

*The unsuspected nonpalpable testicular mass detected
by ultrasound: a management problem* – Page 1764

The authors related the dilemma associated with the incidental discovery of nonpalpable testicular mass. Although not very common, this situation is always associated with the difficult decision to proceed with an orchiectomy or not. In the patient presented, the metastatic evaluation and the serum tumor markers were well within normal limit and the pathology of the orchiectomy specimen proved to be a Leydig cell tumor. This case illustrates very well the reports in the literature confirming a higher percentage of benign lesions in patients with this clinical presentation. In addition, normal clinical staging and serum tumor markers should not influence our therapeutic decision given it can be normal in the presence of both seminoma and non-seminomatous germ cell tumor.

There is an increasing literature on the use of organ sparing surgery in patients with testicular tumor. Initially proposed in patients with either tumor in a solitary testicle or with synchronous bilateral testicular tumors, this approach proved to be adequate and safe in properly selected patients. Tumors less than 20 mm were identified as ideal to undergo local excision. The situation described here, where a small non-palpable tumor is detected by ultrasound, may represent an ideal clinical situation to proceed with local excision. In addition, many of these small incidentally discovered tumors proved to be either purely benign lesions or stromal tumor with low malignant potential. General principles to be respected are to ensure negative margins, identify the presence of associated carcinoma in situ and maintain long term follow up on the testicle as local recurrence has been described after partial orchiectomy.

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