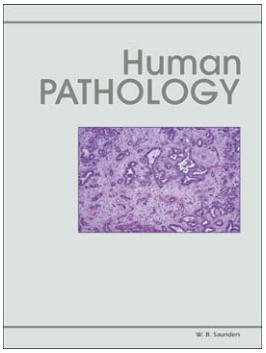

Solid pseudopapillary tumor: a new tumor entity in the testis?

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Solid pseudopapillary tumor: a new tumor entity in the testis?

To the Editor:

We greatly appreciated the case by Michal et al [1] reporting on a pancreatic analogue solid pseudopapillary tumor (SPT) of the paratesticular location. Analogously, we recently dealt with 2 cases, arising in the right testis of a 60-year-old man and in the left testis of a 56-year-old man. The patients have an uneventful past medical history, and the testicular nodules (1.5 cm and 3.2 cm, respectively) were incidentally disclosed during an ultrasound echo-sonography performed for hydrocele. Routine laboratory tests and serum tumor markers were unremarkable. The patients each underwent orchiectomies, grossly revealing a gray-brownish nodule with well-defined margins surrounded by normal testicular parenchyma.

At histology, the tumors showed a solid, cystic and pseudopapillary growth pattern with myxohyaline core and microcystic spaces in the first case and a signet ring cell proliferation with nuclear grooves and pseudoinclusion in the second case (Figure). Mitotic activity was inconsistent, necrosis absent, while hyaline PAS-positive globules were intermingled within cells. Tumor cells strongly displayed nuclear and cytoplasmic expression for *β*-catenin (Figure D) and diffusely stained with CD10 (Figure E), CD56, CD117, CD99, progesterone receptors and cyclin D1 (Figure F). Negative staining was observed with α-inhibin, E-cadherin (Figure G), pan-cytokeratins, SALL-4, OCT-4, CDX2, α-fetoprotein, CD30, β-HCG, DOG-1, calretinin, chromogranin, synaptophysin, glypican-3 and SF1. Mutations in the *CTNNB1* gene exon 3 were identified by direct sequencing. An abdominal computed tomography scan performed in both patients gave a negative result. These features consistently supported the diagnosis of SPT of the testis. No further therapy was performed after surgery, and the patients are alive and well at 15 and 27 months follow-up, respectively.