

Letter to the Editor-III

Pseudocystic Liver Metastasis in Malignant Teratocarcinoma of Testes

Sir,

Rarely testicular germ cell tumour metastases may undergo "retroconversion" to mature differentiated teratoma following chemotherapy or irradiation. Here we report a case of malignant germ cell tumour arising from dysgenetic gonads who had a delayed abdominal relapse with cystic metastasis in liver.

Mr. KMA, a 35 year old, infertile, cryptorchid, male, presented with history of acute abdomen in 1993. An ultrasonography scan of the abdomen revealed female reproductive organs along with an undescended testes. He underwent salpingo-oophorectomy, hysterectomy and orchidectomy. Histopathology of the specimen showed malignant teratocarcinoma. Post-operatively, he received 6 cycles of BEP chemotherapy (bleomycin, Etoposide and cisplatin) and achieved clinical remission. Subsequently he was lost to follow up. He presented 12 years later with complaints of diffuse abdominal pain accompanied by distension. General physical examination revealed : performance status ECOG-2, emaciated, abdomen was distended with prominent superficial veins with upward flow suggestive of partial portal vein obstruction. There was a large abdominal mass of 21x22cm. of varying consistency occupying epigastrium, both hypochondria, left lumbar region and hypogastrium. Blood counts, liver and renal functions were within normal limits. Serum β -HCG->350 i.u/ml, serum AFP > 200 u/l, chest Xray was normal. Ultrasound of abdomen revealed hepatomegaly with multiple cysts with largest one having echogenic debris within it and lower pole of spleen also revealed a big cystic lesion with mass at splenic hilum. Hydatid Serology was negative. CECT abdomen. Large multiseptate cystic mass with solid component and multiple calcified nodular areas occupying the right lobe of liver, another mass

lesion in left para-renal compartment and possibly a drop metastasis in retrovesical pouch. Image guided biopsy was inconclusive. In view of clinical history, tumour marker and image evidence of recurrent GCT, patient was advised paclitaxel, Ifosfamide and cisplatin (TIP) chemotherapy.

COMMENTS

Cystic liver secondaries are rare and have been reported in Hurthle cell carcinoma,¹ malignant melanoma,² uterine cervix,³ adenocarcinoma lung,⁴ pancreas,⁵ testicular teratoma⁶ and stomach.⁷ In view of past history, raised tumour markers and imaging our patient had cystic metastasis. However, biopsy could not be done. Treatment with appropriate chemotherapy is indicated. Sometimes, partial hepatectomy has also been performed.

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