



Testicular Cancer in Men

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EDITORIAL

Testicular cancer starts in the male gland known as a testicle or testis (two are called testicles, or testes). Though it can affect a man or boy at any age, it is most often found in men age 15 to 44 years. It's fairly rare and very treatable. With early diagnosis, testicular cancer can be cured. With treatment, the risk of death from this cancer is small. How well a patient reacts to treatment depends on the cancer cell-type, whether it has spread and the patient's overall health. Doctors treating testicular cancer will aim to limit treatment side effects. To catch this cancer early, men are encouraged to learn about early signs, learn how to do a testicular self-exam and talk with a health care provider if there is a suspicious lump, swelling, or pain in the area.

The testicles are part of the male reproductive system. These two small egg-shaped glands are held in a sac (scrotum) below the penis. The testicles have a firm, slightly spongy feel. The firmness of the testicle should be the same throughout. The size of the testicles should also be about the same, though one may be larger than the other. At the top and outside edge is a rubbery, tube-like structure called the epididymis.

The testicles are where sperm mature. The testicles also make male hormones such as testosterone. This hormone controls the sex drive in men. It also starts the growth of muscle, bone and body hair.

SYMPTOMS

A painless lump in the testicle (the most common sign). Swelling of the testicle (with or without pain) or a feeling of weight in the scrotum. Pain or a dull ache in the testicle, scrotum or groin. Tenderness or changes in the male breast tissue.

If you find any lump or firm part of the testicle, you should see a doctor to find out if it is a tumor. Very few men who have testicular cancer felt pain at first.

Many men do not tell their health care provider about these signs. On average, men wait for about five months before saying anything. Since the tumor can spread during that time, it is vital to reach out to a urologist if you notice any of these signs. This is especially true if a sign lasts for more than two weeks.

Epididymitis: swelling of the epididymis. Often treated with antibiotics.

Testicular torsion: twisting of the testicles. Often treated with surgery.

Inguinal hernia: when part of the intestine pokes through a weak part of the stomach muscles near the groin. Often treated with surgery.

Hydrocele: when fluid builds up in the scrotum. This often goes away without treatment.

It may not be possible to avoid risk factors for testicular cancer. Men with a father or brother who had testicular cancer. Men with a history of testes that don't drop before birth (also known as undescended testes or cryptorchidism). Abnormal cells in the testicle called germ cell neoplasia in situ (GCNIS), most often found during an infertility test. If you fall into any of these categories, do a testicular self-exam each month. The self-exam may help you catch problems early, when treatment is easier.

Men with a history of undescended testicles (cryptorchidism) are more likely to develop a tumor than other men. This means that a testicle did not drop from the abdomen into the scrotum before birth. (The abdomen is where the testes form in fetal development.) Surgery can repair this issue, but testicular cancer may still develop in about 8 out of 100 patients. After treatment, children are checked for at least two years to make sure all is well. Physical exams, tumor marker tests and chest x-rays are common follow-up tests. Most often boys do not look different if a testicle is removed.

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