

SARCOMA BORTRYOIDS IN A FEMALE CHILD

by

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Introduction

Sarcoma bortryoides a variety of rhabdomyosarcoma which occurs predominantly in infants and children. This report is based on a case of sarcoma bortryoides in girl 8 years old.

CASE REPORT

An 8 years old girl was brought for excessive vaginal discharge for the past few days. Since clinically nothing abnormal was noticed on external genitalia, the cause of discharge was attributed to her low general health and poor hygiene. The child, however, was brought again within a fortnight for the discharge being blood stained and excessive in amount. Within next two days, while preparations were being made to examine her under anaesthesia, fleshy mass was visible at the introitus.

An examination under anaesthesia was made after complete haemograms and other routine investigations.

The child was found to be anaemia with Hb% of 6.8 gms and she weighed 18 Kg. Examination under anaesthesia showed (Fig. 1). The vagina was full of grape-like vesicles. The cervix was healthy and the growth was just anterior to it. Biopsy was taken from the anterior portion. A

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clinical diagnosis of sarcoma bortryoides was made.

Chest X-ray, I.V.P. blood urea were all within normal levels. Histopathological examination of the tumour revealed rounded or oval tumour cells with hyperchromatic nuclei and scanty cytoplasm. In areas near the squamous epithelium covering the tumour, the cells were arranged compactly, whereas in the deeper areas they were loose. There were also large cells with abundant eosinophilic cytoplasm.

After proper pre-operation preparative build up total hysterectomy with vaginectomy was carried out. The size of uterus was only about 1.5" long and it appeared to be very friable. Vagina had to be removed piecemeal till growth was completely removed. Her recovery was rather quick. She was put on to chemotherapy after two weeks of the operation. The regimen adopted consisted of Vincristine, Actinomycin D and Cyclophosphamide by the intravenous route for 6 weeks in the following dosages:

1. 0.5 mg. of vincristine.

0.15 mg. of Actinomycin D and 100 mg of Cyclophosphamide. Thereafter, Vincristine and Cyclophosphamide only were administered in the same dosage every 2 weeks for 6 months, while Actinomycin D was given by 3 monthly intervals in the same dosage. The above drugs were well tolerated by the child and apart from occasional bouts of diarrhoea, there were no untoward reactions. Her follow up during the subsequent 12 months has not the adjacent tissues.

Fig. 2 shows the specimen of tumour mass with uterus, cervix and part of the vagina taken after hysterectomy.

See Figs. on Art Paper IV