

## Images in medicine

### Abscessed inguinal metastasis as an initial presentation of testicular cancer



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A 24-year-old man presented to the emergency service with fever, malaise and a large abscessed tumor located in the left inguinal region. He had a history of hydrocele and varicocele treated surgically in childhood. One year before admission, a small nodule approximately 1 x 2 cm appeared in his left inguinal region; this nodule increased in size and was accompanied by a weight loss of approximately 15 kg. On arrival, a large abscessed and ulcerated adenopathy 20 x 18 x 11 cm with purulent secretion was seen in the area associated with a 5 cm left testicular tumor. Imaging studies revealed a 1 cm left subpleural lung nodule on short axis. A radical left orchiectomy and a biopsy of the abscessed adenopathy were

performed and the histopathologic report showed a mixed germ cell tumor. Tumor markers after orchiectomy were LDH 1124 IU/L,  $\beta$ -hCG 197mIU/mL, AFP 172 ng/mL. Wide spectrum antibiotics were started in addition to wide surgical debridement of the abscess with a favorable clinical response. After surveillance, the patient was discharged to receive ambulatory chemotherapy. Inguinal ganglionic metastasis associated with testicle cancer is a rare finding. The history of inguinal and/or scrotal surgery could explain this phenomenon as a result of an alteration of regional lymphatic drainage. When this group of patients develops testicular cancer, involvement of an inguinal node is described in up to 2-10% of cases. Despite this, routine inguinal lymphadenectomy is still controversial in this scenario.



**Figure 1:** a large abscessed and ulcerated adenopathy 20 x 18 x 11 cm in the left inguinal region