Testicular Carcinoma Assessment

Testicular carcinoma is the most common form of cancer in young males between 15-35 years old. Causes of testicular cancer include seminoma germ cells and more aggressive non-seminoma germ cells. Cryptorchidism or undescended testes is a common risk factor of testicular cancer. Clinical manifestations include a painless scrotal mass, testicular swelling, and elevated serum tumor markers. Instruct the patient to perform a testicular self-examination once a month beginning at puberty. Treatment includes surgery, chemotherapy, and radiation. Since testicular carcinoma is one of the most curable types of cancers, early treatment yields good prognosis for long-term survival rates.

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Cause/Mechanism

Seminoma Germ Cells
Semi-gnome with German-cells
There are two main categories of testicular cancer: germ cell tumors, and sex-cord stromal tumors. Germ cell tumors are most common. These include seminomas, as well as non-seminoma germ cell tumors, seminomas are the most common testicular tumor. Seminomas are generally less aggressive.

Non-Seminoma Germ Cells
Nun-semi-gnome with German-cells
Non-seminoma germ cell tumors include yolk sac tumor, choriocarcinoma, embryonal carcinoma and teratoma. These are generally more aggressive than seminomas. Beyond the germ cell tumors, another category of testicular tumors are the sex cord stromal tumors, which include Leydig cell and Sertoli cell tumors.

Assessment

Painless Scrotal Mass
No Pain-bolts sign at Scrotum with Mass
In patients with testicular carcinoma, a painless scrotal mass may be felt upon palpation. The mass is usually firm and nontender. A cancerous mass does not transilluminate.

Testicular Swelling
Testicles Swelling
Persistent testicular swelling may create a feeling of heaviness. A dull ache or heavy sensation may be felt in the lower abdomen, perianal area, or scrotum.

Acute Pain Rare
Acute-angle Pain-bolt Rare-steak
Although rare, acute pain is the initial symptom in approximately 10% of patients with testicular cancer. Symptoms of advanced testicular cancer include pain in the lower back or chest, cough, and dyspnea.

Elevated Serum Tumor Markers
Up-arrow Tumor-guy with Markers
In patients with suspected testicular cancer, blood is obtained to determined elevated serum tumor markers including alpha-fetoprotein AFP, lactate dehydrogenase (LDH), and human chorionic gonadotropin (hCG).

Considerations

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Males Between 15-35 Years Old

Men with F-15 and 35-mm camera

Testicular cancer is the most common type of cancer diagnosed in young men. Males between 15-35 years old and patients with a family history of testicular tumors are at an increased risk of developing testicular carcinoma.

Cryptorchidism

Crippled-orchid with cryptorchidism

Cryptorchidism or undescended testes is a common risk factor for testicular cancer. Undescended testes cannot be felt while palpating the prostate for lumps or pain.

Testicular Self Exam

Testicles doing Self Exam

Instruct the patient to perform a testicular self-examination once a month beginning at puberty to detect tumors or scrotal abnormalities such as varicoceles. Advise the patient to roll the testis between the thumb and the first three fingers during a warm shower or bath. Warm temperatures help the testes hang lower in the scrotum. The patient should be checking for lumps, pain, and a dragging sensation in the scrotum. Teaching aids such as videotapes and step-by-step illustrations may help increase the patient's comfort in performing the procedure on a monthly basis.

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