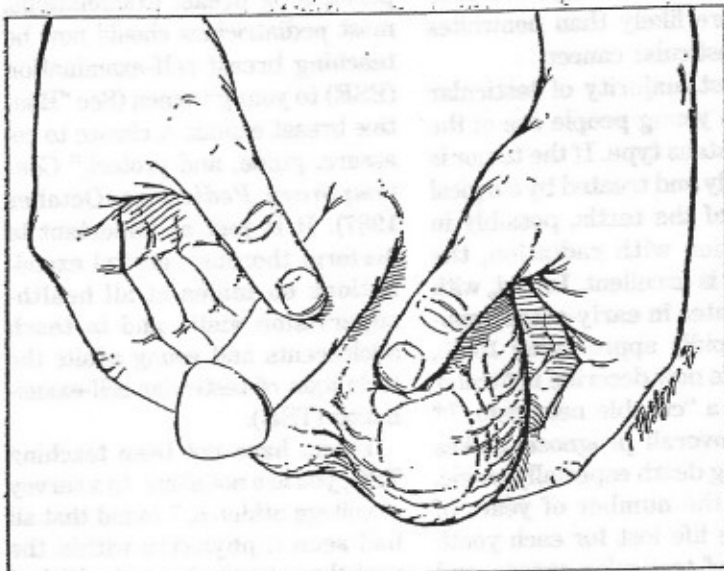


## TESTICULAR SELF-EXAMINATION: HOW YOU COULD SAVE YOUR OWN LIFE

Cancer of the testicles is the number one cancer in teenage boys and young adult men. It can strike at any time after sexual maturity. No one knows what causes this cancer. It is relatively rare but may be increasing slowly. A young man has about a one in 10,000 chance yearly of developing testicular cancer.

If found in its early stages, when it is just a lump in the testicle and has not spread, a cancer is almost 100% curable. You can detect it by examining your testicles at least once a month. It takes only 30 seconds while you are in the shower. It could save your life. Here's how to go about it.

- Roll each testicle between the thumb and first three fingers until you have felt the entire surface. The testicles should feel round and smooth, like hard-boiled eggs.
- Be on the lookout for lumps, irregularities, a change in the size of the testicle, pain in the testicle, or a dragging sensation. All of these are possible signs of a tumor. If you find any of them, consult your physician at once. Remember, you need to examine only the testicles themselves, not the sperm tubes or blood vessels that are also in the scrotum. Your doctor will show you the difference.
- Pick a regular day of the month to examine your



testicles—the day of your birthday, the first Sunday, or some other day that is easy to remember. Do the examination more frequently if you prefer.

Testicular cancer is a rare killer of young men. But when it takes so very little to protect yourself—just half a minute a month—it makes sense to do this simple examination.

If you have further questions about testicular cancer or how to examine your testicles, ask your doctor. You can also find more information at your local chapter of the American Cancer Society.

The incidence of varicoceles in adolescents is around 10% to 15% with no difference between whites and blacks.<sup>13-15</sup> The condition is rare under 10 years of age and rises with sexual maturation.<sup>14</sup>

Clearly, some hormonal factor affects development of varicoceles, but this is not well understood at present.

Varicoceles occur more frequently among infertile men, but

the vast majority of men with the condition are fertile. Buch and Cromie warn that we should be most concerned about relatively large varicoceles when the associated testicle is clearly smaller than

nancy—one tumor per 2,000 undescended testes (See "The undescended testicle: When and how to intervene," *Contemporary Pediatrics*, October 1990). For unknown reasons, whites are four times more likely than nonwhites to have testicular cancer.

The vast majority of testicular tumors in young people are of the seminomatous type. If the tumor is found early and treated by surgical removal of the testis, possibly in combination with radiation, the prognosis is excellent. In fact, with success rates in early-stage seminomas rapidly approaching 100%, oncologists now describe testicular cancer as a "curable neoplasm."<sup>7-9</sup> The fine overall prognosis makes each young death especially tragic. Consider the number of years of productive life lost for each youth who dies of testicular cancer, and the social cost of the disease becomes clear.

As with many treatable infectious diseases, the major cause of death from seminomas is not the virulence of the disorder but failure to recognize the symptoms and begin therapy early.<sup>9-10</sup> The major causes of delay include the patient's failure to seek medical attention out of ignorance or fear, failure to find the tumor before it spreads into the lymph nodes, and failure by physicians to recognize the tumor when the patient is finally examined. Although more than 75% of late seminomas may in fact be treatable, the complications increase and the chance of failure is greater if the diagnosis is delayed.<sup>8,10</sup>

Many pediatricians have only begun to see adolescents in the last ten to 15 years and are just now becoming comfortable with adolescent gynecology. In addition to performing breast examinations, most pediatricians should now be teaching breast self-examination (BSE) to young women (See "Routine breast exams: A chance to reassure, guide, and protect," *Contemporary Pediatrics*, October 1987). It is just as important to perform thorough genital examinations on males at all health-supervision visits and to teach adolescents and young adults the technique of testicular self-examination (TSE).

If you have not been teaching TSE, you are not alone. In a survey of college athletes, I found that all had seen a physician within the past three years, but only 4% had been taught TSE.<sup>11</sup> A more recent study among high school and college students (ages 15 to 20) in San Diego showed that only 15% were aware of the risk of testicular cancer in their age group, and only 6% had been taught TSE by a health professional.<sup>12</sup> Of course, not all of the doctors involved were pediatricians. But I believe that it is up to pediatricians, who have always been interested in preventive medicine, to lead the way. There is no better time for us to begin education and establish good health behaviors than during those inquisitive years between puberty and college graduation. This article will outline an effective method of teaching your patients to examine their testicles for tumors and also

discuss the range of benign masses that may appear in the scrotum.

#### **Tumors and other scrotal masses**

Normally the testicle is smooth and of uniform consistency. Tumors may develop anywhere but have a predilection for the lower poles (See the box at left). Other than a mass, the earliest symptom of testicular cancer is testicular enlargement and a dragging sensation in the scrotum. A painful mass is distinctly unusual. Because pain is usually caused by bleeding into the tumor, its presence may be an ominous sign of advanced-stage disease.<sup>8-9</sup>

Other masses in the scrotum are usually benign and may include the following:

**Varicocele.** Examiners classically describe a varicocele as feeling like a "bag of worms." The condition results from dilation and tortuosity of the veins of the pampiniform plexus caused by incompetent valves in the internal spermatic vein. It occurs on the left side in 85% to 95% of cases because the right spermatic vein drains into the vena cava, while the left drains into the renal vein first. Between 10% and 15% of patients may have bilateral involvement, however.<sup>13</sup> Fewer than 5% of varicoceles occur on the right side only; be alert in these cases for possible partial or complete situs inversus. If you have any doubt that what you feel is a varicocele, ask the patient to lie down. A varicocele will disappear in this position.