

## Clinical Image

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# Lumbo-aortic lymphadenectomy for residual retroperitoneal masses in testicular germ cell tumors

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### Clinical image description

It is about a 24-year-old male, with no past medical history, diagnosed in April 2021 with left testicular germ cell tumor. He had a left orchiectomy.

Postoperative thoraco-abdomino-pelvic CT scan showed inter-aorto-caval and pre-caval lymph nodes with a diameter of 31mm and 23mm respectively.

He received three cycles of BEP.

The post-chemotherapy CT scan showed tumor progression: appearance of mediastinal adenomegaly with a magma of retroperitoneal necrotic adenomegaly compressing the inferior vena cava and renal veins.

He received 4 cycles of TIP and was operated six weeks after the end of chemotherapy.

Peroperatively, it was a pre-aortic and inter-aorto caval mag-

ma adhering to the duodenum, to the renal pedicles, to the inferior mesenteric artery and to the spine.

He had a bilateral lumbo-aortic lymphadenectomy leaving a border adhering to the spine.

The postoperative follow-up was simple.

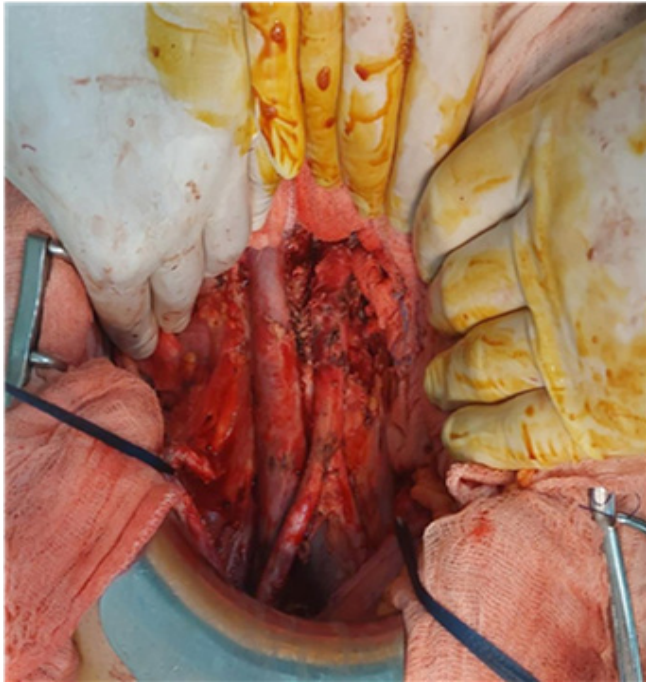
The anatomopathological examination concluded to a lymph node metastasis of a testicular germ cell tumors.

Regression of residual masses of TGCT is usually delayed.

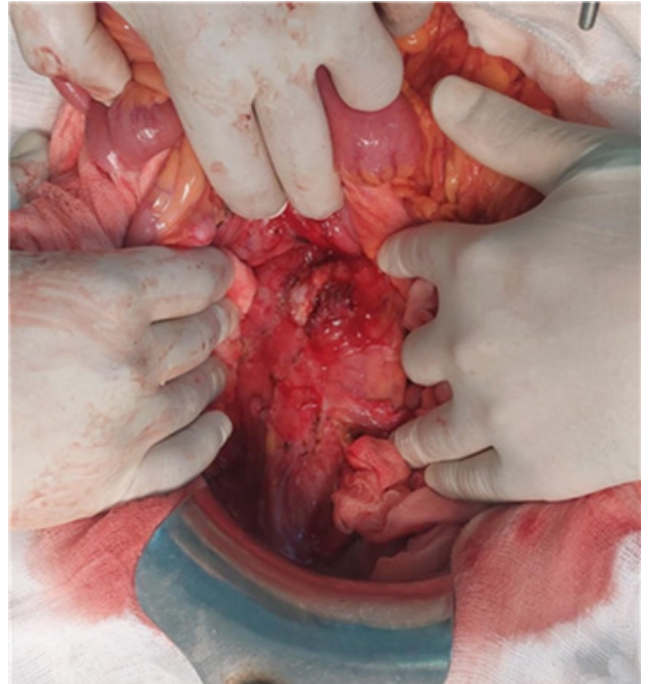
In case of residual mass over 3 cm or progression under chemotherapy, surgical resection is recommended.

The morbidity associated with lumbo-aortic lymphadenectomy is due to the damage done to the sympathetic nerve fibers of the hypogastric plexus during the procedure.

However, it remains the reference curative surgical treatment of residual masses in testicular cancer.



**Figure 1:** Pre-aortic and inter-aorto caval magma.



**Figure 2:** After a lumbo-aortic lymphadenectomy.