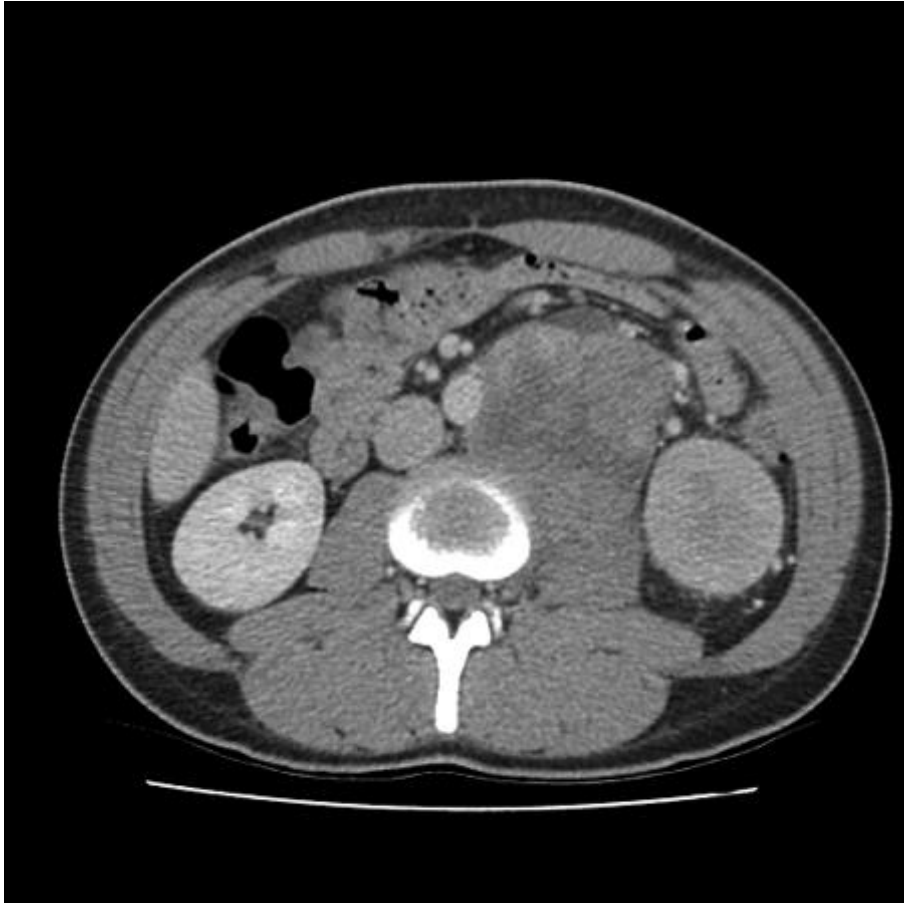


A 25 year old man presents acutely breathless, dizzy and complaining of vague abdominal pain.

Describe the scans.



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

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?

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His condition is stabilised he is still on oxygen.

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

What do you recommend?

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$\alpha$ FP 15,641 kU/L (<5),  $\beta$ HCG 4 U/L (<4)

LDH 477 U/L (10-250)

Testicular USS: likely abnormality in the L testis

Remains breathless still requires oxygen.

The sarcoma surgeons offer to do a biopsy of the abdominal mass. How do you respond?

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Remains breathless still requires oxygen.

**It was decided to give chemotherapy.**

**What chemotherapy do you suggest?**

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/L)	120	$\alpha$ FP kU/L	1,643 (was 18,342)
WCC x10 <sup>9</sup> /l	1.1	$\beta$ HCG U/L	5 (<4)
Neuts x10 <sup>9</sup> /l	0.2	LDH U/L	254 (10 – 250)
Plts x10 <sup>9</sup> /l	105	Urea mmol/L	6.5 (2.5 – 7.5)
O <sub>2</sub> Sat on air	98%	Creatinine $\mu$ mol/L	105 (60 – 110)

Tumour markers normalise after 3 cycles of chemotherapy  
Comment on the CT scan performed 6 weeks after cycle 4.



CT Report:

Stable 4mm nodule left lung.

Para-aortic mass reduced from 12cm to 4cm.

Both testes appear normal

What do you recommend ?



CT Report:

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Both testes appear normal

Retroperitoneal lymph node dissection is indicated.

Does he require any other intervention?

He has RPLND, left orchidectomy.

Pathology:

Residual mature teratoma

No viable germ cell component.

Excision is probably complete.

No lymph node metastases (0/21)

Left orchidectomy: no viable germ cell neoplasia.

What do you recommend?