

## CASE REPORT OF ENDODERMAL SINUS TUMOR

by

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Endodermal sinus tumour is a highly malignant extraembryonal germ cell tumour showing selective overgrowth of yolk sac endoderm and extra-embryonic mesoblasts.

### CASE REPORT

Mrs. K.S. aged 20 years, was admitted on 12-6-81 for abdominal mass of 1 month's duration, pain in abdomen and loss of appetite of one week's duration. She has 1 live child. It was a full term, normal home delivery 6 months ago.

One month ago she developed pain in abdomen for 3 days with vomiting and sweating. Later on she noticed a small swelling in the abdomen which gradually increased in size.

No history of vaginal bleeding. On examination, patient was looking ill, tongue was pink and moist, no lymphadenopathy. Cardiovascular and respiratory systems were normal.

Ascites was present. A mass arising from the pelvis of about 26-28 weeks pregnancy size, was felt. It was partly cystic, partly solid and tender on palpation.

Cervix was pointing downwards.

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Uterus Anteverted normal size, and fixed. Tumour was felt in the right fornix.

All the routine investigations were normal.

Plain X-ray abdomen showed a soft tissue tumour. X-ray chest did not show any secondaries. Ascitic fluid was positive for malignant cells.

On 26-6-81 laparotomy was done. On opening the abdominal cavity, 4 litres of blood stained ascitic fluid was aspirated. A solid but friable ovarian tumour with the capsule ruptured at the upper part. It was of 23 cm x 23 cm size arising from the right ovary, with omental adhesions in the upper part and torsion of the pedicle. Right tube was also involved in the torsion. Omentum was studded with multiple nodules of 4 cm size. Liver, spleen, kidneys and stomach were found to be normal. Entire general peritonium was smooth. In the uterovascular fold of peritonium on the left side a solid friable nodule of 9 cm size in diameter was present. Pouch of Douglas showed no secondaries. Left tube and ovary were normal. Total abdominal hysterectomy, left salpingo-oophorectomy, right ovariectomy, right salpingectomy and Omentectomy were done. Endoxan 400 mg was instilled into the peritoneal cavity. Post operative period was uneventful. Right ovary showed evidence of endodermal sinus tumour with areas of dysgerminoma. Omental deposits showed similar appearance (Figs. 1 and 2).

See Figs. on Art Paper V