

An Interesting Case of Endodermal Sinus Tumor of Vagina

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Endodermal sinus tumor is by far the most common germ cell tumor of vagina and typically affect the infants under 3 years of age. It accounts for the most common extraovarian yolk sac tumors in the female genital tract. These tumors may be sessile or polypoid and appear similar microscopically to yolk sac tumor of ovary. They most commonly are located either in the posterior wall or fornices and simulate rhabdomyosarcoma clinically. When these tumors occur in the ovary, they are considered to be of germ cell origin, a concept, which is difficult to relate to infant vagina but an origin from aberrant germ cells that have somehow found their way to the vagina has been suggested. In early series most patients with vaginal yolk sac carcinomas had died with generalised metastasis but the combination of surgical excision and multidrug chemotherapy has resulted in several longterm survivals.

Miss Tanaya, aged 9 years, was admitted to V.S.S. Medical College Hospital, Burla on 30th March 2000 with chief complaints of intermittent blood stained vaginal discharge for last 10 months and retention of urine thrice in last 3 months relieved after catheterisation by local doctor. She had not attained menarchae and she was the fourth child of her parents and was school going. She was of average body build with weight of 30kg. General and systemic examination revealed no abnormality. On perabdominal examination there was no ascites, no mass in the abdomen, speculum examination could not be done. On vaginal examination, there was foul smelling vaginal discharge, a fungating friable growth filling whole of the vagina was found. Per rectal examination showed growth filing whole of the vagina and free rectal mucosa. All routine investigations including ultrasonography of abdomen and pelvis and chest x-ray P-A view were within normal limits. Under general anaesthesia the mass was totally removed. It was arising from the vault. Cervix could not be separately identified. Vaginal pack and

indwelling catheter were kept for 24 hours. The mass was sent for histopathological study.

Histopathology showed loose reticular and vacuolated appearance. Glandular and papillary patterns with areas of haemorrhage and necrosis were seen. A typical Schiller - Duval body seen in the left lower part of the field (Fig - 1), suggestive of endodermal sinus tumor of vagina.

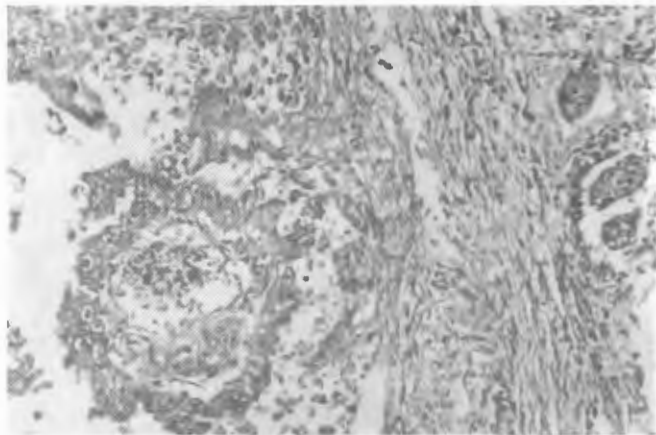


Fig - 1: Photomicrograph of endodermal sinus tumor showing a typical Schiller - Duval body in lower left part of the field. Glandular pattern seen on the right side.

She was treated with Etoposide 100mg/m² and Cisplatin 100mg/m² for 3 cycles at 21 days interval.

Last examination after 6 months of her treatment revealed a weight of 30kg., and other vital signs within normal limits. She had alopecia and no lymphadenopathy. Abdominal examination revealed no abnormality. Vagina appeared healthy. There was no abnormal discharge and cervix could not be felt separately by vaginal examination. No residual tumor recurrence or metastasis was noted.