

## Summary Report

**HN:** 800422937 **Name:** Master Tanzim Shaikh Shohan  
**Birth Date:** 10/09/2008 **Age:** 13 Y 10 M 30 D **Sex:** Male  
**Date:** 09/08/2022 **Room:** Children Center (Building A 17A)  
**Physician:** Piya Rujkijyanont (Assoc.Prof.Dr.) (206177)  
**Allergies:**.....

### Pediatric Hematology-Oncology Note

Case 13 years 10 months old boy with a right testicular mixed germ cell tumor status post right radical orchidectomy via inguinal approach on 15/07/2022; underwent cycle 1 PEB (02/08/2022 – 06/08/2022).

CC: Follow up

PI: Clinically stable, improved epigastrium pain (3/10), afebrile, slightly decreased appetite and level of energy, no N/V

PE: T: 36.7 °C. Pulse: 108 /min. R: 20 /min. BP: 116/76 mmHg.

Height: 169.1 cm. Weight: 68.9 kg.

Active, alert, no distress

Not pale conjunctivae

Normal oral mucosa

Lungs: clear and equal air entry

CVS: well-perfused with good cap refills

Abdo: soft with normal bowel sound

### Pre-chemotherapy work-up

Audiogram (25/07/2022): normal

Bone scan (26/07/2022): unremarkable

Echo cardiography (25/07/2022): normal cardiac function

Screening spirometry (27/07/2022): normal

### **CT chest and abdomen (13/07/2022):**

- Enlarged and heterogeneous right testis with enlarged precaval lymph node, suggested testicular tumor with lymph node metastasis. Minimal right hydrocele. Thickened, mildly enlarged and enhanced right spermatic cord. Lymph nodes: Enlarged lymph node at the precaval region, superior to IVC bifurcation, about 1.8x2.6x2.8 cm in size. The posterior aspect of this lymph node is mildly compressed and partially obliterated plane of the adjacent IVC. Multiple subcentimeter lymph nodes at paraaortic, aortocaval, both external iliac and both inguinal regions, up to 0.8 cm in short axis diameter.
- No pulmonary or liver metastasis.
- Plate atelectasis at posterior basal RLL.

### **Patho results of right testicular mass:**

- Mixed germ cell tumor (embryonal carcinoma 60%; yolk sac tumor 3%; teratoma 10%) ✓

### **Laboratory (09/08/2022):**

CBC: WBC 42,600/mm<sup>3</sup> (N92 L6 M0 E2%) Hb 15.3 g/dL Platelet 303,000/mm<sup>3</sup>

BUN 12.6 Cr 0.67

Na 135 K 4.7 Cl 91.8 CO<sub>2</sub> 27 Ca 9.8 Mg 2.1

(11/07/2022): AFP 175.6 ; B-HCG 526.8

(15/07/2022): right radical orchidectomy

(21/07/2022): AFP 260.2 ; B-HCG 21.6

(01/08/2022): AFP 493.8 ; B-HCG 10.7

(02-06/08/2022): PEB cycle 1

(09/08/2022): AFP 646.3 ; B-HCG 8.6

Imp: Right testicular mixed germ cell tumor stage 3

Status post **cycle 1 PEB Day 8**

Dyspepsis - improved

Plan:

- Informed parents re: lab results
- Patient is flying back home and will continue chemotherapy at home
- Discussed with parents in length re: care during chemotherapy
- The patient will need to see oncologist as soon as he arrives home for CBC check
- Recommend serially monitoring AFP and B-HCG and he may need imaging of the brain and spine (CT or MRI) to find possible pathologic lesion if tumor markers still continue to rise
- To continue PEB for 4 cycles and evaluate disease status (tumor markers + imaging studies). If there is persistent elevated tumor markers or residual enlarged abdominal lymph node, he may need evaluation for possible surgical resection of the lesion and radiation therapy with 2 additional cycles of PEB
- Continue general supportive care: bactrim prophylaxis, chelated Mg, onsia prn, gaviscon, omeprazole and air-x
- I have discussed diagnosis and plan with patient/family; who agreed and voiced understanding.

