

Clinical Images

Primary testicular plasmablastic lymphoma: unique case in a 30 year old

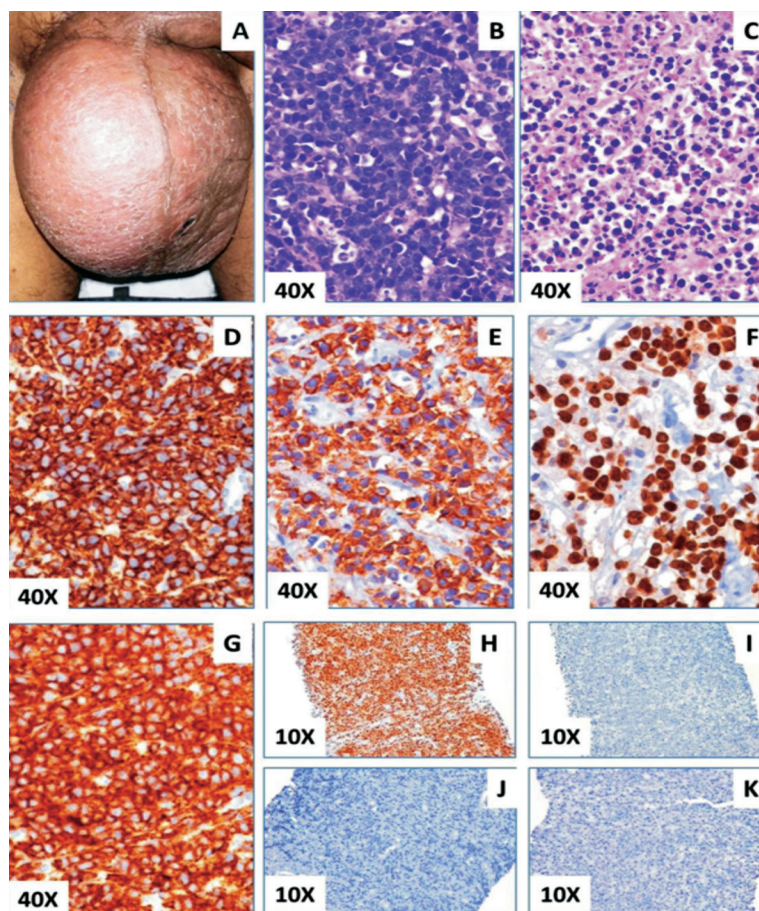


Figure (A). Clinical picture shows left orchidectomy with enlarged right testes. **(B)** Testicular core biopsy showing uniform population of large cells with round nuclei, coarse chromatin and prominent nucleoli (Hematoxylin and Eosin, 40x). **(C)** Testicular core biopsy showing areas of necrosis and inflammatory infiltrate (Hematoxylin and Eosin, 40x). Testicular biopsy showing plasmablastic lymphoma, tumour cells were positive (brown colour) for CD45 **(D)**, CD138 **(E)**, Ki-67 **(F)**, EMA **(G)** (40x) and MUM-1 **(H)** (10x) and negative for CD30 **(I)**, Cytokeratin **(J)** and PAX-5 **(K)** (10x) [DAB staining].

A 30 yr old HIV-negative immunocompetent male presented with painful right scrotal swelling to Medanta - The Medicity, Gurgaon, India, in February 2014 (Figure A). The patient previously experienced

a painful episode of left scrotal swelling four months ago for which he had consulted another hospital. There, left orchidectomy was done and diagnosed as plasmacytoma for which chemotherapy was started

(adriamycin, bortezomib and dexamethasone). Now core biopsy of right testicular mass was performed which showed sheets of large lymphoid cells with prominent nucleoli and brisk mitosis (Figure B, C). Immunohistochemically, the cells were positive for CD45, CD138, CD56, epithelial membrane antigen and MUM-1; negative for CD20, CD3, CD30, cytokeratin, PAX-5, PLAP (placental alkaline phosphatase) and ALK (anaplastic lymphoma kinase CD246 ALK1). The tumour cells had high Ki-67 index (90%) (Figure D-K). Diagnosis of plasmablastic lymphoma of testes was made; patient started on CHOP-E (cyclophosphamide, doxorubicin, vincristine, prednisolone and etoposide) chemotherapy. The patient received six cycles of chemotherapy with intrathecal methotrexate for CNS

disease. His general condition was stable with reduction in tumour size during follow up for eight months.

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