

PARATESTICULAR RHABDOMYOSARCOMAS IN YOUNG ADULT: ABOUT 4 CASES

N Acharfi, H Ouahbi, K Oualla, Z Benbrahim, F Z Elmrabet, S Arifi and N Mellas

Department of Medical Oncology, HASSAN II Hospital University, Fez, Morocco

Introduction: Rhabdomyosarcoma is a rare mesenchymal tumor. Paratesticular localization is the most common urogenital location. The prognosis is poor, and the treatment relies on the combined use of surgery, chemotherapy and radiotherapy. The objective of this study is to report the diagnostic, histological, therapeutic and evolutionary features of paratesticular rhabdomyosarcoma.

Materials & Methods: This is a retrospective study conducted in the medical oncology department of the HASSAN II Hospital University in Fez, including patients with paratesticular rhabdomyosarcoma spreading between Jan' 2012 and Dec' 2017.

Results: 4 cases were listed; the average age was 19 years old. The clinical picture was dominated by a large painless purse in all our patients. The ultrasound was in favor of a tissue mass of heterogeneous echostructure pushing back the testicle. All the patients benefited from an orchiectomy. The histological types were rhabdomyosarcoma embryonic in 3 patients, and pleomorphic in one patient. The tumor stage was localized in 2 patients and metastatic in 2 patients. Lung and lymph node metastases were found in 2 patients. Chemotherapy was administered to all our patients, including 2 patients in the metastatic setting, 1 neoadjuvant patient and 1 adjuvant patient. The chemotherapy protocols used were VAC (vincristin, doxorubicin or actinomycin, cylophosphamid) in 4 patients including 1 patient in neoadjuvant situation 2 patients in metastatic situation and 1 patient in adjuvant situation and the ifosfamid etoposid protocol in 1 patient in 2nd metastatic line. After a median follow-up of 21 months, 2 patients remained under good control; one patient was lost to follow-up and one patient died.

Conclusion: Paratesticular rhabdomyosarcoma is an aggressive tumor. It requires an early diagnosis and an accurate extension assessment. The diagnosis is histological. Treatment is based on surgery and chemotherapy. Adequate long-term monitoring should be instituted to detect relapse.

Biography

Nisrine Acharfi is currently affiliated to the Department of Medical Oncology at the Hassan II Hospital University in Fez, Morocco.

nisrinacharfi@gmail.com