Current meds

- 1) Bactrim 1 tab po BID every Monday, Wednesday and Friday / 18 tabs
- 2) Chelated Mg (100mg) 1 tab po BID / 10
- 3) Onsia (8mg) 1 tab po q8h prn for N/V / 10
- 4) Gaviscon 20 ml oral QID
- 5) Omeprazole (20) 1 tab oral daily
- 6) Air-X 1 tab oral prn every 8 hr

Sincerely,



Piya Rujkijyanont, MD  
Pediatric Oncologist,  
Bumrungrad International Hospital,  
Bangkok, THAILAND

# Discharge Summary Inpatient

**HN:** 800422937 **Name:** Master Tanzim Shaikh Shohan

**Birth Date:** 10/09/2008 **Age:** 13 Y 10 M 25 D **Sex:** Male

**Date:** 04/08/2022 **Location/Specialty:** Pediatrics (Children) Ward 10D Room 1069

**Physician:** Piya Rujkijyanont (Assoc.Prof.Dr.)

**Admission Date/Time:** 01/08/2022 15:54 **Discharge Date/Time:** 07/08/2022 19:00 **LOS** 6 days

**Reason for Admission:** Chemotherapy

## Discharge Diagnosis

### A. Principal Diagnosis:

Testis malignant neoplasm, mixed germ cell tumor

### B. Comorbidities:

Chemotherapy administration

### C. Complications:

### D. Other diagnosis:

### E. External Cause of Injury:

**Procedure / Operation (s):** Cycle 1 PEB chemotherapy regimen

## Significant Clinical and Investigational Findings:

### Laboratory (01/08/2022):

CBC: WBC 13,100/mm<sup>3</sup> (N75 L16 M6 E1%) Hb 15.5 g/dL Platelet 323,000/mm<sup>3</sup>

BUN 12.6 Cr 0.67

Na 135 K 4.1 Cl 106 CO<sub>2</sub> 18 Ca 9.5 Mg 1.9 Phos 4.4

LFT (11/07/2022): TP 7.6 Alb 3.9 DB/TB 0.2/0.5 AST/ALT 17/14 ALP 138 GGT 17

(11/07/2022): AFP 175.6 ; B-HCG 526.8 ; LDH 249

(15/07/2022): right radical orchidectomy

(21/07/2022): AFP 260.2 ; B-HCG 21.6

(01/08/2022): AFP 493.8 ; B-HCG 10.7 ; LDH 184

(03/08/2022): Mg 2.1 Ca 9.2 K 4.42 Na 140

**Hospital course, Medication(s) and Treatment:** Cycle 1 PEB chemotherapy regimen

## Discharge Medications:

Co-trimoxazole 80/400 mg tablet (Po-trim) - 1Tablet - Take orally - 3 days per week in the morning and evening

Magnesium chelated 100 mg tablet - 1Tablet - Take orally - 2 times daily in the morning and evening after meal

Ondansetron 8 mg tablet (Onsia) - 1Tablet - Take orally

**Patient's condition upon discharge:** Please mark "[x]"

Recovered  Improved  Not improved  Dead (autopsy)  Dead (no autopsy)

**Type of discharge:** Please mark "[x]"

With approval  Against advice  By transfer  By escape  Death

**Follow Up:** Follow up Dr. Piya at Horizon clinic on Tuesday 09/08/2022 at 16:00 PM with CBC, electrolytes, Mg, Ca กำหนดแพทย์

**Attending Physician's Signature** Piya Rujkijyanont (Assoc.Prof.Dr.) **MD Code** 206177

**Date** 07/08/2022 **Time** 15:22



# Discharge Summary Inpatient

**HN:** 800422937 **Name:** Master Tanzim Shaikh Shohan

**Birth Date:** 10/09/2008 **Age:** 13 Y 10 M 7 D **Sex:** Male

**Date:** 17/07/2022 **Location/Specialty:** Urology (Genito Urinary) Ward 10D Room 1066

**Physician:** Viroj Chodchoy (Dr.)

**Admission Date/Time:** 15/07/2022 13:53 **Discharge Date/Time:** 19/7/2022 **LOS** 2 days

**Reason for Admission:** for surgery

## Discharge Diagnosis

**A. Principal Diagnosis:** Rt testicular mass

**B. Comorbidities:** Enlarge precaval LN

**C. Complications:** none

**D. Other diagnosis:** none

**E. External Cause of Injury:**

**Procedure / Operation (s):** Rt radical orchidectomy

## Significant Clinical and Investigational Findings:

**Chief complaint:** admission for surgery

**History of present illness:** at 1 month ago wake up with Rt testis pain severe pain  
Rt scroum red and bigger  
seen Dr who diagnosed of torsion Rt testis but later change to epididymitis  
after u/s result  
On antibiotics for a week then better but pain recurred on and off  
checked at home 6/6/2022  
B HCG 522.16mIU/ml LDH 26.3 U/l AFP 92.11 ng/ml  
U/s testes(6/6/2022): suggested of Rt epididymo orchitis  
CT whole abdomen(6/6/2022): Rt testicular neoplastic lesion mild hydrocele  
enlarged precaval LN

