

Yolk Sac Tumour

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A young unmarried girl of 17 years was admitted on 7th Nov. 1997 with a lump in the abdomen. She had fever with rigors with pain in abdomen off and on. She was menstruating regularly. On examination she was poorly nourished and anaemic. On abdominal examination a mass of 34 weeks size, firm to hard in consistency with some cystic areas in between was palpable. The mass was mobile sidewise and nontender. On per vaginal examination, the uterus was found to be of normal size, retroverted and separate from the mass. Secondary sex characters were normal.

Ultrasonography and C.T. scan showed large, complex ovarian mass with enlarged paraaortic and mesentric nodes. I.V.P. showed bilateral hydronephrosis. A diagnosis of malignant ovarian tumour, possibly a dysgerminoma was kept in mind.

On laparotomy there was minimal ascitic fluid. The tumour of 30x25 cm. arising from left ovary with irregular surface with few cystic and few solid areas was delivered and removed. Right ovary was normal and a biopsy was taken from it. Left paraaortic lymph node was found enlarged and was removed. Postoperative period was uneventful.

Peritoneal fluid, Lymph node and right ovarian biopsy did not reveal any evidence of malignancy.

The cut surface of the tumour showed greyish white lobulated appearance at periphery. Central area was multicystic having variegated appearance. Multiple sections showed mixed germ cell tumour with the malignant component as Yolk Sac Tumour. The tumour cells showed intermingling epithelial and mesenchymal component in organoid fashion. Tumour cells showed microcystic glandular and papillary formation with perivascular Schiller-Duval Bodies and hyaline extracytoplasmic globules. Other components of germ cell tumour were benign and showed mature structures representing all three germ cells.



The girl was given three cycles of chemotherapy consisting of Bleomycin, Etoposide and Carboplatin. She is coming regularly for follow up.

During Chemotherapy she was monitored for serum alpha foetoprotein levels which significantly regressed at the end of the third cycle.