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Testicular self-examination and testicular cancer: the facts

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Background & Aim: A 30 years old male, without toxic habits or medical history. Arrives referring us that two weeks before he felt something hard his right testicle. After tha he decided to begin self-examination and consulted when it not decrease.

Method: Exploration and Complementary Tests: Testicular exploration: both duc deferens were palpable, scrotal liquid level was not observed and in the upper pole of the right testicle had a palpable irregular stony mass. Given these findings on examination is we decided to refer the patient to urology service with a blood test for tumor markers (alpha-fetoprotein (AFP), human chorionic gonadotropin (beta-HCG) and lactate dehydrogenase (LDH)). In urology tumor markers were negative, but given the strong suspicion of malignity, a urgent testicular ultrasound was done and showed that the lesion corresponds to a calcified hydatid.

Results:

Clinical Trial: Calcified hydatid right testicle.

Differential diagnosis: Testicular cancer. Calcified hydatid.

Conclusions: Testicular cancer is the most common cancer in men between 15 to 35 years old. There are two main types of testicular cancer: seminomas and non-seminomas (most common and fastest growing). In most cases they are asymptomatic, causing great risks to the patient's life, it can cause rapid spread mainly abdomen, lungs and retroperitoneum. In our case, the patient benign diagnosis meant something totally unexpected by all professionals who value given the nature of the injury, but helped us to remember the importance and the few broadcast on testicular self examination (TSE). Society is raising awareness of the importance of breast self-examination for early diagnosis of breast cancer, but no campaigns on TSE, despite being a much less complex process. The correct information on how to do this and realizing this every month may help detect testicular cancer at an early stage, this being vital for the survival and effective treatment.