

ENDODERMAL SINUS TUMOUR OF OVARY

(A Case Report)

by

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Introduction

Endodermal sinus tumour of the ovary is an exceedingly virulent but rare germ cell tumour of unknown incidence. It is common in younger age group when gametogenesis is more active.

Case Report

Mrs. U.D., 29 years was admitted in Kamla Nehru Hospital, Shimla on 12-3-1983 for acute pain in abdomen, distention of abdomen and vomiting for the last 5 days. Menstrual cycles were 4-5/30 days. She was para 4, gravida 5. Abdominal examination revealed huge central distention of abdomen, tense cystic swelling filling whole abdomen reaching upto 32 weeks pregnancy size, tender, smooth, markedly restricted mobility, positive fluid thrill and shifting dullness. On vaginal examination there was bleeding from uterine cavity.

An emergency laparotomy was performed. On opening the abdomen 5 litres of straw coloured ascitic fluid was drained, after this a solid, friable haemorrhagic tumour about 30 x 20 cm. whose capsule was bursting at many places was seen to be arising from right ovary. The left ovary, tubes and uterus were macroscopically healthy. Total hysterectomy with

right salpingo-ovariotomy with left salpingo-oophorectomy was done. Endoxan 1000 mg. was put in the peritoneal cavity. Patient was given three units of blood.

Histopathology Report

Histopathology report revealed Endodermal Sinus Tumour of ovary.

On 24-3-1983 i.e. 12th Post-operative day Triple Chemotherapy was started.

Patient was re-admitted three months later when examination revealed no secondaries and no ascitis. Investigations within normal limits. She was again put on the triple chemotherapy as earlier and discharged in a good condition.

She again reported six weeks later with slight pain in lower abdomen and dysuria for one day. Pelvic examination revealed a smooth, mobile, non-tender swelling in pelvis about the size of a tennis ball. Routine investigations, I.V.P. X-Ray abdomen, pelvis and chest were normal.

On 17-8-1983 second look operation was carried out. The secondary was arising from bladder peritoneum. The tumour along with a part of anterior bladder wall (partial cystectomy) was removed. The paraortic lymph nodes were not enlarged but taken for biopsy. Post-operative period was uneventful and was again put on triple chemotherapy as earlier. Patient suddenly developed secondaries in liver and probably para-aortic lymph nodes in the month of February, 1984 and rapidly deteriorated and died after 15 days i.e. within one year of the diagnosis and treatment.

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