DYSGERMINOMA OF OVARY

(A Case Report)

by

PIKU CHOWDHURY (GHOSH),* D.G.O., M.O., M.R.C.O.G.
SAMIR KUMAR ROY,** M.S. (G & O) (Cal.)
and
BHASKAR BHATTACHARYA,*** M.B.,B.S. (Cal.)

Introduction

Many observers have found frequent occurrence of dysgerminoma in individuals with subnormal gonadal development or in pseudoharmaphrodites. It can not be too strongly emphasised, however, that in such cases the tumour has nothing to do with development of sex anomalies, which persists even after removal of tumours. Many others have found these tumours in patients with normal sex pattern. The present paper describes one such case of Dysgerminoma which is proved histopathologically.

CASE REPORT

Mrs. F.K. aged 17 years, married for 3 years, nulliparous was admitted for swelling of abdomen of 6 months' duration and primary infertility. Her menstrual history was normal with regular cycles, average flow and normal duration (3/28 days). She had menarche at the age of 13 years. General and systemic examinations revealed no gross abnormality. Built was moderate with mild anaemia. Secondary sex characters developed slightly less than average. Marks of small pox were present all over the body specially on the face and limbs. (History of small pox at the age of 11 years 14 days after vaccination).

* *Associate Professor, Calcutta National Medical College, Calcutta.*
** *R. G. Kar, Medical College, Calcutta.*
Accepted for publication on 29-7-81.

On abdominal palpation, a large swelling occupying the lower abdomen arising from the pelvis extending upto the level of umbilicus. The swelling was firm and smooth on palpation and mobile from side to side. There was no tenderness over the swelling, and there was no evidence of free fluid in the peritoneal cavity. On vaginal examination, cervix was normal and healthy, uterus could not be felt separately from the swelling.

Investigation

Pregnancy test was negative: Blood sugar level (pp) was 120 mg%. Hb %—11.5 gm%.

At laparotomy there was a right sided lobulated firm, solid mass measuring 6″ x 5″ approximately arising from right overy. The tumour was intact with no breach of capsule. Right fallopian tube was stretched and looked oedematous, left ovary looked slightly cystic, the uterus and the left fallopian tube seemed normal and healthy. There was very small amount of clear fluid, in the peritoneal cavity. Right sided ovariotomy was performed. A bit of tissue was taken from left ovary for biopsy.

Histopathology Report

Histopathology report revealed—
Right ovary: Section shows collection of large, round, ovoid and polygonal cells separated by connective tissue septae. The nuclei are rounded, hyperchromatic and generally uniform in size. Fibrous septae shows infiltration of lymphocytes.

The capsule of the tumour tissue does not shows any invasion. No normal ovarian tissue

seen—suggestive or Dysgerminoma of ovary with very good prognosis.

Left Ovary: Healthy ovarian tissue.

Discussion

Dysgerminoma usually predominant in younger age group. It is very rare beyond 50 years of age (6%). They are usually unilateral (78%) but may involve both the ovaries. Muller *et al* (1950) reported the incidence in right ovary as 50%, left ovary 35% and both 12% cases. Menstrual irregularities and harmaphroditism has been variably reported although the tumour is said to be normally inactive. Ascitis in 90% cases (Novak 1971). Though they are said to be low grade malignant, but as more and more reports of followup study of disgerminoma are appearing, there is increasing evidence of malignant potentiality of this tumour group, although there is divergence of opinion. Muller *et al*, reported 5 years survival rate of only 27.3% and Pedowitz 27.1% whereas Wider and O'bary (1968) reported 60% in young age group. DeLima indicated the recurrence rate of 35.5%. He suggested prognosis is poor when (i) tumour is bilateral; (ii) the capsule is not intact; (iii) spillage and (iv) associated with teratoma. Conservative surgery was undertaken after laparotomy in this particular case considering her age, nulliparity and unilateral localisation of the tumour, intact capsule, overall characteristic of the tumour, looking ahead for the future pregnancy. Because of divergence in opinion regarding the prognosis of Dysgerminoma we did not impel to perform complete surgery subsequently but the patient was left with a cautious and continuous supervision and followup.

Summary

One case of Dysgerminoma of ovary reported. Literatures of dysgerminoma of ovary is reviewed briefly.

References

1. Meyer, R.: Am. J. Obstet. Gynec. **22**: 697, 1931.

See Figs. on Art Paper III