

Pediatric Testicular Pathology: Gonadal Dysgenesis (GD) Within Disorders of Sexual Development (DSD)

Diego Colunge, D.O., Miguel Reyes-Múgica, M.D.

University of Miami Miller School of Medicine – Pathology & Laboratory Medicine

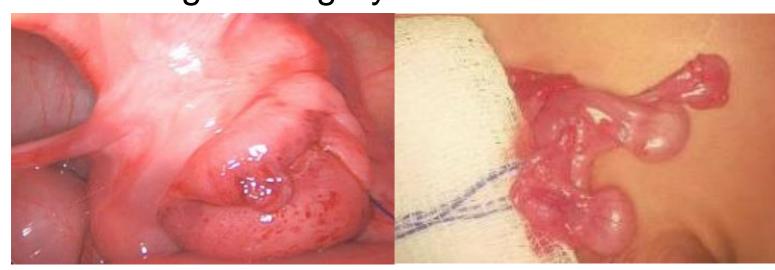


INTRODUCTION

. <u>GD</u>: Incomplete or defective gonadal differentiation caused by disturbances in germ cell migration or organization in the gonadal ridge with variable differentiation towards ovary, testis, or both.

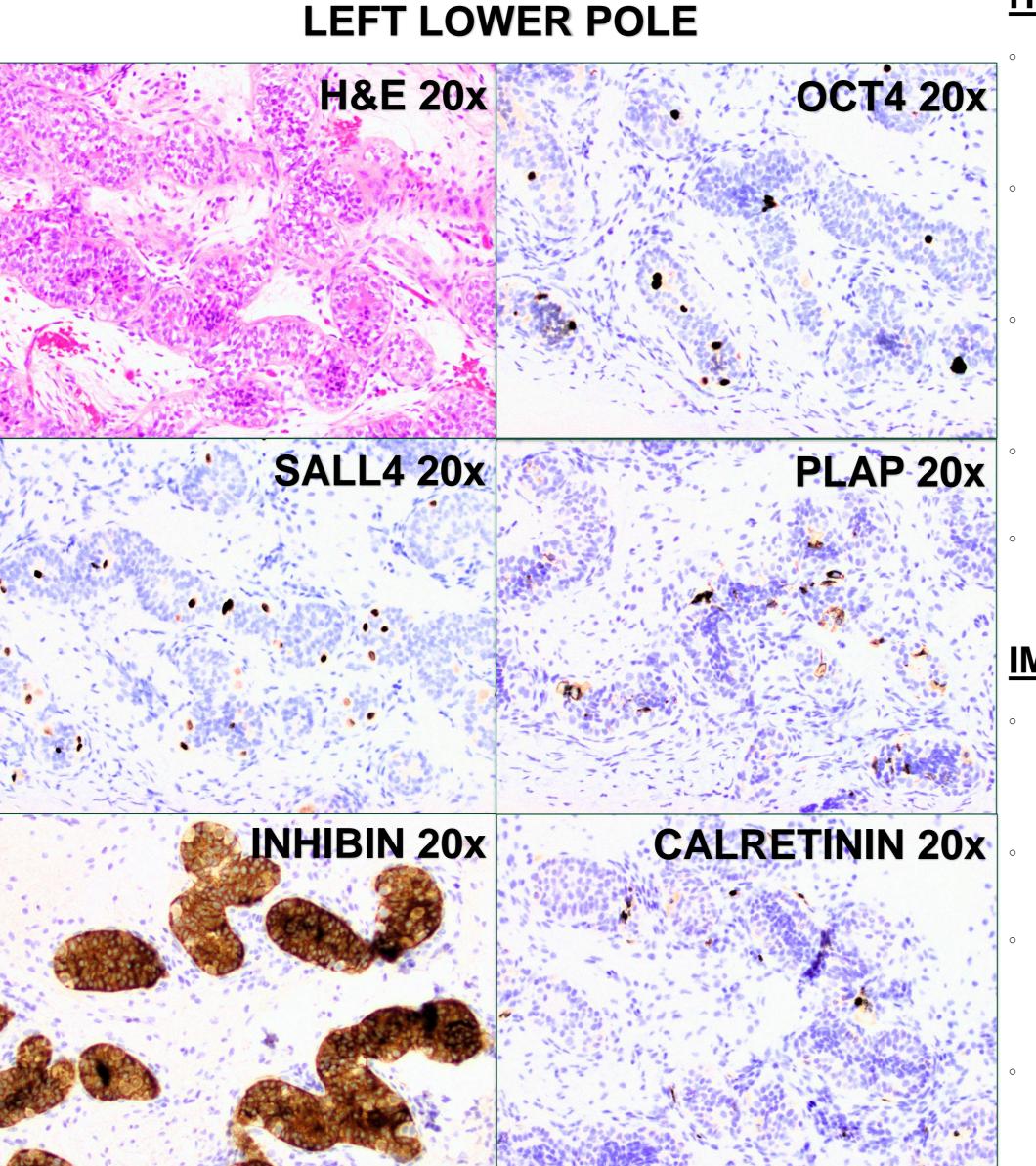
CASE PRESENTATION

 Patient: 2-year-old male with recently discovered undescended testicles in the right scrotum and incarcerated non-reducible hernia sent for urgent surgery.



