

Cervical Lymph Node Metastasis of Ovarian Dysgerminoma - A Case Report in a Tertiary Care Hospital

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Abstract: A case of metastasis of dysgerminoma in cervical lymph node was reported. Dysgerminoma, the ovarian counterpart of seminoma is a germ cell tumor constituting 15% - 20% of all ovarian neoplasms and occur in women of reproductive age. Our case had cervical lymph node metastasis which is very rare.

Keywords: Dysgerminoma, germ cell tumor, lymph node metastasis

1. Introduction

Dysgerminoma, a malignant tumor arising from the germ cells accounts for 2% of ovarian cancers and roughly 50% of malignant ovarian germ cell tumors. ^[1] It can occur in any age, the average age being 22 years. ^[2] Dysgerminoma invades pelvic structures locally. Distant metastases are rare and occur by lymphatic route involving the paraaortic lymph nodes and subsequently the mediastinal lymph nodes. ^[3] This case had cervical metastasis which is very rare

2. Case Report

A 16 year old female presented with abdominal distension and enlarged right level III and IV cervical lymph node for 20 days. Serum LDH was raised.

Ultrasonography whole abdomen revealed a solid lesion in right ovary with unremarkable left ovary with gross ascites. The ascitic fluid was sent for cytological examination for malignant cells

Patient underwent right salpingoophorectomy and the sample was sent for HPE.

FNAC of right cervical lymph node was done and cytological smears showed large atypical cells in sheets, cells were uniform medium to large sized having centrally located squared off nucleus with vesicular chromatin and prominent nucleoli. The cells had moderate amount of clear, vacuolated cytoplasm with lymphocytes scattered among the tumor cells.

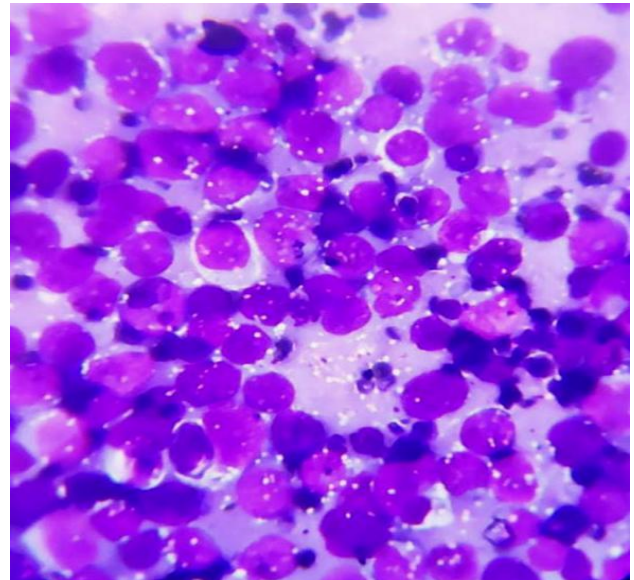


Figure 1: FNAC from cervical node, 40X

Gross findings of HPE - Received a specimen of uterus with bilateral adnexa measuring 13x6x5cm. Uterus measuring 6.5x4x3cm. Following normal anatomical orientation, ovaries are marked as left and right. Right sided fallopian tube measures 3cm in length. Right ovary measures 4x1x0.7cm. Left fallopian tube measures 3.5cm in length. Left sided ovary measures 3x2x1cm. Cut section of right ovary showed predominantly solid areas with focal areas of haemorrhage. Measurement of the largest solid area is 1x1cm. Cut section of uterus and cervix, right fallopian tube and left fallopian tube, left ovary was unremarkable.

Right ovary shows features of dysgerminoma with tumor cells arranged in nests and lobules separated by lymphocytes infiltrating fibrous septa. The tumor cells are large, vesicular having clear cytoplasm with well defined cell boundaries and centrally placed regular nuclei.

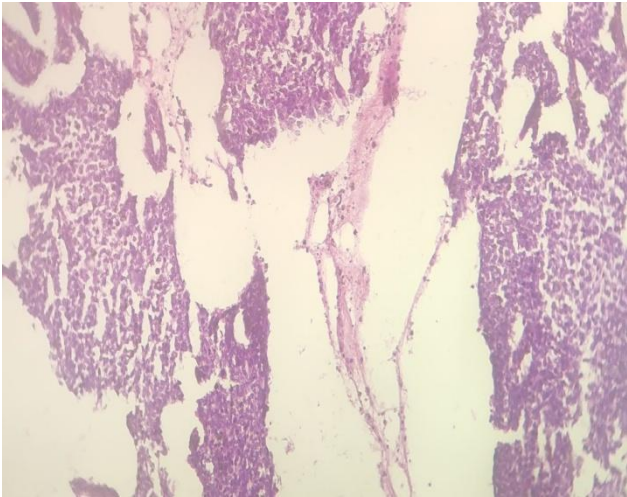


Figure 3: Right ovary showing features of dysgerminoma

Ascitic fluid was negative for malignant cells

3. Discussion

Most dysgerminoma are unilateral tumors ranging from barely visible nodules to masses that fills the abdomen. ^[4]FNAC yields cell rich smears having dispersed cells with little tendency to clustering. Tumor cells are usually fragile with cytoplasmic vacuolation ^[5] due to glycogen deposition. ^[3]Occasional granuloma is known to be found in a background of lymphocytes. ^[5]Dysgerminoma metastasizes via the lymphatics to the para - aortic lymph nodes subsequently to mediastinal lymph nodes. ^[3]In our case patient presented with cervical lymph node metastasis which is very rare. Treatment with salpingoophorectomy combined with chemotherapy yields excellent prognosis even if the tumor spreads outside the ovary. ^[4]Our patient was referred to higher centre for chemotherapy.

4. Conclusion

FNAC coupled with radiological and biochemical investigations served as a useful tool to come to a diagnosis of dysgerminoma of ovary.

Conflict of interest – None

References

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