

# SELECTED ABSTRACTS

Pages with reference to book, From 191 To 192

**Role of Chemotherapy and Surgery in the Treatment of Thoracic Metastases from Nonseminomatous Germ Cell Testis Tumor. Davor Vugrin, Willet F. Whitemore, JR., Manjit Bains and Robert B. Holbey. *Cancer*, 1982, 50: 1057-1060.**

NONSEMINOMATOUS GERM-CELL TUMORS of the testes are confined in 40 per cent of patients, Stage I; have retroperitoneal metastases in 40 per cent, Stage II and have distant metastases in 20 per cent, Stage III. Surgical cure rates for Stages I and II disease are 85 per cent and 50 to 50 per cent, respectively. Relapses occur primarily in the thorax, and these patients with Stage III disease are treated with chemotherapy and cytoreductive surgical procedures.

Sixty-seven patients with Stage III disease and no prior chemotherapy, 20 of whom had dissection of the retroperitoneal lymph nodes, received chemotherapy. Those with residual metastases to the lung or without dissection of the nodes had thoracotomy and resection of the tumor to dissection of the retroperitoneal lymph nodes, or both procedures. Those with residual tumor had additional chemotherapy.

Pulmonary metastases cleared with chemotherapy alone in 43 of the 67 patients, 64 per cent. Six of the remaining 24 patients refused thoracotomy; of the 18 remaining, 12 had complete excision of the lung, six of whom were necrotic and six of whom had malignant residuum. The six patients without tumor underwent dissection of the retroperitoneal lymph nodes, and only two had residual nodal disease. After a four year follow-up period, four of the six patients who had thoracotomy with resection of the disease are disease-free. Curiously, histologic characteristics of the primary tumor did not influence remission of pulmonary lesions with chemotherapy alone, although none had pure choriocarcinoma. The results of this study indicated elimination of pulmonary metastases in 73 per cent of the patients who had tumor of the testis and chemotherapy alone. The presence of retroperitoneal metastases lowers the rate of complete remission of pulmonary disease. Retroperitoneal disease is less likely to be eradicated by chemotherapy alone.

One-half of the 20 per cent of patients with intrathoracic metastases who require surgical resection will benefit from the removal of residual malignant or nonmalignant tumor, particularly those in whom malignant disease is completely resected and who receive additional chemotherapy. Dependent upon response to chemotherapy or resectability, or both, concomitant nodal disease in the retroperitoneum influences outcome.

**Peter L. Scardino**

**Current Concepts in the Management of Testicular Germ Cell Tumours in Adults a Review. Peter Ekrnan. *Int. J. Androl.*, 1982, 5: 356-366.**

BECAUSE of the combination of aggressive chemotherapy and radical surgical procedures used today, most instances of advanced nonseminomatous germ cell tumors of the testis can be cured. The most active chemotherapeutic regimen is a combination of cisplatin, vinblastine and bleomycin; the epipodophyllotoxin VP-16-213 is still a second hand alternative. Surgical procedures are applied for definite cure of disease at a low stage and for the debulking of remaining tumor after initial chemotherapy for disease at advanced stages. Survival rates today are given as 100 per cent for those with Stage I disease, 90 per cent for those with Stage II and 60 per cent for those with Stage III. Patients with low stage seminoma are still treated routinely with radiotherapy; however, chemotherapy seems to improve markedly the survival rates of patients with advanced stages of this disease also. The use of highly toxic chemotherapy and advanced surgical procedures necessitates a concentration of patients with these conditions in a few centers with experienced staff members. Classification,

symptoms, diagnostic aids and follow-up procedures of these tumors are discussed briefly.

**Gerald P. Murphy**

**Testicular Function After Unilateral Orchiectomy for Cancer and Before Further Treatment. Sophie D. Fossa, Olbjorn Klepp Kaare Molne and Asbjorn Aakvaag. Int. J. Androl., 1982, 5: 179-184.**

THIRTY FIVE MEN who ranged from 17 to 43 years old, a mean of 30.4 years, with histologically verified carcinoma of the testis had sperm analysis and serum hormone analysis after undergoing unilateral orchiectomy and before beginning chemotherapy or radiotherapy, or both. The remaining testis of one patient was atrophic; that of the other 34 patients was clinically normal in size and consistency. Ten patients had fathered at least one child, and 25 patients, six of whom were married, had no children.

A low sperm count, a low motility index and a high proportion of abnormal sperm were found in two-thirds of the patients. The testosterone level was low in the majority of the patients and below the normal range in seven patients but did not appear to be related to the sperm count. Follicle stimulating hormone levels were elevated in three patients and showed borderline values in another three, with low sperm counts being found in all six of these patients.

In conclusion, cryopreservation of semen is unlikely to be of value to a significant number of patients who have carcinoma of the testis after undergoing unilateral orch. iectomy. In a few patients with normal results of sperm analysis, cryopreservation may be discussed, bearing in mind that the final fertilizing ability of the deep frozen semen from patients who have undergone orchiectomy may be less than that from healthy donors.

**Peter F. Winter**

**Significance of Acute Urinary Retention Due to Infravesical Obstruction. L. Breum, P. Klarskov, L. K. Munck and others. Scand. J. Urol. Nephrol., 1982, 16: 21-24.**

THIS is an interesting follow-up study of 107 patients who had acute retention of urine and were treated by transurethral drainage only once. Among these 107 patients were 70 instances of benign hyperplasia of the prostate, 59 histologically proved instances and 11 assumed diagnoses. Of these 70 patients with benign hyperplasia of the prostate, 70 per cent had repeat retention within one week, and 84 per cent had recurrent retention or definitive treatment, or both within the observation period of five years. The results of this study indicate that, for all patients with acute urinary retention relieved by catheterization only once, close observation is warranted for the diagnosis of recurrent retention and that acute retention is a strong indication for definitive treatment in instances of benign hyperplasia of the prostate.

**R.D. Sheth**