ENDODERMAL SINUS TUMOUR

(Report of 2 Cases)

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Introduction

Endodermal sinus tumours are of rare occurence. In the past one and half year we came across 2 such cases.

Case Reports

Case 1

Smt. S.P., aged 24 years, P1+O was admitted in U.I.S.E. Maternity Hospital, G.S.V.M. Medical College, Kanpur, with rapidly increasing lump in abdomen for the last 2 months. The lump was painless. There was no history of amenorrhoea, tuberculosis, gastrointestinal tract or urinary system disorder. Menstrual history was normal with menarche at 14 years, 3-4/29 days cycle. Obstetrical history was—P1+O, last delivery was full term normal delivery, 2 years back.

Perabdominal examination revealed a lump corresponding to 28 weeks size of pregnancy, with an irregular bossy surface and varigated consistency. Mobility was restricted, Upper and lateral margins of the lump were well differentiated but the lower limit could not be reached. Lump occupied whole of the pouch of douglas and could be felt through both lateral fornices. P/S examination was normal, rectal mucosa was free on per rectum examination.

A total hysterectomy with bilateral salpingoopherectomy was done and every thing was sent for histopathological examination.

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Report revealed an endodermal sinus tumour showing a characteristic endodermal sinus in the form of a cystic space lined by an irregular layer of flat endothelium into which glomerulus like tuft with a central vascular core was seen.

Case 2

Smt. B.S., 18 years, nullipara, married only 1 year back was admitted in U.I.S.E. Maternity Hospital, Medical College, Kanpur, for increasing lump in abdomen for last 7 months which was not painful in the beginning but had become so for the last 1 month.

There was no oedema over feet or palpable lymphadenopathy in inguinal or supraclavicular region. On abdominal examination—lump was 26 week's size of pregnancy, cystic in consistency, upper and lateral borders of the lump were well defined but the lower limit could not be reached. The mobility of lump was restricted.

On vaginal examination uterus was of normal size, lump could be felt through all the fornices but was more prominent on left side.

An exploratory laparatomy was done. A big ovarian cyst was seen arising from left ovary. A total hysterectomy with bilateral salpingoopherectomy was done. Report revealed an endodermal sinus tumour. The patient was given 5 Fluorouracil, 5-8 mg/kg body weight and cytoxon 8 mg/kg I/V. Patient was discharged after one month. She has not come for follow-up till now.

Discussion

Endodermal sinus tumour is a rare variety of germ cell tumour of extra-

embryonic origin with a selective overgrowth of yolk sac endoderm and mesoblasts. In both our cases Schiller-Duval body characteristic of this tumour were seen. Savithri and Swaranlatha (1983) have reported a case with huge haemorrhagic cachexia, torsion of pedicle of tumour and nodules in uterovesical pouch. These features were not seen in our case. Histopathologically their case was dysgerminoma with endodermal sinus tumour, where as no such association was seen in our cases.

Reference

1. Savithri, C., Swaranlatha, R. J. and Venkataratnam, G.: 33: 882, 1983.

See Figs. on Art Paper VI