Testicular Metastasis of Cerebral Malignant Lymphoma

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Malignant lymphoma
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Abstract
Cerebral metastases of testicular malignant lymphomas have been reported. In this case a testicular metastasis secondary to a primary cerebral malignant lymphoma is presented. This unusual case does not correspond to the known metastatic pattern of malignant lymphoma.

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Case Report
In December 1991, a 60-year-old man presented with increasing frontal headache. Cranial CT scan revealed a cerebral tumor. Craniotomy and partial resection of the tumor was performed. Histological evaluation showed a highly malignant centroblastic polymorphic non-Hodgkin’s lymphoma of B-cell type (according to the Kiel classification), as it is found in the majority of primary initial nervous system lymphomas [1]. Both testes were found normal on clinical examination. Abdominothoracic CT scan revealed no extracranial manifestations of the tumor. The patient was treated with two cycles of high-dose methotrexate, followed by three cycles of a poly-chemotherapy with procarbacin, cyclophosphamide, vincristine sul-fate and Adriamycin. Under chemotherapy, the tumor decreased in size. However, the appearance of a new intracerebral tumor lesion necessitated cerebral irradiation. There followed a disease-free interval of 9 months. In January 1993, the patient noted a painless swelling of the left testis. A testicular tumor was suspected clinically and ablation was performed. Histological evaluation revealed a malignant non-Hodgkin’s lymphoma showing the same histopathological features as the previous cerebral lymphoma. Abdominothoracic CT scan revealed no further manifestations of the tumor. The patient was sent to our oncological unit for further chemotherapy.

Discussion
Testicular primaries of malignant lymphomas account for approximately 5% of malignant testicular tumors. Most of them are non-Hodgkin’s lymphomas with high-grade histology, and showing B lineage [2-5]. In addition, testicular metastases of malignant lymphomas have been occasionally reported. These were proceeded by intranasal, facial, axillary or skeletal primaries. Secondary testicular tumors usually become manifest within a few months [6]. Prognosis is poor
[3, 6]. Whereas primary testicular malignant lymphomas disseminate into skin and central nervous system in 29% of cases [2,4], to our knowledge, a reverse pattern of dissemination from the central nervous system into the testes, as presented here, has not been reported. Even assuming that the primary tumor was initially present in the testis but not detected, the prior occurrence of the cerebral lymphoma is equally unique. This pattern of reverse dissemination broadens the spectrum of presentation of malignant lymphoma.

References

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