

ENDODERMAL SINUS TUMOUR OF OVARY

(A Case Report)

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Introduction

The endodermal sinus tumour is an unusual germ cell tumour found in the ovaries of young women and children. The histologic pattern resembles extraembryonal tissues in the early developmental stages including extraembryonal mesoblastic tissue and yolk sac epithelium. Teilum (1965) originally suggested the name extraembryonal mesoblastoma but later replaced this name with endodermal sinus tumour a name derived from analogues drawn between peculiar vascular bodies found in the tumour and in the developing placenta of the rat. The tumour has since been described under a variety of names including embryonal carcinoma, teratocarcinoma, embryonal teratoma and yolk sac tumour.

CASE REPORT

A.R., 17 years, unmarried was admitted for primary amenorrhoea, mass in abdomen and pain in lower abdomen of 2 months duration. There was history of loss of appetite for the same duration.

On abdominal palpation a large swelling occupying the lower abdomen arising from the pelvis and reaching upto 2" above the level of umbilicus was felt. The swelling was variable in consistency partly cystic partly solid. There

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was no tenderness and no evidence of free fluid in the peritoneal cavity.

External genitals were not well developed and pubic hair were scanty. Vagina was normally developed. Cervix was not felt. A big mass palpable through all the fornices filling the entire pelvic was felt. Uterus could not be defined separate from the mass. Patient was made fit for laparotomy.

On opening the abdominal cavity about 1/2 litre of blood stained ascitic fluid was aspirated. A solid, friable tumour with the capsule ruptured at many places was seen filling the whole of abdomen. Both the ovaries were involved in the tumour process and uterus was also adherent to the tumour mass. Omentum was studded with multiple nodules of variable size (Liver and spleen were found to be normal). The tumour had variegated appearance. At some places it was cystic with mucoid material and other places it was solid. Only debulking operation could be done. Endoxan, 1 gm was instilled into the peritoneal cavity.

Histologically the sections showed (Fig. 1) loose vacuolated net work of irregular or ovoid embryonal cells with communicating channels. These channels were lined by flattened endothelial cells. Intermixed, there were papillary projections containing a central capillary. These projections were lined by large cuboidal cells with clear cytoplasm and having hyperchromatic nuclei (Schiller Duval bodies). Both intracellular and extra-cellular hyaline bodies were present. Increased mitosis was present in some areas. Haemorrhage and necrosis was prominent in some fields. A diagnosis of endodermal sinus tumour was made.

See Fig. on Art Paper III