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Lumbo-Aortic lymphadenectomy for residual retroperitoneal masses in testicular germ cell tumors

Tlili Yassine* ; Osmane Rania ; Hadrich Zied ; Omrani Sahir ; Bayar Rached

Department of General surgery, Mongi Slim University Hospital, Faculty of medicine of Tunis, Tunisia.

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*Corresponding Author: Tlili Yassine, Department of General surgery, Mongi Slim University Hospital, Faculty of medicine of Tunis, Tunisia. Email: docteur.yassine123@gmail.com

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Clinical Image

It is about a 24-year-old male, with no past medical history, diagnosed in April 2021 with left testicular germ cell tumor. He had a left orchiectomy. Postoperative thoraco-abdominopelvic CT scan showed inter-aorto-caval and pre-caval lymph nodes with a diameter of 31mm and 23mm respectively. He received three cycles of BEP (Bleomycin, etoposide and platinum). The post-chemotherapy CT scan showed tumor progression : appearance of mediastinal adenomegaly with a magma of retroperitoneal necrotic adenomegaly compressing the inferior vena cava and renal veins. He received 4 cycles of TIP (Paclitaxel, ifosfamide, and cisplatin) and was operated six weeks after the end of chemotherapy. Peroperatively, it was a pre-aortic and inter-aorto caval magma adhering to the duodenum, to the renal pedicles, to the inferior mesenteric artery and to the spine (Figure 1). He had a bilateral lumbo-aortic lymphadenectomy leaving a border adhering to the spine (Figures 2). The postoperative follow-up was simple. The anatomopathological examination concluded to a lymph node metastasis of a testicular germ cell tumors. Regression of residual masses of TGCT is usually delayed. In case of residual mass over 3 cm or progression under chemotherapy, surgical resection is recommended. The morbidity associated with lumboaortic lymphadenectomy is due to the damage done to the sympathetic nerve fibers of the hypogastric plexus during the procedure. However, it remains the reference curative surgical treatment of residual masses in testicular cancer [1].



Figure 1: Pre-aortic and inter-aorto caval magma.



Figure 2: Aorta and vena cava after lymphadenectomy.

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