

Testicular cancer at Kenyatta National Hospital, Nairobi.

Abstract:

To determine the prevalence, clinical characteristics, management methods and prognosis of testicular cancer at Kenyatta National Hospital. DESIGN: Retrospective case study of testicular cancer patients over a fifteen year period. SETTING: Kenyatta National Hospital, a referral and teaching hospital. PARTICIPANTS: All histologically confirmed testicular cancer patients recorded at the Histopathology Department of Kenyatta National Hospital between 1983 and 1997. RESULTS: The mean age was 34.8 years with a peak incidence in the 30-44 year age group. History of cryptorchidism was obtained in 10.26% of the patients. Thirty one patients (79.49%) presented with painless testicular swellings, eleven (28.08%) with pain, nine (23.08%) with scrotal heaviness, six (15.38%) with abdominal swellings and one (2.56%) each with gynecomastia and eye swelling. On examination 32 patients (82.05%) had testicular masses, ten (25.64%) had abdominal masses, seven (17.91%) had supraclavicular and cervical lymphadenopathy, and one each (2.56%) had gynecomastia and eye mass respectively. More than eighty nine per cent had germ cell cancers with seminoma accounting for 67.35%, teratoma 12.24%, embryonal carcinoma 8.16%, rhabdomyosarcoma 6.12% and malignant germ cell tumour, orchidblastoma and dysgerminoma each accounted for 2.04%. Three patients (7.7%) had orchidectomy and radiotherapy and chemotherapy, sixteen (41.03%) had orchidectomy and radiotherapy, six (15.38%) had orchidectomy and chemotherapy, ten (25.64%) had radiotherapy and chemotherapy, three (7.7%) and two (5.13%) had only chemotherapy and radiotherapy respectively. No cisplatin based chemotherapy regime was used. Follow up was effected for eighteen patients (46.15%) and seven patients (38.89%) were alive after five years. CONCLUSION: Prognosis with current regimes was poor with survival of only 38.89% after five years. Cisplatin based chemotherapy with up to 90% cure rates should be included as a component of testicular cancer management at Kenyatta National Hospital. PIP: This retrospective study was undertaken to determine the prevalence, clinical characteristics, management methods and prognosis of testicular cancer at Kenyatta National Hospital, Nairobi. All histologically confirmed testicular cancer patients recorded at the Histopathology Department between 1993 and 1997 were analyzed. The mean age was 34.8 years with a peak incidence in the 30-44 year age group. About 10.26% of patients had history of cryptorchidism. The clinical symptoms presented were painless testicular swelling (n = 31, 79.49%), testicular pain (n = 11, 28.08%), scrotal heaviness (n = 9, 23.08%), abdominal swelling (n = 6, 15.38%), gynecomastia (n = 1, 2.56%), and eye swelling (n = 1, 2.56%). On examination, 32 patients (82.05%) had testicular masses, 10 (25.64%) had abdominal masses, 7 (17.91%) had supraclavicular and cervical lymphadenopathy, 1 had gynecomastia, and 1 had an orbital mass. More than 89% of patients had germ cell cancers with seminoma accounting for 67.35%, teratoma for 12.24%, embryonal carcinoma for 8.16%, rhabdomyosarcoma for 6.12%, and malignant germ cell tumor, orchidblastoma, and dysgerminoma each accounting for 2.04%. The various methods of treatment include orchidectomy and radiotherapy and chemotherapy in 3 patients (7.7%), orchidectomy and radiotherapy in 16 patients (41.03%), orchidectomy and chemotherapy in 6 patients (15.38%), and radiotherapy and chemotherapy in 10 patients

(25.64%). No cisplatin-based chemotherapy was used. 18 patients were followed up, of whom 7 were alive after 5 years. Prognosis with current regimens was poor, with a 38.89% survival ratio in 5 years. Hence, cisplatin-based chemotherapy with up to 90% cure rates should be included in the testicular cancer management in this hospital.