Intraoperative findings: Suspected persistent Müllerian duct syndrome (PMDS) with a rudimentary uterus between two gonads described as "testicular-like" in appearance with islands of ovarian tissue with no obvious vas deferens or fallopian tubes, biopsies of the gonads taken.

INTRODUCTION



HISTOLOGICAL FINDINGS:

- Testicular Parenchyma: Surrounded by irregular collagenized tunica albuginea.
- Testicular Cords: Dysmorphic, anastomosing, and irregular with hypocellular intertrabecular tissue.
- Germ Cells: Pale, large cells within the cords, consistent with germ cells, but predominant Sertoli cells.
- **Leydig Cells**: Absent in the interstitium.
- Tunica Propria: Variably thickened around the cords.

IMMUNOHISTOCHEMICAL FINDINGS:

- SALL4 and OCT4: Scattered positive nuclei, indicating delayed germ cell maturation.
- **PLAP**: Membranous germ cells staining.
- Inhibin: Strong positivity in Sertoli cells, emphasizing their dysplastic and irregular architecture.
- Calretinin: Positive in scattered stromal elements (<u>Leydig</u> cells) and mesothelium in the tunica albuginea, with aberrant staining in some cords.

RIGHT UPPER POLE

H&E 20x

SALL4 20x

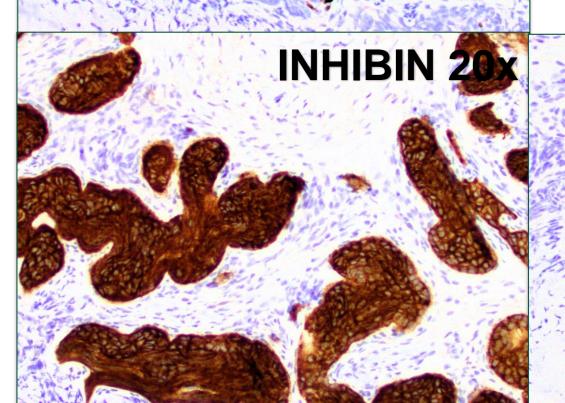
Gonadal Features: Predominantly testicular, with ovarian-like wavy stroma surrounding distorted, partially crushed testicular-like cords.

HISTOLOGICAL FINDINGS:

- Testicular Cords: Some cords show thickened basement membranes.
- Stroma: Surrounded by thick fibrous tissue with irregular collagenization.

IMMUNOHISTOCHEMICAL FINDINGS:

- SALL4: Positive in a few germ cells, indicating delayed maturation.
- OCT4 and PLAP: Negative staining.
- Inhibin: Highlights abnormal shapes of testicular-like cords.
- Calretinin: Focal staining observed in a few stromal elements.



CALRETININ 20x

DIAGNOSIS AND DISCUSSION

The observed features are characteristic of gonadal dysgenesis, with a dysgenetic/dysplastic testis on the left side, and a streak gonad (streak testis) on the right side.

Dysgenetic Testis Characteristics

- Compact seminiferous cords/tubules with variable germ cell presence.
- Sertoli and Leydig cells express inhibin, AMH, and calretinin.
- Poorly collagenized tunica albuginea with ovarian-like stroma.
- Features intratubular germ cell neoplasia in some cases.

Streak-Testis

- Combination of dysgenetic testis and streak gonad with epithelial cords or ovarian follicles.
- Linked to specific syndromes, such as mixed gonadal dysgenesis (MGD) and persistent müllerian duct syndrome (PMDS).

Pathology bridges genetic mutations and morphological gonadal abnormalities offering dual insight explaining variability in clinical presentations through gonadal phenotypes and complementing chromosomal or genetic findings with histopathological observations aimed at supporting clinical syndrome correlation.

REFERENCES

Nistal, M. et al. (2015) 'Perspectives in Pediatric Pathology, Chapter 5. gonadal dysgenesis', Pediatric and Developmental Pathology, 18(4), pp. 259–278. doi:10.2350/14-04-1471-pb.1.