TWISTED DYSGERMINOMA

(A Case Report)

by

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An interesting case of twisted dysgerminoma treated in Eden Hospital, Calcutta, is reported. During the period of 1972-79, 5 cases of dysgerminoma were treated in this centre among 525 ovarian neoplasms. But, torsion with multiple enlarged lymph nodes was found only in the reported case.

Case Report:

R.M., aged 20 years, Para 2 + 0 one alive, was admitted on 12-12-79 with pain and a swelling in lower abdomen for 1 year, and fever for 3 days. She was married for 6 years and had appendicectomy 2 years back. Menstrual cycles were normal.

On examination, general condition was fair, pallor—nil, pulse—160/min. B.P.-110/80 mm. of Hg, Temperature 102°F, heart, Lungs—NAD.

Per abdomen, a firm lump in hypogastric region, 16 weeks gestation size, tender, mobile was palpated per vagina, uterus normal in size, pushed up and to the front. A firm mass of same size occupying pouch of Douglas and right fornix was present. Provisional diagnosis—Right sided twisted ovarian tumour.

Laboratory investigations showed normal values except mild leucocytosis. Hb-11.8 gm%.

After controlling temperature with antibiotics, laparotomy was done on 21-12-79. The tumour was found to be solid, right sided with double twists of the pedicle and omentum adherent on it. The omentum was separated, and ovariotomy done. The tumour was greyish-pink in colour and rubbery in feel. After ovariotomy, multiple large lymph nodes were detected on both lateral pelvic wall. The para-aortic node was 2″ x 2″, the bifurcation node 1½″ x 1½″ and external iliac lymph nodes on both sides were enlarged. Two nodules were found in the bladder and parietal peritoneum. There was no free fluid in the abdomen. Total hysterectomy, with left sided salpingo-oophorectomy was done. Biopsy was takent from the parietal nodule and right external iliac lymph node. One bottle of blood was transfused. The post operative period was uneventful and she was discharged after 12 days with advice for radiotherapy. Histopathology—Tumour—dysgerminoma. Left ovary—follicular cyst; Pelvic node and Parietal nodule—presence of metastatic deposits. External radiation was given with telecasium from 11-3-80 every day for 35 days. Her general health has much improved and she has no complaints upto the last follow up in July, 1980. No abdominal mass is palpable. Vaginal examination showed clear pelvis.

Discussion

Because of torsion, the tumour was considered non-malignant and was removed first. While toileting the peritoneal cavity, multiple enlarged lymph nodes were detected which prompted radical surgery. Such lymph node involvement

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in unilateral dysgerminoma has been noted by Sachdev and Heera (1976) among others. Going through the literature, we find that torsion is very rare in dysgerminoma. Goyal *et al* (1979) reported a case who developed torsion 3 days after a full term delivery. During the last few years, many workers were stressing the higher malignancy of dysgerminoma and advocating radical surgery and routine radiotherapy even in encapsulated and unilateral tumours (Gun and Poddar, 1974). As the 5 years survival rate is about 27% (Mueller *et al*, 1950; Pedowitz *et al*, 1955) age and parity should not be brought into consideration. We intend to subject the patient for a second look operation after one year.

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