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P100 - BRAIN METASTASIC MIXED GERM TESTICULAR TUMOR WITH INTRACRANIAL HYPERTENSION TREATED WITH SURGERY AND CHEMOTHERAPY: A CASE REPORT AND LITERATURE REVIEW

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Resumen

Introduction: Nervous system metastases is a rare entity in germ cell tumor of the testis, account for 6% overall and they are exceptional since the appearance of cisplatin. This case is reported because of rarity of location and to review the initial management of these lesions

Case report: We present the case of 31-year-old right-handed man with a history of headache, vomiting, left arm hemiparesis and intracranial hypertension (ICH). His medical history showed a mixed-germinal-tumour (seminoma and yolk sac) in stage IV (liver metastasis) treated with radical orquhiectomy and posterior chemotherapy (cisplatin-etoposide). The patient was commenced on high dose of dexamethasone and manitol and underwent a left parietal craniotomy with gross total resection. Light microscopy and immunohistochemistry confirmed the diagnosis of metastatic mixed-germ-tumour. Four weeks later, the patient came to emergency department with wound infection confirmed with CT and MRI that showed an abscess within recurrence metastasis. A second parietal-craniotomy was performed. The microbiologist confirmed abscess formation caused by *Propionibacterium acnes* and histopathology of recurrence. The patient was treated with daptomicin-levofloxacine during six weeks. Control brain-CT showed early recurrence two weeks later with bodyCT and tumour markers negative. He received four cycles of chemotherapy (PLACLITAXEL, IFOSFAMIDE, CISPLATIN) with control brain-CT showed complete remission. The patient now led a useful life free from tumour.

Discussion: Early surgical resection is important treatment for patients with cranial hypertension. In addition, we review the literature reporting the patients with primary surgery and the suggestion that surgical removal of tumour before initiating chemotherapy will produce better results that using nonsurgical-treatment alone.