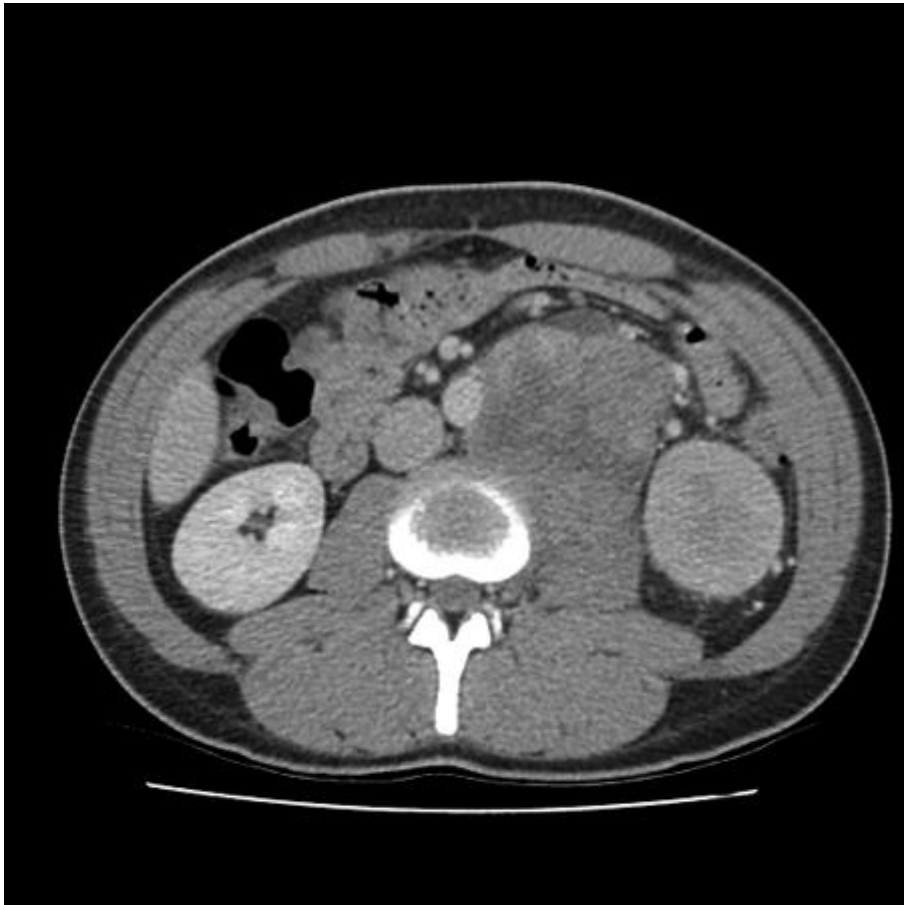


A 25 year old man presents acutely breathless, dizzy and complaining of vague abdominal pain.

Describe the scans.

substantial left sided para aortic mass, mixed attenuation, likely obstructing the left kidney – all of these for a 4, left sided para aortic mass for a 3. hydronephrosis not well demonstrated, there is underperfusion of left kidney. Lung bases look clear, which is important.



CT scan:

Multiple pulmonary emboli are also seen

Left hydronephrosis

7 X 7 X 12 cm left para aortic mass invading the renal vein with tumour thrombus consistent with a sarcoma.

4mm nodule in left lung

What do you advise?

Anticoagulate with LMW Heparin for a 3

Then proceed to stabilise patient who is obviously sick. Given potential acute kidney injury and dyspnoea, trial of iv fluids+/- stenting of ureter and stabilise the situation Candidates should appreciate alternative diagnosis, not typical for retroperit. sarcoma and should suggest tumour markers -4

Referral to sarcoma team for consideration of biopsy – 3

Biopsy without sarcoma team input – 2

Straight to surgical excision of mass- 1

Insertion of IVC filter for a 4

Does not alter approach for the lung nodule 4

Examine the testes

He is referred to the sarcoma MDT but they question the diagnosis.

What do you recommend?

Must trigger to ask for markers or a 1

Urgent testicular USS for a 3

Then proceed to stabilise patient who is obviously sick.

Given potential acute kidney injury and dyspnoea, trial of iv fluids +/- stenting of ureter and stabilise the situation, this tumour is not immediately life-threatening,

Examiners Note

If candidate has already said must rule out teratoma and asked for markers and mentioned urgent chemo.....

Say well done the next slide is for information you have already answered the question

Alpha fetoprotein 15,641kU/L (<5)

Beta HCG 4 U/L (<4)

LDH 477 U/L (10-250)

Testicular USS

“likely abnormality in the L testis”

The sarcoma surgeons offer to do a biopsy of the abdominal mass.

How do you respond?

Markers are diagnostic so now must go to referral for urgent chemotherapy or a 1 at this stage having had 2 chances to refer for chemotherapy

Proceed directly to chemotherapy 4, biopsy 2
orchidectomy 2

Straight to orchidectomy is a 2.

Proceed directly to chemotherapy is a 4
after USS and stabilising the patient.

Does not require urgent chemotherapy is a 2

Straight to chemo without medical
management is a 2

It was decided to give urgent chemotherapy.

What chemotherapy would you suggest?

5 day BEP chemotherapy. Bleomycin, days 2, 8 and 15; etoposide 100mg/m² days x-y and cisplatin 20mg/m² days 1-5 for a 4

3 day BEP less ideal here in scenario of obstructed kidney and such high afp when more than 3 cycles required – 2

BEP/"platinum based chemotherapy" for less than 3 cycles – 2 2 cycles or not BEP is a 1

Doesn't know – 1

Rasburicase or allopurinol – 4 Allopurinol OK , hardly justifies rasburicase, as will not melt very rapidly with low hcg

He received five day EP for cycle 1.

He attends for cycle 2 is clinically better and off oxygen with a plan to add Bleomycin.

What do you advise ?

Hb (g/dl)	12.0	aFP kU/L	1,643 (was 18,342)
WCC x10 ⁹ /l	1.1	bHCG U/L	5 (<4)
Neuts x10 ⁹ /l	0.2	LDH U/L	254 (10 – 250)
Plts x10 ⁹ /l	105	Urea mmol/L	6.5 (2.5 – 7.5)
O ₂ Sat on air	98%	Creatinine μmol/L	105 (60 – 110)

Proceed with chemotherapy despite low count or a 2.

Should proceed with BEP so add Bleo and add GCSF for a 4 if misses GCSF is a 3.

If fails to add Bleo is a 2

Tumour markers normalise after 3 cycles of chemotherapy
Comment on the CT scan performed 6 weeks after cycle 4.
Reduced, partially cystic remaining mass and IVC filter – 4,
reduced mass – 3, mass but failure to spot response – 2,
fails to identify either - 1



CT Report:

Stable 4mm nodule left lung.

Left partly cystic paraaortic mass reduced from 12cm to 4cm.

Both testes appear normal

What do you recommend ?

Discuss with specialist centre re RPLND opinion at the supra regional testis MDT regarding the residual if not is a

1

Further chemo is a 1

CT Report:

Stable 4mm nodule left lung.

Left partly cystic para-aortic mass reduced from 12cm to 4cm.

Both testes appear normal

Retroperitoneal lymph node dissection is indicated.

Does he require any other intervention?

Orchidectomy as well or a 1

Further chemo is a 1