Survival and Reproductive Function After Treatment of dysgerminoma of Ovarian Tumor - case report

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DYSGERMINOMA — dysgerminomas are relatively uncommon among all ovarian neoplasms

(Accounting for only about 2 percent), they account for 32.8 percent of malignant ovarian germ cell tumor.

The majority of cases (75 percent) arise in adolescents and young adults, in whom they account for about onethird of all ovarian malignant neoplasms.

Because of their predilection for Youngwomen, they are one of the more common ovarian malignant neoplasms detected during pregnancy Nevertheless, dysgerminoma can occur at any age;

Case reports have described patients with dysgerminoma between 7 months and 70 years of age.

Patient at age 18 years admitted with a chief complain of acute pain abdomen, fever. On Clinical examination she was found to have a tender solid tumor of 52-67mm size, mobile more towards left side. Surface is irregular. No evidence of ascites.

Staging laparotomy done and left ovary is seat of solid tumor failing to the right site of peritoneal cavity .

Capsule is intact .No adhesions, no ascites. Other ovary cystic measuring 2/3 cm and no evidence of growth in rest of abdomen

.left salpingooperectomy done on 9th may ,2015

CA125, AfP, HCG and LDH levels are within normal limits.

By X-ray chest P/A view and the Usg of total abdomen , no evidence of metastasis

Morphological report : dysgerminoma ovary stage IA ,CD117 positive, NSE positive ,Ki67 75%

Tumor limited to one ovary (capsule intact) no tumor on ovarian or fallopian tubesurface; no malignant cells in ascites or peritoneal washings.

Follow up: It consists of physical examination, tumor markers (LDH, β HCG) every 1-2 months for one year, every 2 months in the 2nd year, every 3 months in the 3rd year, every four months in the 4th year, every 6months in the 5th year and annually thereafter.

After 1 year patient came for checking , LDH increase, MRI finding shows lymph nodes large in size , MRI shows again lymph nodes large in para aortic location , in Douglas liquid , patient underwent diagnostic laparoscopy operation – biopsy of dextra ovary, taking liquid for checking +par aortic lymphnodes dissection , biopsy taken from the omentum, histopathological examination shows nothing abnormality.

Conclusion

75-80% of dysgerminoma has presented at stage 1a, can be treated by conservative surgery alone. Even though the dysgerminomas are radio sensitive, radiotherapy abandoned due to high success rates with platinum based chemotherapy as well as avoiding long term complications from radiation including sterility and early menopause. Prognosis of patients with GCT of ovary has improved significantly as a result of cisplatin based chemotherapy after conservative surgery. The menstrual function and reproductive function of the patient are preserved. These patients need lifelong follow up because of recurrence of the tumor.