An Unusual Ovarian Tumour in a Postmenopausal Woman

M. Kasturi • CN Srinivas • Radhi Lawerence • A. Bellaramine
Dept. of Obst. & Gyn, and Pathology, Tamilnad Hospitals Limited, Off-Tambaram-Velachery High Way, Chennai - 601 302.

Germ cell tumours of ovary constitute 25% of all primary ovarian neoplasms found in adults. Dysgerminomas comprise only about 1% of ovarian germ cell tumours. Mostly these tumours are encountered in young and fertile women with a peak incidence in second decade, uncommon over age of 35 years and rare after menopause. We are hereby reporting a case of Dysgerminoma in a postmenopausal woman.

A 56 year old postmenopausal woman, G3P3L3, all FTND, presented to the Gynaec. O.P.D with chief complaints of white discharge per vaginum of one month duration and bleeding per vaginum of one week's duration. She attained menopause 10 years ago and her LCB was 28 years. She is not a known diabetic or a hypertensive. O/E: She was moderately built. General and systemic examinations were within normal limits. Per Abdomen: A vague mass was felt on right side of lower abdomen. Liver or Spleen were not palpable. There was no ascites.

Speculum Examination: Cervix congested. No mass was seen. Vaginal Examination showed a bulky uterus and a non tender mass felt in the right fornix. Rectal examination did not reveal any mass.

Investigations : CBC: Hb - 12gms%, RBC - 4.24 million/cmm, Hct-38%, WBC-12,900/cumm, Platelet-3,47,00/cumm.BUN-9mg/dl, Creatinine - 0.9mg/dl,

Serum Tumour Markers:
CA-125 : 76 Iu/ml (Normal - 0-35 1u/ml),
Serum AFP:12 Iu/ml (Normal - 0-5.5 Iu/ml);
B-HCG : 10.5 Iu/ml (Normal - 0 - 5 Iu/ml)

Chest X-ray : No abnormality detected.
Ultrasound and CT Scan : Suggestive of right Ovarian Mass.

Cervical smear showed inflammatory smear with no malignant cells. Examination under anaesthesia showed congested cervix and bulky uterus, no mass was seen. The parametrium was free. A large mass was felt on right side of lower abdomen. She underwent cervical biopsy and diagnostic Curettage. The Curettings showed Proliferative type endometrium and no evidence of malignancy. Cervical biopsy showed Chronic inflammation with no evidence of dysplasia.

A Provisional diagnosis of Right ovarian mass was made and she was posted for Staging Laparotomy.

Operative findings : Under GA, abdomen was opened by a midline incision. A large lobulated right ovarian tumour was removed and sent for Frozen section. The tumour was interpreted as a Malignant Tumour. TAH with BSO and total omentectomy was done. Peritoneal biopsies were done and sent for histopathological Examination. The Peritoneal fluid was sent for cytological examination.

Histological examination of the right ovarian mass showed Dygerminoma. The tumour was composed of clusters and sheets of clear cells with marked nuclear atypia and pleomorphism. The clusters were seperated by thin fibrovascular core infiltrated with lymphocytes. The endometrium showed simple hyperplasia without atypia. The left ovary, both the fallopian tubes and cervix, peritoneal biopsies and omentum were all free of tumour infiltration. Ascitic fluid did not show any malignant cells. The ovarian tumour was stage IA.

The patient was treated with four cycles of Chemotherapy which included Inj. Cisplatinum x 1, Inj. Etaposide 100mg x 3, Inj. Bleomycin 15mg x 2. She completed her cycle of chemotherapy followed by radiotherapy.

A present, one year after her treatment, she is free from metastasis and no residual tumour or recurrence is noted.