**New allergy:**  No  Yes ....

## Past medical/surgical history:

- Childhood illness: Unremarkable
- Growth and development:  Appropriate for age  Delayed growth and development ....
- Immunization: Refer to vaccination record
- LMP (for woman of reproductive age): .....
- Significant previous hospitalization: None

**Current medication:** none

Social history:

- School performance: [ ] Average [ ] Below average [ ] Above average [x] N/A
- Tobacco: No
- Alcohol: No

Significant family history: Unremarkable

Review of system:

- Respiratory: Unremarkable
- Cardiovascular: Unremarkable
- Gastrointestinal: Unremarkable
- Genitourinary: Unremarkable
- Musculoskeletal/Skin: Unremarkable
- Neurological: Unremarkable
- Hematological/Lymphatic: Unremarkable

Physical examination:

- Vital signs: T:36.8 °C. Pulse: 77/min. R: /min. BP:112 /73 mmHg Weight:69 kg. Height: cm.
- General Appearance: Active child, appears well hydrated. normal built
- Skin: No skin lesion
- HEENT: Normal conjunctiva, normal both TM, tonsils not enlarged, pharynx not injected.
- Respiratory: Lungs are clear, no adventitious sound
- Cardiovascular: Normal S1 & S2, no heart murmur
- Abdomen: Soft, not distended, no tenderness, no hepatosplenomegaly, no masses, normal bowel sound.
- Genitourinary: neck node negative  
soft abdomen non tender  
Rt testis bigger non tender and hard whole testis Lt testis is normal
- Neurological: Good consciousness, moves all extremities symmetrically, good motor tone
- Extremities: No peripheral edema

Impression or diagnosis: Rt testicular mass

Plan and management: for Rt radical orchidectomy

Investigations UA rbc 0 wbc 0-1  
BUN 9.5 Cr 0.68 LFT normal Bhcg 526.8 mIU/ml (0-5.0)  
AFP 175.6 ng/ml (0-15) LDH 249 U/L (125-220)  
U/S testes (11/7/2022); There is multiple masses inside right testicular with internal cystic part, internal calcifications occupying nearly entire right testicle concerning for tumor such as germ cell tumor.  
The tumor mass partially involves right epididymis.  
There is hypervascularity at suprastesticular region, spermatic cord could be vascular supply to tumor.  
Normal left testis, left epididymis No inguinal lymphadenopathy  
CT chest and abdomen (13/7/2022); Enlarged and heterogeneous right testis with enlarged precaval lymph node, suggested testicular tumor with lymph node metastasis.  
Minimal right hydrocele. Thicken, mildly enlarged and enhanced right spermatic cord.  
No pulmonary or liver metastasis. Plate atelectasis at posterior basal RLL.

**Hospital course, Medication(s) and Treatment:**

Rt radical orchidectomy is done via inguinal approach; the whole testis and cord are removed up to deep inguinal ring. There is no infiltration to cord and scrotal skin.  
The postoperative period is uneventful,



Patient will be follow per OPD pending pathological report and further treatment

**Discharge Medications:**

Augmentin 1 gm tablet - 1Tablet - Take orally - 2 times daily in the morning and evening after meal  
Tylenol 500 mg tablet - 1Tablet - Take orally


**Patient's condition upon discharge:** Please mark "[x]"


Recovered  Improved  Not improved  Dead (autopsy)  Dead (no autopsy)

**Type of discharge:** Please mark "[x]"

With approval  Against advice  By transfer  By escape  Death

**Follow Up:** per OPD 19/7/2022

**Attending Physician's Signature** Viroj Chodchoy (Dr.)  **MB Code** 53165 **Date** 17/07/2022 **Time** 07:47

  
Bumrungrad  
International

## Surgical Pathology Report

Name: Tanzim Shaikh SHOHAN

Lab Episode Number: 22328420      HN: 800422937      DOB : 10/09/2008  
Collected: 15/07/2022 18:47      Age: 13Y 10M 5D      Sex: Male  
Received: 16/07/2022 09:55  
Station: Operating Room (Building B 5th Floor)  
Order Owner: Viroj Chodchoy (Dr.)

### Surgical Pathology

### Surgical Pathology

Test	Result	Flag	Units	Ref. Range
Indicator:	Require attention	(A)		
Accession Number:	22SP08835			
Addendum Report: *				

### **ADDENDUM REPORT**

This addendum is issued to report the result of immunohistochemical stains performed on block A.5 of 22SP08835 and finalize the diagnosis.

**Note:**

**Anatomic site:** Right testis.

**Immunohistochemical stains:**

Population: Malignant germ cell tumor.  
AE1/AE3: Diffusely positive.  
CD30: Focally positive.  
OCT3/4: Diffusely positive.  
AFP: Focally positive.  
Glypican-3: Focally positive.  
SOX2: Diffusely positive.  
SALL4: Diffusely positive.  
PLAP: Positive.

