

Reproductive Function After Management of Malignant Ovarian Germ Cell Tumours.

KEYWORDS

Dr. Rakesh P Gadsa	Dr. Ava D Desai	
3rd year Resident, Department of Obstetrics and gynecology, B.J.Medical College, Ahmedabad	Professor & Head Of Unit, Department of Obstetrics and gynecology, B.J.Medical College, Ahmedabad	

Introduction:

- Germ Cell Tumors
- derived from the primordial germ cells of the ovary
- 20% to 25% of ovarian neoplasms
- only about 3% of these tumors are malignant
- Usual age of presentation is 1st & 2nd decade of life
- 70% of ovarian tumors in first two decades are of germ cell origin and one third of these are malignant

Dysgerminoma is the most common malignant germ cell tumor

AIM:

To evaluate the reproductive outcome after fertility preserving surgery and combination chemotherapy in Malignant Ovarian Germ Cell Tumours

Materials and methods:

Study design: Retrospective

Duration: 4 years (cases from 2009-1011 were studied with

follow up over 2 years)

Center: Tertiary
Sample size: 13 cases
Factors studied:

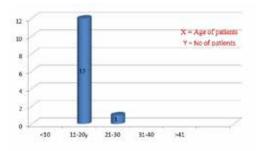
- 1) Age
- 2) Signs and symptoms
- 3) Menstrual and Obstetric history
- 4) Surgical and medical management
- 5) Histopathology
- 6) Menstrual and reproductive outcome

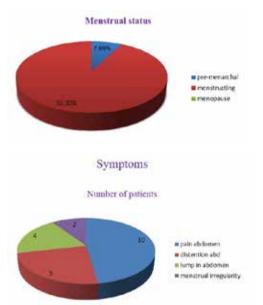
All patients were observed for menstrual and reproductive function and for disease free survival after the treatment

Median follow up time was 36 months

Results

Age distribution





Histopathology

Histology	No of patients	Percentage
Dysgerminoma	5	38.46 %
Endodermal sinus tumour	5	38.46 %
Immature teratoma	2	15.18 %
Mixed germ cell	1	7.69 %

Stage	No of patients
Ia	3
Ib	2
Ic	6
Па	
IIb	2
IIc	
IIIa	
IIIb	
IIIc	2
IV	

Stage and chemotherapy

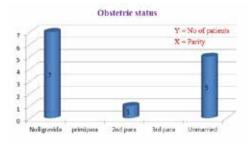
Stage	No of patients	Adjuvant chemother apy (no of cycles)	Response	2 ^{sd} line chemother apy (no of cycles)
Ia	3	BEP(3)	CR	
<u>lc</u>	6	BEP(3)	CR	
IIb	2	BEP(3)	CR	2
IIIc	2	BEP(4)	CR	5

Follow up (Median follow up time was 36 months)

Disease status	No of patients
Free of disease	13(100%)
Patient with disease	4.0

Menstrual status

Menstrual cycle	No of patients
Retrieval of regular cycle	13 (100%)
Not retrieved	8



Total number of women trying for pregnancy: 9

Number of pregnancies: 3

Pregnancy outcome: FTND with 4 live births (one twin delivery)

Comparision study

No of pregnancy	Koji et al study	
3/9	4/20	

Conclusion:

Irrespective of subtype and stage, conservative surgery, with adjuvant chemotherapy as indicated, is the standard approach to treat patients with malignant ovarian germ cell tumors.

Survival rate is excellent in germ cell tumour.

Women who had fertility preserving surgery were very likely to retain menstrual function and fertility.

*Low JJ, Perrin LC, Crandon AJ, et al. Conservative surgery to preserve ovarian function in patients with malignant ovarian germ cell tumors: a review of 74 cases. Cancer 2000;89:391–398. *Gershenson DM. Menstrual and reproductive function after treatment with combination chemotherapy for malignant ovarian germ cell tumors. J Clin Oncol 1988;6:270–275. *Tangir J, Zelterman D, Ma W, et al. Reproductive function after conservative surgery and chemotherapy for malignant germ cell tumors of the ovar, Obst Gynecol 2003;101:251–257. *Williams S, Blessing JA, Liao S, et al. Adjuvant therapy of ovarian germ cell tumors with cisplatin, etoposide, and bleomycin: a trial of the Gynecologic Oncology Group. J Clin Oncol 1994;12:701–706.