

SEMINOMA

MICROSCOPY:

Testis shows sheets and nests of large, round polyhedral cells with clear cytoplasm, round central nuclei, one to two prominent nucleoli, and distinct cell membranes. The tumor cells are interrupted by fibrous septa infiltrated by lymphocytes and plasma cells. Background testis shows GCNIS. Mitosis is minimal

DIAGNOSIS:

NODULE TESTIS - Classical Seminoma

WORK UP:

- 1) Additional sampling to rule out non-seminomatous component
- 2) Discuss at urology MDT for correlation with alpha-feto protein, HCG and lactate dehydrogenase.
- 3) Perform immunohistochemistry

TUMOR	CAM52	PLAP	C-KIT	CD30	Oct 3/4	SALL4	AFP	HCG
Seminoma	-	+	+	-	+	+	-	-
Embryonal CA	+	+	-	+	+	+	-	-
Yolk Sac tumor	+	-	-	-	-	-	+	-
Choriocarcinoma	+	-	-	-	-	-	-	+
Teratoma	+	-	-	-	-	-	-	-
GCNIS	-	+	+	-	+	-	-	-
Spermatocytic tumor	-	-	-	-	-	+	-	-

COMMENTS:

- (1) Most common germ cell tumor in 30-50 years
- (2) Gross: Homogenous, leulging mass
- (3) Associated with cryptorchidism, hypercalcemia, polycythemia etc
- (4) GCNIS is seen in 90% cases
- (5) Prognosis: Excellent
- (6) Treatment: Orchiectomy followed by surveillance, radiotherapy or chemotherapy depending on the stage.
- (7) Gain of 12p is present