratubular germ cell neoplasia

J Merino, A Zuluaga, F Gutierrez-Tejero, M del Mar Serrano, S Ciani, F F Nogales

This case report describes for the first time a case of pure testicular carcinoid with intratubular lymph node metastases in a 25 year old patient with carcinoid syndrome. The simultaneous occurrence of intratubular germ cell neoplasia in the surrounding testicular tissue was identified by OCT4 and placental-like alkaline phosphatase positivity. This confirmed that the tumour had a germ cell origin in the testis, rather than being a metastasis from an extragenital carcinoid.

PATHOLOGY

A 25 year old patient presented with dull scrotal pain. He had had a mass in the left testis since childhood, and since adolescence had experienced bouts of watery diarrhoea and flushing episodes, considered allergic in nature by his family practitioner.

Physical examination revealed a hard left testicular mass, which ultrasound showed to be a solid, nodular, heterogeneous lesion with isolated irregular calcifications. Both α feto protein and β human chorionic gonadotrophin concentrations were within normal limits. A left orchidectomy was performed. After a histopathological diagnosis of pure testicular carcinoid, we measured 5-hydroxyindole acetic acid concentrations and found them to be raised at 330 ng/ml. Both diarrhoea and flushing were reduced after surgery. The presence of a carcinoid tumour elsewhere was initially discarded by full body scintigraphy with 111In-octreotide. However, 11 months later an abdominal computerised tomography scan revealed preaortic lymph node involvement, confirmed surgically by the finding of masses at lymphadenectomy. However, 5-hydroxyindole acetic acid concentrations remained within normal limits. Surgical inspection of intestine and liver failed to demonstrate a mass. The caecal appendix was unremarkable. The patient is presently alive and symptom free.

Abbreviations: ITGCN, intratubular germ cell neoplasia; PLAP, placental-like alkaline phosphatase
membranous PLAP positivity (fig 3A), but they were synaptophysin and chromogranin negative. OCT4 (Santa Cruz Biotechnology, Santa Cruz, California, USA), a novel marker for ITGCN, was positive in some, but not all, of the atypical germ cell nuclei of the ITGCN of neighbouring and distant tubules (fig 3B).

Metastatic tumour, measuring 0.3 to 1 cm, in the four preaortic lymph nodes, was morphologically identical to the testicular primary.

DISCUSSION

Our case provides an insight into the origin of testicular carcinoid. As with other heterotopic single tissue testicular tumours, such as epidermoid cysts, chondroma, etc., the origin of testicular carcinoid remains debatable, and consequently the World Health Organisation classification of testicular tumours includes carcinoid in the miscellaneous section.

Several histogenetic possibilities have been considered for these neoplasms. An origin from argentaffin cells was proposed by some, but was subsequently discarded because of the absence of such cells in the testis. A germ cell origin seems a more likely possibility and this is evident when the carcinoid is a component of testicular teratoma. Nevertheless, pure carcinoids are more frequent and are considered to be either monodermal germ cell tumours or the remaining component of burnt out teratoma.

"From both clinicopathological and diagnostic viewpoints, it is important to distinguish between carcinoid as a primary testicular monodermal teratoma as opposed to a metastasis from an extragenital carcinoid of non-germ cell origin."

The finding of a concomitant precursor lesion of germ cell tumours, such as ITGCN, would support such an origin. However, two recent series of testicular carcinoids were unable to find ITGCN; an absence difficult to explain once inadequate sampling is discarded. Our present case reports for the first time ITGCN in the testicular tissue surrounding a pure carcinoid. The tubules adjacent to the carcinoid showed characteristically atypical intratubular cells with membranous PLAP positivity and nuclear positivity for OCT4, a highly specific marker for ITGCN. Our case shows similarities to a previous one, where a testicular mature cartilaginous nodule was thought to be a monodermal teratoma because it was associated with ITGCN. Similarly, a pure Wilms tumour of the testis was shown to be a type of monodermal teratoma by the identification of i(12p)—a characteristic chromosomal marker of testicular germ cell tumours—in the tumour karyotype. This finding is a more accurate demonstration of a germ cell origin than the more broadly non-specific study by fluorescence in situ hybridisation analysis of X chromosome gain in a series of testicular carcinoids.

From both clinicopathological and diagnostic viewpoints, it is important to distinguish between carcinoid as a primary testicular monodermal teratoma as opposed to a metastasis from an extragenital carcinoid of non-germ cell origin. The last situation is extremely rare, with only 10 cases published.

Take home messages

- This is the first case of pure testicular carcinoid preaortic lymph node metastases to be described
- The simultaneous occurrence of intratubular germ cell neoplasia in the surrounding testicular tissue was identified by OCT4 and PLAP positivity
- This confirmed that the tumour had a germ cell origin in the testis, rather than being a metastasis from an extragenital carcinoid
in the literature, most of which originated in the gastro-
intestinal tract.\(^3\)

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The patient gave his informed consent for this case report to be published

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