CASE REPORT OF AN ENDODERMAL SINUS TUMOR WITH PREGNANCY

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Introduction

The endodermal sinus tumor is a rare ovarian tumor but among the malignant neoplasms of the ovary occurring before the age of 20 it ranks only second in frequency to the dysgerminoma and is equally prevalent before the age of 15 (Griffiths 1980). Furthermore an associated fatality of 90% has placed the endodermal sinus tumor first as a cause of death from ovarian cancer in childhood and in adolescence.

CASE REPORT

Mrs. K. P., aged 23 years, was admitted to the hospital on 10-11-1983. She was a 1st para, 2nd gravida with history of seven months amenorrhoea and pain in abdomen of 2 months duration. Her approximate date of confinement was 17-1-1984. She had a medical termination of pregnancy of three months duration 1 year previously. The pain was dull aching in nature, maximal in the hypogastrium with radiation to the left flank. There were no aggravating or relieving factors. The pain was associated with constipation and difficulty in passing urine. There was a loss of appetite but no history of vomiting. Fever was not a presenting symptom.

On examination, her general condition was fair and her vital parameters were within normal limits. There was mild pallor, no icterus, oedema feet or obvious lymphadenopathy. A firm swelling could be palpated close to the uterus on the left side which was not ballotable. On vaginal examination the cervix was high up and close behind the symphysis pubis. A mass partly solid, partly cystic was felt in the left and posterior fornices very close to the uterus and 15 cms in diameter.

Her pain continued to increase and became agonizing. Pain not relieved even by narcotic analgesics. She developed vomiting and her constipation became more severe and would not respond to laxatives. On 29-11-1983 exploratory laparotomy was performed under general anaesthesia. A male child weighing 1.2 kg was delivered by a lower segment caesarean section. The baby cried immediately. Behind the uterus was a large friable solid ovarian tumor with an irregular surface about 30 cms x 30 cms x 25 cms in dimension. There was no capsule. Due to the friability of the tumor it was not possible to deliver it in toto and hence it was removed piecemeal. The uterus and right ovary were conserved. The tumor was found to involve the small bowel and the pelvic peritoneum. The omentum was macroscopically not involved. The liver and under surface of the diaphragm did not show metastasis. Since all the oozing from the raw areas could not be controlled a rubber drain was introduced. The baby died within 2 hours of delivery as a result of prematurity. The post-operative period was stormy and the patient required transfusion with five pints of blood. The drain was removed on the 5th post-operative day and sutures were removed on the 9th post-operative day. Wound healing was good.

The histopathologic report showed the presence of an endodermal sinus tumor of the left ovary. A radio-immunoassay performed on 15-12-1983 showed raised alpha-feto protetins.

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Patient refused chemotherapy and was discharged on 12-12-1983. She was readmitted on 24-12-1983 with marked loss of weight, vomiting, diarrhoea, dehydration and severe anaemia. The patient went into acute renal failure as a terminal event and expired on 2-1-1984 at 2-10 a.m.

Reference

1. Griffiths, C. T.: The ovary in Gynaec. Practice and Principles by R. W. Kistner, Reprint, 3rd edition, September 1980. Year Book Medical Publishers Inc., pp. 402-403.