A 43-year-old male presented with 6 weeks of dull right groin and scrotal pain. Physical examination revealed a normal penis, scrotum and testes. Magnetic resonance imaging (MRI) of pelvis showed an irregular 3 cm mass of the spermatic cord and right radical inguinal orchectomy was performed. The pathological diagnosis was metastatic adenocarcinoma. In conclusion, even though metastases to the testes are rare, they should be considered in clinical practice especially in older men who present with a testicular mass or discomfort.

Keywords: Colon cancer; testicular metastasis

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presentation for metastatic colon cancer. Most cases since then have presented as testicular swelling or as a hydrocele and not a solid mass as in our patient (1). The reported age of presentation ranged from 18–76 years with a median of 51 years (1). The exact mechanism of spread is unknown but many theories have been suggested. Since most cases of testicular metastases presented as a hydrocele, it is proposed that there may be microscopic channels of communications present between the peritoneum and testes. Other theories include retrograde venous and lymphatic extension, direct invasion and arterial embolism (4).

In most cases where the initial presentation of colon cancer was testicular metastasis, the average survival was 6–12 months regardless of treatment (1). Once the cancer has spread to the testis, the disease is usually wide spread, as in our patient who had metastases to the pelvis, abdomen and liver.

In conclusion, even though metastases to the testes are rare, they should be considered in clinical practice especially in older men who present with a testicular mass or discomfort.

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Informed Consent: Written informed consent was obtained from the patient for publication of this manuscript and any accompanying images.

References


Figure 1 Hematoxylin and eosin stained section. This low power view demonstrates a cross section of the spermatic cord with infiltrating metastatic colonic adenocarcinoma. Original magnification 10×.

Figure 2 Carcinoembryonic antigen immunohistochemical (IHC) stain. Malignant glands are highlighted with strong positive cytoplasmic staining. Original magnification 10×.

Figure 3 Cytokeratin 20 (CK 20) immunohistochemical (IHC) stain. Malignant glands demonstrate strong positive cytoplasmic staining. Not shown, malignant glands were negative for cytokeratin 7 (CK 7) IHC staining. The CK 20 positive & CK 7 negative staining pattern is seen in colonic carcinoma. Original magnification 10×.


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