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Poster Number: EP 247 Name: DR CHAITHRA P A Moderator: Dr Rajesh Tile

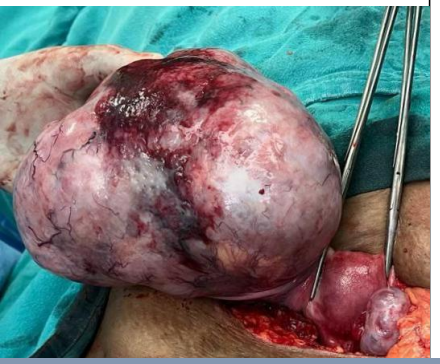
Title: **DYSGERMINOMA MASQUERADING AS NEOPLASTIC LESION "A DIAGNOSTIC DILEMMA".**

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 since2 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: mass corresponds to 24-26 weeks of gestation ,uterus could not be made separately,Anterior and Right Forniceal fullness , No Forniceal tenderness .

Tumor markers like CEA,CA 19 -9,alpha Feto protein ,LDH found to be normal, **CA 125 (93.2 U/Ml) and Beta HCG (15.8 mIU/ml)levels were raised.**

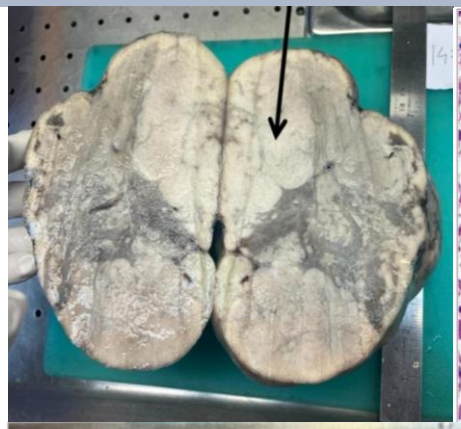
MRI : right sided malignant solid ovarian tumor (10*15*17),minimal ascites ,no evidence of any pelvic lymphadenopathy is seen.

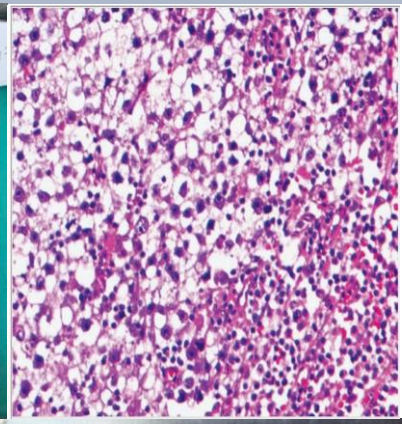
Diagnosis of Right side malignant solid ovarian tumor was made and was taken for staging laparotomy

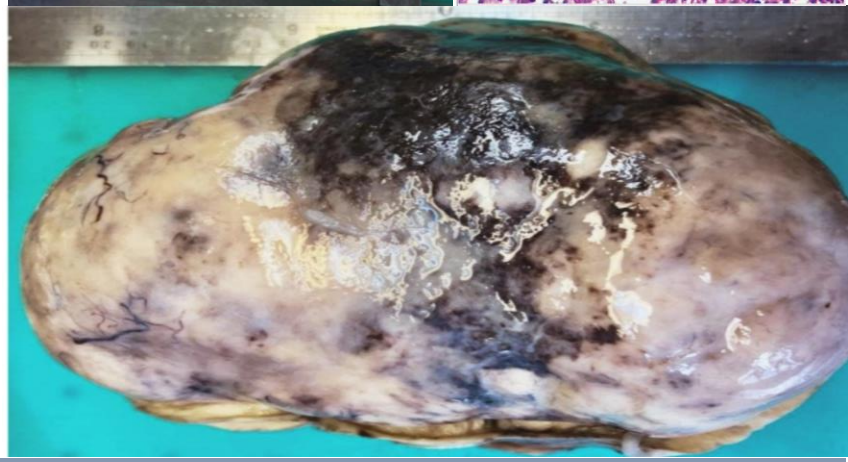
Laparotomy findings: lobulated right ovarian mass approximately 15*10*12 cm ,right fallopian tube normal ,left tube and ovary normal.

Specimen sent for histopathological examination and was found to be dysgerminoma with no focal capsule invasion, Grade 2 FIGO stage 1A. pT1aNx.

Postoperatively patient was stable and discharged on day 7 .







CONCLUSION

- Dysgerminoma can present in early 3rd decade of life as solid cystic masses and hence high degree of clinical suspicion is required to investigate,treat and follow up patient.
- Rarely present with elevated CA 125 levels and Beta HCG in the absence of choriocarcinoma,since choriocarcinoma is aggressive tumor proper evaluation of tumor is required.
- In present case we were able to withhold chemotherapy and patient was asked tofollow up.

REFERENCES

1.Williams Gynecology 26th edition

2. Bereks and novak's Gynecology

3.https://www.researchgate.net/publication/350220485_Misleading_Diagnosis_of_Dysgerminoma_in_a_Young_Asymptomatic_Patient_Corresponding_Author_Citation.