Adenocarcinoma of rete testis is a rare diagnosis described in around 70 patients worldwide, whereas only 30 patients out of this sample actually meet strict diagnostic criteria [1,2]. This tumor usually occurs in men over 60 years of age but there are a few cases of younger patients described as well [2,3]. The prognosis of metastatic disease is very poor and there is no standard treatment strategy defined. Herein we present a unique case report of a 47-year-old man suffering from adenocarcinoma of rete testis who was treated with paclitaxel, ifosfamide and cisplatin (TIP) until July 2008. Chemotherapy was administered in a five-day regimen, which comprised 250 mg/m² of paclitaxel on day one, 20 mg/m² of cisplatin on day one to five and 1,2 g/m² of ifosfamide on day one to five. The patient received prophylactic pegfilgrastim after each cycle of TIP. The treatment was well tolerated – without any significant toxicity detected. The patient achieved partial remission according to RECIST criteria in all sites involved. However, in July 2009 he developed disease progression in lungs and the retroperitoneum. Extirpation of enlarged left inguinal lymph nodes proved a metastatic adenocarcinoma compatible with the primary disease. He was commenced on capcitabine and cisplatin chemotherapy and achieved further disease stabilization for more than six months. Subsequently, several courses of palliative chemotherapy were given with only a transient response, followed by disease progression. In May 2011 patient’s status deteriorated rapidly and he died of disease progression.

Consistently with an unfavorable prognosis of adenocarcinoma of rete testis, patient’s long-term survival was two years and 10 months after the occurrence of metastases. Apparently, there is a lack of consensus on treatment strategy of this rare tumor. Some authors suggest that the orchectomy should be followed by retroperitoneal lymph node dissection [4]. There is an evidence of radiotherapy and chemotherapy applied in high-stage tumors without any significant success. There were several chemotherapeutic agents tested for the treatment of adenocarcinoma of rete testis such as methotrexate or 5-fluorouracil in monotherapy, or combination therapy based on cisplatin and carboplatin (paclitaxel), cyclophosphamide, 5-fluororacil, dactinomycin, bleomycin, etoposide), all inducing only poor response [4,5]. In the light of its resistance, the result of four cycles of TIP establishing disease control for 14 months appears remarkable. This leads us to conclude that paclitaxel with ifosfamide and cisplatin appear promising in the management of this rare disease. However, further research in this area is warranted.

References