To study the outcome of cases of Germ cell Tumors of Ovary

Ovarian cancer accounts for 225,000 new cases and 140,000 deaths every year(1). Ovarian germ cell tumors account for 15–20% of all ovarian malignancies and incidence of malignant ovarian germ cell tumors is 2–6%. These tumors typically occur in adolescent girls and young women(2).

Ovarian germ cell tumors (OGCTs) are heterogeneous tumors that are derived from the primitive germ cells of the embryonic gonads, which accounts for about 2.6% of all ovarian malignancies.[1] There are four main types of OGCTs, namely dysgerminomas, yolk sac tumor, teratoma, and choriocarcinoma.[1]

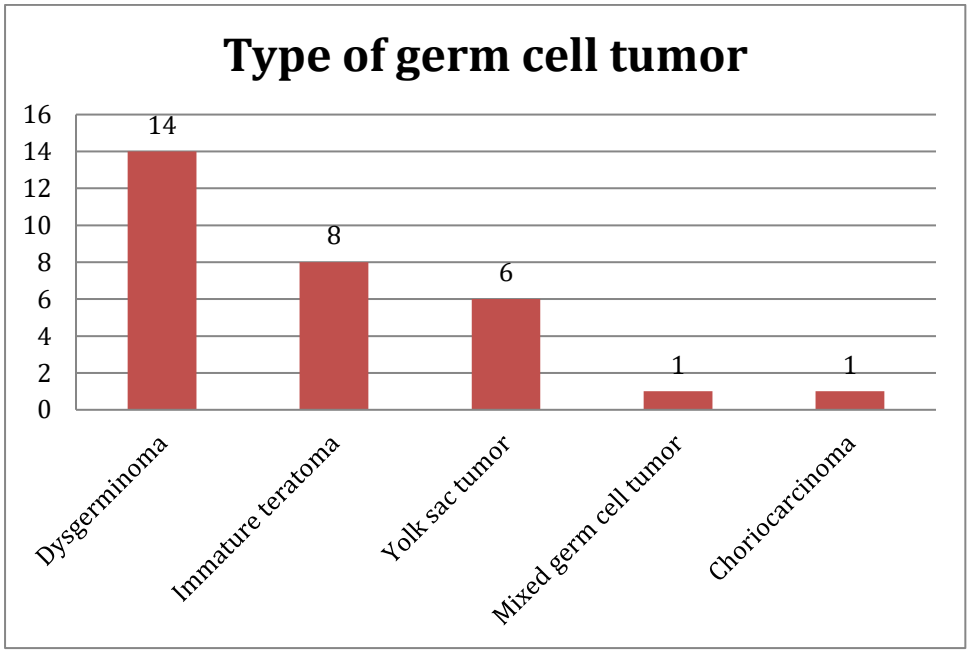
Dysgerminomas are the most common type.[1] OGCTs are relatively difficult to detect and diagnose at an early stage because of the nonspecific histological characteristics.[1] Common symptoms of OGCT are bloating, abdominal distention, ascites, and dyspareunia.[1]

The tumor may be derived from the surface epithelium, the stroma, or the cellular elements of the follicle, where the latter may result in sex cord-stromal tumors (such as granulosa cell tumor or thecoma) or germ cell tumors (GCTs) (1, 2).

The most frequently occurring ovarian GCTs are benign, cystic mature teratomas (MTs) that may show highly differentiated tissue and high morphological heterogeneity.

There is an increasing concern about life-threatening long-term effects of treatment. However, Surgery has an important role in the management of germ cell tumors. Initial surgical staging is of great importance for appropriate subsequent therapy. Fertility sparing surgery is feasible in most cases.

Fertility preservation is a concern as these patients are usually young adolescent girls but fertility sparing treatment must be individualized on the basis of tumor type, surgical staging, and availability of combination chemotherapy. Considering high recurrence rate and mortality, total hysterectomy with complete surgical staging followed by combination chemotherapy should be performed at advanced stage and aggressive tumor biology. Preservation of fertility must be held secondary.



REFERENCES

1. Agarwal R, Rajanbabu A, Keechilattu P et al. A retrospective analysis of the pattern of care and survival in patients with malignant ovarian germ cell tumors. South Asian J Cancer. 2019 Jan-Mar; 8(1): 35–40.
2. Kumar RB, Das V. Treatment outcomes in malignant ovarian germ cell tumors. Int J Reprod Contracept Obstet Gynecol 2017;6: 5256-60.
3. Lakshmanan M, Gupta S, Kumar V et al. Germ Cell Tumor Ovary: an Institutional Experience of Treatment and Survival Outcomes. Indian Journal of Surgical Oncology. 2018, 9(2):215–219.
4. Morice P, Denschlag D, Rodolakis A, Reed N, Schneider A, Kesic V, et al. Recommendations of the Fertility Task Force of the European Society of Gynecologic Oncology about the conservative management of ovarian malignant tumors. Int J Gynecol Cancer. 2011;21:951–63.
5. Parkinson CA, Hatcher HM, Earl HM, Ajithkumar TV. Multidisciplinary management of malignant ovarian germ cell tumours. Gynecol Oncol. 2011;121:625–36.



BIOGRAPHY

ASSOCIATE PROFESSOR DR. Varsha Patil has completed her masters in OBGY from Pune University in 2001. She has been teaching at Government Medical College since 15years. She also is senior consultant and laparoscopic surgeon at several multispeciality hospitals in Mumbai. She has been post graduate medical teacher and a mentor to several students

through out her career. She has published several research articles in National and International journals.

Email ID: varshup16@gmail.com