

ENDODERMAL SINUS TUMOUR IN A YOUNG GIRL

by

SUVARNA RAMASWAMY, M.D., M.R.C.O.G.

and

M. SUJATHA, M.D., D.G.O.

Endodermal Sinus tumour is a rare and highly malignant gonadal neoplasm. This tumour has been reported under a variety of names but the term endodermal sinus tumour has been accepted by general consensus. Approximately 110 cases of endodermal sinus tumour of the ovary are reported. Some are found in association with mixed germ cell tumours while others are pure endodermal sinus tumours.

CASE REPORT

A young un-married woman of 18 years of age was admitted into the Gynaecological Ward of the Gandhi Hospital on 2-11-1978 for discomfort in the abdomen without any aggravating or relieving factor. She attained menarche at 16th year. Her periods were regular, flow was normal and there was no pain. She was not aware she had a tumour.

General Examination

Patient was a young girl of average build. The secondary sex characters were well developed. B.P. — 110/80 mm Hg., pulse rate 82/mt. Heart and lungs clinically normal.

Abdominal Palpation

A firm midline swelling corresponding to 24 weeks gestation size apparently arising from the

**Superintendent, Govt. Hospital, Sultan Bazar, Hyd-1.*

***Assistant Professor, Obstetrics and Gynaecology, Gandhi Medical College, Hyderabad-1.*

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pelvis was noted. The tumour was not freely mobile. There was no tenderness. The surface appeared smooth though the consistency was variable. There was no evidence of free fluid. Vaginal examination was done under anaesthesia.

Findings at E. U. A.:

The external genitalia were normal. The vagina was of normal depth and the uterus was found to be retroverted and normal in size. The uterus was deflected to the right by the mass which was found accessible through all the fornices. The uterocervical canal was 9 cm long. No curettings were obtained. On rectal examination no deposits were found in the pouch of Douglas.

Investigations: Hb% — 10 gm.%

Total and Differential count was within normal limits.

Fasting blood sugar—75 Mgm%: Blood urea —19 Mgm%.

I.V.P. Normal Calyceal pattern, no kinking or dilatation of the Ureters.

Vaginal smear—Oestrogenic pattern. Immunologic test for pregnancy—negative—Buccal smear for sex chromatin, positive. Karyotyping showed—XX pattern.

A provisional diagnosis of a germ cell tumour was made and a laparotomy was performed. The left ovary was the seat of the tumour of 22 cm x 20 cm size, greyish in colour with an intact capsule. The consistency varied from soft to cystic to firm with areas of haemorrhage. Left ovariectomy with salpingectomy was done along with the removal of a wedge of the right ovary.

Her post-operative period was uneventful. Histopathology revealed an endodermal sinus tumour.

She was given cyclophosphamide 200 mg. intravenously daily for 20 days (4 gms.). The treatment was monitored with repeated platelet count and Leucocytic count.

At a follow up examination six months later the patient was seen to have alopecia but her local and general condition was normal. Her menstrual cycles were also normal. The patient reported for a second follow up examination in March, 1980. Her general and local conditions were normal, and there was normal growth of hair. Her menstrual cycles were also normal.

Summary

A case of endodermal sinus tumour in a young un-married woman is reported. The surgery was conservative and supplementary Chemotherapy was given, in view of the extensive literature in support of the view that extent of surgery did not alter the ultimate prognosis and there is a possibility of the patient going through a successful pregnancy.

See Figs. on Art Paper VI