A RARE REPORT OF SEMINOMA IN AN ORCHIECTOMIZED DOG

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SUMMARY

A rare report of seminoma in a neutered dog is documented first of its kind in India following confirmative diagnosis by histopathology. One and half year old, castrated male, chippiparai dog was reported with pink, firm, ulcerated mass with mild bleeding in the scrotum. Thoracic radiography revealed no lung metastases. Surgical excision of the mass was performed under general anaesthesia using Inj.Ketamine (5 mg/kg). Histopathologically, it revealed sheet of round to polygonal cells within the seminiferous tubules. The uniform seminomatous cells had more eosinophic cytoplasm, centrally placed vesicular nucleus with prominent nucleoli.

Keywords: Dog, Seminoma, Testicular tumours

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The second most common type of tumor observed in male dogs is testicular tumors (Hayes, 1976). The frequently reported testicular types of tumours are germ cell, Sertoli cell and Leydig cell. Seminoma is originated from the germ cells that comprise the spermatogenic epithelium within the seminiferous tubules (Fan *et al.*, 2007). The risk factors involved in the genesis of seminoma in both human beings and canines includes cryptorchidism, inguinal hernias and occasionally, a hereditary link (Fan *et al.*, 2007). The tumours spread chiefly by lymphatic vessels and metastases to other organs and frequently to retroperitoneal lymph nodes (Restucci *et al.*, 2003). This communication reports a rare occurrence of seminoma in a castrated dog.

A one and half year old Chippiparai castrated male dog was reported to Veterinary Clinical Complex, Veterinary College and Research Institute, Namakkal with the history of ulcerated mass in the scrotum and castration was done by a field veterinarian three months ago. Clinical examination of the animal revealed a soft, reddish, firm, non-capsulated and irregular mass in the scrotal region with sero-sanguinous discharge (Fig. 1). Hematobiochemical parameters were analysed and recorded. Thoracic radiography was taken to ascertain the distant organ metastasis.

Surgical excision of the mass was performed under pre-anaesthetic Inj. Xylazine (1 mg/kg b.wt.), Inj. Diazepam (0.5 mg/kg b.wt.) and general anaesthesia using Inj. Ketamine (5 mg/kg b.wt) for induction and maintenance. Skin incision was made at the base of the mass including 1 cm of the healthy scrotal skin. Tumour mass was bluntly separated from the subcutaneous tissue. Bleeding points were coagulated using bipolar surgical electrocautery. There was no communication of the mass with the

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abdominal cavity. Skin incision was closed using silk 1-0. Post-operative antibiotics (Amoxicillin@20 mg/kg IM) for five days, anti-inflammatory (Carprofen @4 mg/kg IM) for three days were prescribed. Sutures were removed on 12th post-operative day. Tissue samples were submitted for histopathology in 10% formalin.

The gross appearance of the mass was soft, reddish, firm, non-capsulated, irregular mass. Initially the mass was suspected for transmissible venereal tumour. Primary testicular tumors are commonly reported in intact, older dogs. According to (Doxsee *et al.*, 2006) the mean age of occurrence of an extra testicular tumor was 9.2 years (range, 4 to 15 years). This is in contrary to the present case which is one year old. The hematological and serum biochemical values were tabulated below:

Parameters	Values	Parameters	Values
Hb	10g/dl	Glucose	90 mg/dl
PCV	40%	Total protein	6 g/dl
RBC	5×10 ⁶ /µl	BUN	10mg/dl
WBC	$5 \times 10^{3} / \mu l$	Creatinine	1.1 mg/dl
Neutrophils	65%	ALT	50 U/L
Lymphocytes	18%	ALP	120 U/L
Eosinophils	2%		
Monocytes	3%		
Thrombocytes	$3 \times 10^3 / \mu l$		

Many authors have indicated that retained testicles have a higher predisposition to cause testicular tumours (Reif *et al.*, 1979). The predisposing cause of seminoma in cryptorchidism is due to higher temperature in the inguinal region than in the scrotal sac but lower when compared to abdominal cavity (Hemminkand Sweden, 2004). But in this case, there was no history of cryptorchidism as per owner's statement. The risk of developing testicular



Fig. 1. The Chippiparai dog showing soft, reddish, firm, non-capsulated and irregular mass in the scrotal region with serosanguineous discharge

tumour can be eliminated by a successful castration. But there are very few rare cases reports of testicular tumours developed in castrated dogs. One such report is by Collin carry (2012) who documented Sertoli cell tumour in a ten year old Labrador which was castrated at six months of age. Angela et al. (2006) reported a retrospective study on 12 dogs and 5 cats that spontaneously developed neoplasms of testicular origin (Sertoli cell tumour) after castration. According to De Kretser et al. (2000) due to the lack of inhibin (and testosterone), previously castrated animals are likely deficient in gonadotropin-releasing hormone and follicle stimulating hormone, which increases the risk of gonadotrophin overproduction and carcinogenesis. Metastasis of seminoma has been evidenced in the eye, nervous system, spleen (Lucas et al., 2012), kidney, liver, pancreas, lymph nodes, alveolar tissue, base of the tongue, soft palate, wind pipe and pericardium (Takiguchi et al., 2001). Dugat et al. (2015) reported metastasis of seminoma in bones (ribs and humerus bone) in aneight year oldcryptorchid dog. Thoracic radiography revealed no metastasis in the present case. Histopathology revealed sheet of round to polygonal cells within the seminiferous tubules. The uniform seminomatous cells had more eosinophilic cytoplasm, centrally placed vesicular nucleus with prominent nucleoli. This correlates with the findings of (Ciaputa et al., 2012) who describes the most frequent form of seminoma, tumour cellstransform within seminiferous tubule and form bands or islandsof a relatively uniform texture. The cells are very closely packed and well outlined containing large cellnuclei with one or two nucleoli. The present case revealed the loosely attached neoplastic cells with weak desmosomes and collagenfibres (Fig. 2). This might be due to rapid turnover of neoplastic cells within the seminiferous tubule. No parallel reports are available to support this finding.

The present case is contrary to the published



Fig. 2. Histopathology of the mass showing the round to polygonal cells with loosely attached collagen fibres and centrally placed vesicular nucleus with prominent nucleoli

literatures, because it was recorded in a young, castrated dog without cryptorchidism and metastases. The possible reason for occurrence of seminoma within three months of castration without any testicular reminants could not be ascertained.

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