BILATERAL SYMMETRICAL DYSGERMINOMA OF THE OVARIES IN A CHILD OF 8 YEARS

CASE REPORT AND COMMENTARY

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Dysgerminoma of the overy, the counter part of seminoma of the testicle in the other sex, is very rate in early life. Bilateral disease is rather more unusual. In Abell 1965 group of 5, Thompson 1967 group of 5, Stephens 1967 group of 2, Welch 1968 group of 2 and Groeber group of 8 there is no mention to bilaterality. In dysgerminoma as a whole bilaterality is estimated to be 15–20%.

Case Report.

Child S.I.: 8 years old, was admitted to the Shaab hospital on the 8th. January, 1973 with symptoms of abdominal enlargement noticed a month ago. She came from Nuba Mountains and resident in Omdurman. Although it was difficult to communicate, we could get that there was no pain, no disturbance of bowel habit, no problem in micturition and no loss in weight. Appetite was good.

She was not anaemic, no abnormalities in the cardiovascular and respiratory systems detected. HB 78%. There was thyroid enlargement. Abdominal examination revealed multiple mobile masses in the centre, not tender, firm in consistancy. No shifting dullness. At that time per rectum the masses could not be felt dispite the bimanual aid, Spleen 2 finger, liver not palpable.

Provisional diagnosis was lymphosarcoma.

The line of investigations was therefore prejudiced. X-ray chest showed clear lung fields. Plain X-ray abdomen showed no calcifications. Barium enema revealed a normal bowel and a free pelvis.

Diagnostic and perhaps therapeutic laparotomy performed on the 31st. January, 1973 through a right low paramedian incision.

Findings:

Peritoneal cavity was very clear from ascitis and bloody effusions. Two identical, minor image firm masses were delivered through the wound. There was not a single adhesion. Then these tumours were identified to be the right and

left ovaries attached to the uterus by normal tubes. Each of the tumour measured 7" by 4" and was composed of a body and a head. Malignancy was strongly suspected and a bilateral salpingo-ovarectomy was performed. As there was no sign of infilteration and the tumour was well encapsulated. I thought I gave the girl a clear surgical excision. Then the abdominal vescera was palpated systematically and there were no abnormalities felt. No para aortic nodes palpable. The wound was closed in layers.

The two tumours were cut across in the long axis. There is no gritting sensation characteristic of malignancy. It was as though one cuts on brain substance. The capsule is greyish and thick and the center bulges above the contour of the capsule. The colour is greyish yellow with spots of red colour.

One half of one ovary was sent for histopathology to the department of Pathology and the other half was sent to Prof. A. M. El Hassan private laboratory. The two halves of the other ovary were stored for reference.

Histopathology Result.

Ovarian structure is completely replaced and no ovarian tissue seen in 6 section. Large vaculated cells and small ones were seen. Scattered among these, are lymphocytes and eosenophils. Hyalinized connective tissue seen. The picture is consistant of Dysgerminoma.

Follow Up

The child was discharged on the 5th. of February, 1973 and she comes for follow up weekly. There was no evidence of recurrence in all her visits, last seen Monday the 2nd. April, 1973, X-ray chest clear, abdomen NAD.

Programme

It is programmed that if recurrence at all occurred, Radiotherapy is to be started and with all luck, at the age of puberty substitution therapy of oestrogen and progesterone to be started to give her the feminine appearance.

Commentary

14 children with dysgerminoma were encountered in the literature; 11 alive and 3 dead. 3 out of the 11 were recurrences. Additional 8 cases were collected by Groeber but the results of therapy were unknown.

Recurrence rate is estimated to be 25% and mortality of 21%.

Fortunately, the tumour is radiosensitive and may be radiocurable. Surgical treatment to be curable depends on the stage of the disease.

Prolonged follow-up—1 year.

D'Angro and Tefft feel that in unilateral disease, unilateral salpingo-overectomy should be followed by irradiaztion of the ipsilateral ileofemoral and para aortic nodes. The other ovary should be protected.

K. J. Welch et al, encountered only 2 cases of dysgerminoma in children. One had had clear surgical excision only and the other surgical excision followed by irradiation. Both were well more than 5 years after recognition of the disease. They advised, if irradiation is at all decided, the other ovary should be protected.