

ENDODERMAL SINUS TUMOUR

(A Case Report)

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Introduction

The endodermal sinus tumour of the ovary is an unusual extra-embryonic germ cell tumour that occurs predominantly in the ovaries of young women and children and appears to be almost uniformly fetal. This was initially described by Schiller in 1939 who named it as "mesonephroma ovarii". It was Teilum (1946) who named this tumour as "Endodermal Sinus Tumour" since there is a similarity between the glomerular bodies and the endodermal sinuses in rat placenta.

Case Report

Miss R.B.K., a 15 years old unmarried girl was admitted on 4-3-1984 with the complaint of attacks of severe pain in abdomen for the last 2 months. The pain was sudden in onset, severe in intensity localised to the left side of abdomen and not related to meals or posture. She had 5-6 such attacks of pain in the last two months. There was no history of fever. Her menstrual cycle was 3-4/28-30, regular and her last menstrual period was on 15-2-1984.

Examination: The patient was thinly built and not grossly anaemic. Abdominal examination revealed a cystic mass arising out of pelvis occupying mainly the umbilical and hypogastric regions and extending a little to the left lumbar and left iliac regions. It was approximately 16 cm x 20 cm in size, tender and with restricted mobility. It had a variegated consistency. The lower margin could not be made out. There was no evidence of ascites. Examination under

anaesthesia revealed that the external genitalia and vagina were normal. A tender soft mass was felt through the posterior and left fornices. Gravindex test was negative. A provisional diagnosis of twisted ovarian tumour was made.

Operative Findings: Laparotomy was done on 7-3-1984 and an irregular mass of variegated consistency arising from right ovary 20 cm x 15 cm in size was seen. It was adherent to the posterior aspect of uterus and left broad ligament and was mostly on to the left of midline. There was no ascites. Adhesions were separated by blunt dissection and there was one twist at the pedicle. There was haemorrhage in the tumour. The twist was undone. The colour of the tumour did not change. The right-sided fallopian tubes alongwith the tumour was removed and sent for histopathology.

Pathological Examination

- (i) **Gross appearance:** The specimen was of a partly soft and partly cystic tumour measuring 20 cm x 15 cm, cut surface showed grey brown tumour with cystic areas of degeneration.
- (ii) **Microscopically:** Characteristic cystic spaces lined by a layer of flattened irregular endothelium containing projected glomerulus-like tufts are seen. Both intracellular and extra-cellular hyaline bodies were present. Areas of haemorrhage and necrosis were prominent. (Fig. i & ii).

References

1. Schiller, W.: Mesonephroma Ovarii, Am. J. Cancer, 35: 1, 1939.
2. Teilum, G.: Gonocytoma—Acta Path. Microbiol. Scand., 23: 242, 1946.

Accepted for publication on

See Figs. on Art Paper II