

DYSGERMINOMA OF THE OVARY†

(A report of 2 cases at prepubertal age)

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Introduction

Dysgerminoma occur predominantly in the younger age group. Prior to menarche, 80-90% of ovarian neoplasms are of germ cell origin and half of these are malignant and the other half dermoids. The relative rarity and the associated problems regarding management prompted us to present the following 2 cases dealt with at Eden Hospital.

CASE REPORTS

Case 1

Miss R.D., aged 11 years was admitted on 21st March, 1980 for swelling and occasional pain in the lower abdomen for the last 6 months. The swelling gradually increased and attained the present size. She had no other complaints.

An irregular, slightly mobile, firm globular lump (10 cm x 10 cm approx) with irregular surface was felt in the hypogastrium and was not tender on palpation. There was no evidence of ascites and Liver and Spleen were not palpable.

†Paper presented at XXIV All India Obstetric and Gynaecological Congress 1980, Chandigarh.

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Accepted for publication on 20-10-81.

On rectal examination a globular firm lump with restricted mobility was felt in the right side and uterus appeared small.

Laparotomy was done with infra-umbilical midline incision. Uterus was small and a moderate sized ovarian tumour was found in right side of about 10 cm. in diameter. The surface was irregular with variegated feel and areas of *haemorrhage* and the capsule seemed to be deficient at places. Left ovary was carefully palpated and solid cord like areas of highly suspicious nature were felt. A total abdominal hysterectomy with bilateral salpingo-oophorectomy was done. There was no obvious swelling of pelvic lymph nodes or evidence of intraperitoneal metastasis. The patient had an uneventful recovery in the post-operative period.

Histopathological reports

Dysgerminoma of the ovary on both sides.

Follow up—The patient came to follow up twice with no complaints.

Case 2

Miss J.D., aged 9 years attended O.P.D. for swelling of lower abdomen for the last 5 months. The onset was insidious and she had no other complaints. She was admitted on 22nd March, 1980.

A firm lump about 12 cm x 12 cm with irregular surface and restricted mobility was found in the hypogastric region encroaching also in the right iliac fossa. Liver and Spleen were not palpable. No ascites.

