

Testicular (Non-Seminomatous) Germ Cell Tumour with Systemic Metastases

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Fig. 1 : Clinical Photograph showing enlarged left supraclavicular lymph nodes

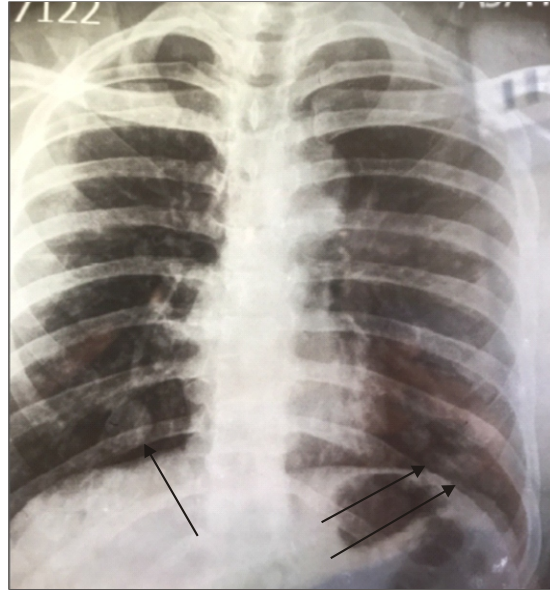


Fig. 2 : X-Ray Chest PA view: arrows showing cannon balls

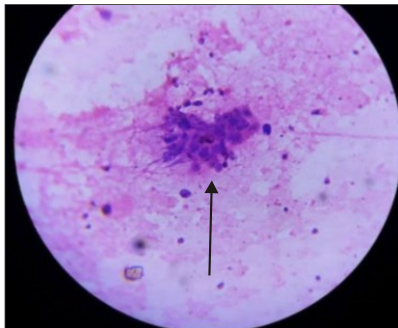


Fig. 3 : FNAC from left supraclavicular lymph node showing Micro-glandular arrangement (10 X view)

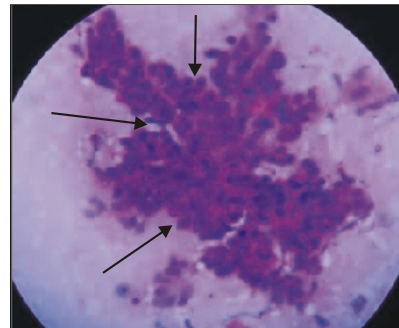


Fig. 4 : FNAC from left supraclavicular lymph node showing glandular arrangement (40 X view)

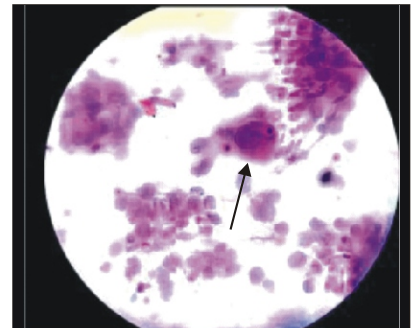


Fig. 5 : FNAC from left supraclavicular lymph node showing large vesicular nuclei with coarse chromatin and basophilic to amphophilic cytoplasm (40X)

Introduction :

A 21 years old male presented with gradually increasing mass in left supraclavicular region since two months of lockdown for Covid 19. There was no history of fever, cough with haemoptysis, loss of weight or appetite. No other significant past or family history. He was afebrile and vitals were normal except four to five left supraclavicular

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lymph nodes mass matted (*Fig. 1*) with firm consistency and not attached to underlying structures or overlying skin. There was mild right testicular enlargement without loss of testicular sensations. Other system examination was normal.

The routine investigations were normal. X-ray chest PA view (*Fig. 2*) showed canon ball shadows, one in right lower zone and two in left lower zone. The ultrasound of right testis revealed heterogenous hypo-echoic lesion with vascularity and multiple calcific foci. FNAC (*Fig. 3-40 x and Fig. 4-10x*) from left supraclavicular lymph node mass showed moderately cellular cytospins with glandular and microglandular grouping of cells having large vesicular nuclei, coarse chromatin, dominant nucleoli with basophilic to amphophilic cytoplasm. These features suggested metastasis of non seminomatous germ cell tumour (embryonal carcinoma testes). Patient was referred to higher center for further management.

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