

A CASE REPORT OF ENDODERMAL SINUS TUMOUR

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Introduction

Although there is some confusion regarding this tumour, since its initial description in 1939 (Mesonephroma) by Schiller, there seems to be a firm agreement at present that this tumour is of extra embryonic germ cell origin. Telium (1959) named this neoplasm as Endodermal sinus Tumour since there is a similarity between the glomerular bodies and the endodermal sinuses in the rodent placenta.

It is a highly malignant, rare ovarian tumour usually seen in children and young women. It grows very rapidly and spreads via blood.

According to N. P. Hayatnagarkar and D. P. Bhavtaknar series, it constitutes 0.8% of all ovarian tumours and 2.8% of all malignant tumours.

CASE REPORT

Miss C.K., a sixteen years old unmarried girl was admitted for pain in abdomen, distension of abdomen, low grade fever and loss of weight

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for the last fifteen days. Menstrual cycles 4-5/30 days. Her last menstrual period was on 15-2-1983.

Examination

General examination revealed the patient to be poorly built, anemic.

Abdominal examination revealed no ascites. The abdomen was found to be tense and tender, and a big irregular, firm mass was felt extending from the pelvis upto the umbilicus.

On vaginal examination, an irregular, tender cystic mass was palpable in all the fornices.

X-ray chest—No secondaries seen

X-ray abdomen—Pelvis: No free gas under diaphragm. All other routine investigations were within normal limits.

A tentative diagnosis of malignant tumour of the ovary was made and laparotomy was performed.

Laparotomy Findings

There was an ovarian tumour arising from the right ovary. The tumour was adherent to the omentum, parietal peritoneum, bladder, uterus and small intestine. Adhesions were separated and the tumour was removed. Right tube, left ovary and left tube were normal in appearance. The uterus was small. Pathologist's opinion was sought in addition to studying the tumour macroscopically and also studying the cut sec-

tion of the tumour, and the clinical diagnosis of malignant tumour was confirmed. Hence total abdominal hysterectomy with left salpingo-oophorectomy and right salpingectomy was performed.

The patient was given four bottles of blood transfusion.

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See Figs. on Art Paper I