

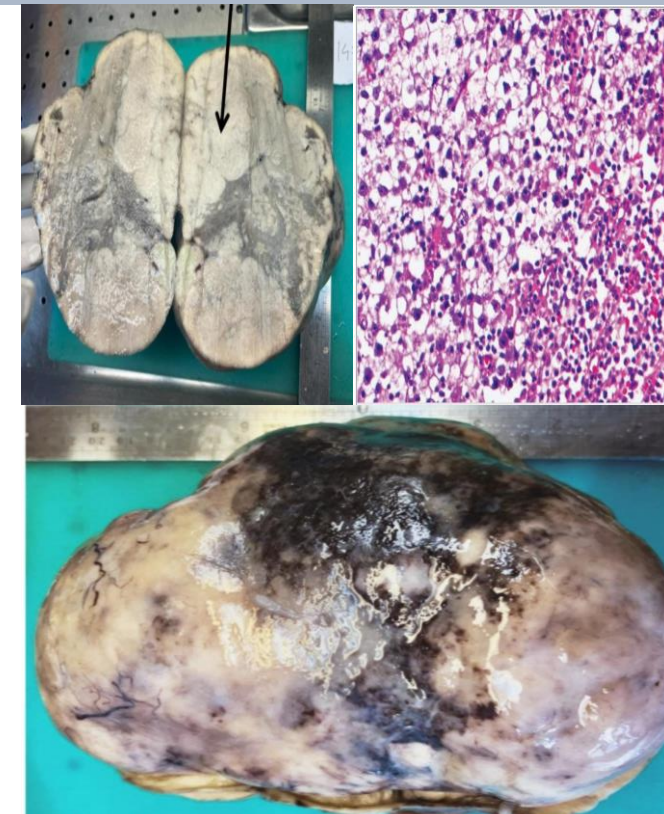
INTRODUCTION

A Dysgerminoma is a germ cell tumor, it is rare and typically slow growing. Most commonly occurring in young women, particularly between the ages of 10 and 30. Presents with abdominal pain, swelling, abnormal menstruation.



CASE STUDY

A 32yrs P2L2 with previous 2 LSCS with c/o pain abdomen since 2 years which was insidious in onset, dull aching, intermittent, non radiating. On examination: smooth, irregular mass of 20*15cm in right iliac fossa, non tender, firm in consistency, limited mobility from side to side. On pelvic examination: Uterus corresponds to 24-26 weeks of gestation, Anterior and Right Forniceal fullness, No Forniceal tenderness. On evaluation routine investigations and tumor markers like CEA, CA 19 -9, alpha Feto protein, LDH found to be normal, CA 125 and Beta HCG levels were raised. USG abdomen and pelvis: Large well defined mixed echogenic predominantly hypoechoic lesion possibly arising from right adnexa, extending into abdominal cavity and closely abutting posterior wall of uterus and taking minimal vascularity on color doppler.. possibly suggestive of large solid neoplastic lesion. D/d : 1) Sub serosal leiomyoma/ sarcoma 2) solid ovarian tumor. MRI : right sided malignant solid ovarian tumor (10*15*17) Diagnosis of Right side malignant solid ovarian mass was made and was taken for exploratory laparotomy. Laparotomy findings: lobulated right ovarian mass approximately 15*10*12 cm with omental adhesions noted between peritoneum and anterior abdominal wall, right fallopian tube normal, left tube and ovary normal. Specimen sent for histopathological examination and was found to be dysgerminoma with focal capsule invasion, Grade 2 FIGO stage 1A.



CONCLUSION

- Dysgerminomas are generally considered solid tumors, they can present with cystic features in some cases so careful evaluation to be made to avoid misdiagnosis with other cystic lesions like benign ovarian cysts or other neoplasms.
- Dysgerminomas are chemo responsive with relatively good prognosis.
- Treatment includes surgical removal of tumor in some cases chemotherapy or radiotherapy depending on the stage of the disease.

REFERENCES

1. Williams Gynecology 26th edition
2. Berek and Novak's Gynecology
3. https://www.researchgate.net/publication/350220485_Misleading_Diagnosis_of_Dysgerminoma_in_a_Young_Asymptomatic_Patient_Corresponding_Author_Citation.