

Seminomatous Germ Cell Tumor Who Presented with Acne and Gynecomastia

고려대학교 안암병원 내과

이보미, 임아름, 이정현, 최윤지, 박경화

Background: Acne and gynecomastia are common symptoms in young men. Usual approach in primary care setting is to control symptoms only. However, these symptoms may be a presentation of the underlying systemic disease. We report a rare case of seminomatous germ cell tumor stage III in a 25-year-old man who presented with acne, gynecomastia and palpable neck mass.

Case Presentation: A 25-year-old male was admitted to Korea University Hospital, Seoul, Republic of Korea, because of rash and elevation of CRP. In the physical examination, he had a gynecomastia and acne lesions on face, neck and trunk. He had a palpable mass on Left supraclavicular lymph node. He had a different size of testis and the right one is larger. > Histologic exam: 1) Left supraclavicular axillary LN: Favor metastatic tumor 2) Testis, right, radical orchiectomy: Germ cell tumor(seminoma component) > Immunohistochemical stains: OCT3/4(+), C-KIT(+), PLAP(+), SALL4(+)> Tumor marker: Serum β -HCG 65,480mIU/mL, Estradiol (E2) 284.5pg/mL, LDH 1254IU/L Final diagnosis was confirmed to be seminomatous germ cell tumors in the testicles. - Clinical course and treatment outcome He received chemotherapy after orchiectomy. Bleomycin, Etoposide and Cisplatin(BEP) were administered every 3 weeks. After 4 cycles, CT and PET CT scans were obtained. Multiple lung metastasis, multiple hypermetabolic LNs in left supraclavicular, left paraaortic area, aortocaval area and left iliac area of abdomen were further decreased. Serum β -HCG, Estradiol (E2) and LDH level were also decreased.

Discussion and Conclusion: In this case, he was admitted to hospital because of acne and gynecomastia. After physical examination and CT scans, He was diagnosed seminomatous germ cell tumor stage III. He was treated with chemotherapy(BEP) which produce partial response. Symptoms such as acne and gynecomastia that are common in young men may be a presentation of an underlying systemic disease. When treating young male patients with these symptoms of acute onset, primary care physicians should evaluate the underlying disease and consider the possibility of malignancy.

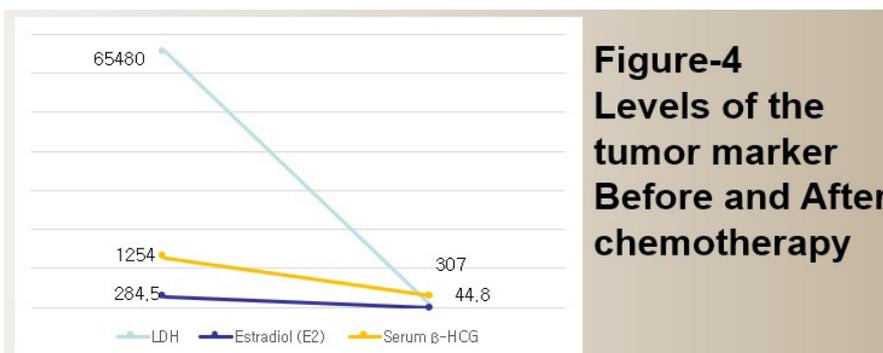
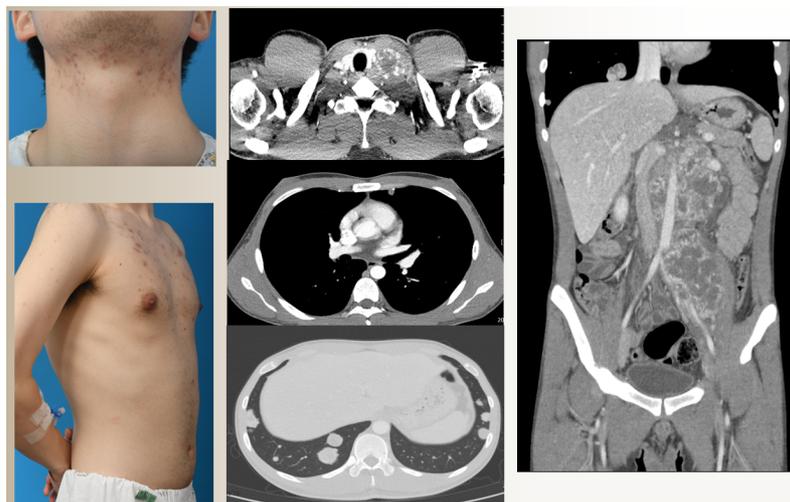


Figure-4
Levels of the tumor marker Before and After chemotherapy