LETTER TO THE EDITOR

Implication of testicular self examination as a valuable diagnostic tool for detecting testicular anomalies

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Madam, In this letter, we intend to highlight a considerably submerged topic, testicular self-examination (TSE), in the belief of catching suspicious testicular growth early. Previously, an idea of self-breast examination was proposed with a similar principle of 'preventing a late diagnosis of breast cancer' and is now considered and promoted as a routine practice at various institutes. Though clinical breast examination was not found to be significantly correlated to decreasing mortality rate in women, it was, however, linked to down staging of tumour.[1]

Similarly, TSE in men is believed to help pick neoplastic growths, thereby promoting immediate implication of the management plan as testicular tumour are amenable to respond effectively to treatment, if diagnosed earlier.

On the basis of statistical evidence, testicular malignancies are commonly found to arise in cryptorchidism, Klinefelter's syndrome, testicular microlithiasis, hypospadias and family history suggestive of testicular tumour (TT).[2]

The recent data suggests germ cell tumours to be the most common tumour amongst men of age 20-39 and is rising at an alarming rate of 1% each year involving age groups of 15-54.[3] As compared to other cancerous eruptions, TT carry a reasonably better survival rate and prognosis especially if not coupled with visceral or mediastinal spreads. The five year survival rate of testicular cancers is roughly above 95% and the cure rate is around 90% which could be attributed to most cases being diagnosed early, late metastases, responsiveness of tumour to surgical, radiological and chemotherapeutic management.[4]

Like all other cancers, the prognostic value of testicular neoplasms also decreases with late presentation and hence, predisposes to complicated and challenging disease management along with poor outcomes. Since the most common presenting feature of testicular cancer is a lump or a swelling in the scrotum, TSE, if practiced regularly along with following the standardized steps, is considered to pick anomalous growth of the scrotum at an early stage before the tumour spreads beyond and becomes less likely to be curable.[5] Apart from detecting suspicious growths, TSE can also help identify other medical conditions such as hydrocoele, varicocoele and indirect inguinal hernia. Due to the scarcity of reliable data on this particular topic a bold statement supporting the potency of TSE on increasing the survival rate of individuals with TT can yet not be made. However, despite the absence of significant correlation between the effectiveness of TSE in decreasing the mortality rate of testicular tumours, TSE is still believed to have a noticeable impact on timely diagnosis of TT and is advisable as a routine practice by many research studies.[6]

Details from the previous surveys (KAP studies) conducted in various states also demonstrated some barriers that were commonly encountered while enlightening the general population regarding the practice of TSE. Most of the obstacles observed were; lack of awareness of testicular cancer and their high survival rates if diagnosed earlier, conscientiously considered to be an act of masturbation thereby violating the religious norms, lack of information regarding TSE or the implication of improper technique of TSE, fear of detecting lumps on TSE and some considered the act embarrassing. [7]

In the light of the information gathered regarding the effectiveness of TSE, we would like to encourage researchers to carry out further surveys and meta-analyses to unveil the presumed benefits of testicular self-palpation in early diagnosis of TT thereby escalating the survival rates. With the incorporation of testicular tumours and proper technique of TSE in the curriculum and with highlighting the importance of prompt management of tumours, the hurdles mentioned can be dealt with efficiently. Health care providers should be trained to deliver powerful presentations to the population so as to eradicate the common misconceptions regarding TSE. Psychological hindrances encountered could be overcome by motivating support groups to invest their expert knowledge in dealing with the prevailing fear of detecting tumours while performing TSE among some individuals. Since the neoplastic growths are prone to

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develop from the onset of puberty, TSE should be recommended as a screening modality to begin from the age of 15 years.

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