All controls work properly.

IHC interpretation: The immunoprofile supports the diagnosis of mixed germ cell tumor (embryonal carcinoma, yolk sac tumor and teratoma).

**Note:**

**Surgical Pathology Case Summary**

Procedure: Radical orchiectomy.

Specimen laterality: Right.

Remark: The symbol c means correction.



## Surgical Pathology Report

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### Surgical Pathology

Test	Result	Flag	Units	Ref. Range
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Tumor focality: Unifocal.

Tumor size: 6x4.5x3.8 cm.

Histologic type: Mixed germ cell tumor.  
Embryonal carcinoma: 60%  
Yolk sac tumor: 30%  
Teratoma: 10%

Tumor extent: Tumor invades hilar soft tissue with impending invasion of epididymis.

Lymphovascular invasion: Not identified.

Margins: All margins negative for tumor.

Regional lymph nodes: Not applicable (no regional lymph nodes submitted or found).

Distant metastasis: Not applicable.

Pathologic stage classification (AJCC 8<sup>th</sup> edition):

Primary tumor (pT): pT2

Regional lymph nodes (pN): Not assigned (cannot be determined based on available pathological information)

Distant metastasis (pM): Not applicable (cannot be determined from the submitted specimen)

Serum markers (S): S1

Minimum AJCC prognostic stage group: IS

### Comment:

Tumor at hilum/epididymis was additionally submitted. Total tissue block is 18.

Samornmas Kanngurn, M.D.

Remark: The symbol c means correction.

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Instant: 28/07/2022 13:14

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**Surgical Pathology  
Report**

Name: Tanzim Shaikh SHOHAN

Lab Episode Number: 22328420      HN: 800422937      DOB : 10/09/2008  
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 Order Owner: Viroj Chodchoy (Dr.)

**Surgical Pathology**

Test	Result	Flag	Units	Ref. Range
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Surgical Pathologist

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Surgical Pathology Report: \*

**Provisional Diagnosis:**

**Clinical History:** 13 year old male. Right testicular mass with abnormal beta-hCG, AFP and LDH.

**Clinical Diagnosis:** Right CA testis.

**Gross Description:** The specimen is received in formalin, labeled with the patient's name, an accession number, and additional labeling as "Right testis". It consists of a testis with attached spermatic cord and surrounding soft tissues, measuring 10.5 x 6.8 x 4.5 cm and weighing 128.1 grams. The testis measures 6.8 x 5 x 4.5 cm. The epididymis measures 3.1 x 2 x 1.5 cm. The spermatic cord is 5.5 cm in length and 1.6 cm in average diameter. Tumor is not identified at spermatic cord resection margin. The tunica vaginalis is smooth. The tunica albuginea is gray-tan and smooth. Cut surface of the testis shows a 6 x 4.5 x 3.8 cm gray-tan, fleshy mass with foci of hemorrhage and some tiny cysts. The tumor involves epididymis. The remaining testis parenchyma is yellow-brown. (See gross photo (s), press BIH form → Scanned form list→ Lab - Surgical Pathology Report)

Representative sections: fourteen cassettes. (A)

Summary of sections:

- A1 Spermatic cord margin
- A2 Spermatic cord midway between margin and testis
- A3-A5 Mass with adjacent testicular parenchyma
- A6-A11 Random mass
- A12 Mass with epididymis
- A14 Uninvolved testis
- A13 Epididymis
- (A3-A12 same cut surface)

Remark: The symbol c means correction.

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## Surgical Pathology Report

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### Surgical Pathology

Test	Result	Flag	Units	Ref. Range
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#### Provisional Diagnosis:

Testis, right, radical orchidectomy:

- **Nonseminomatous mixed germ cell tumor, at least yolk sac tumor and teratoma.**
- All margins negative for tumor:

#### Note:

Multiple immunostains are required to evaluate component of this mixed germ cell tumor. Final diagnosis and full pathology case summary will be reported afterwards.

Samornmas Kanngurn, M.D.  
Surgical Pathologist

Electronically signed by Samornmas Kanngurn, M.D. at 09:27 on 19/07/2022  
\*\*\*\*\*

Electronically signed by Samornmas Kanngurn, M.D.

at 11:52 on 28/07/2022

\* Corrected

Remark: The symbol c means correction.

Bumrungrad International Polyclinic 2: Bumrungrad International Tower Fl. 12, 68 Sukhumvit 1, Bangkok 10110, Thailand

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Instant: 28/07/2022 13:14

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