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SURGICAL AND CLINICAL MANAGEMENT OF DYSGERMINOMA WITH OVARIAN TORSION: A CASE REPORT

Obstetrics & Gynaecology

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ABSTRACT

This case report details the management of a 30-year-old female patient presenting with dysgerminoma and ovarian torsion. Initial symptoms included vomiting, mild dysmenorrhea, and elevated CA 125 levels, confirmed thorough diagnostic and emergency surgical intervention. Surgical findings showed a right tuboovarian mass with necrosis, leading to a right salpingooophorectomy and subsequent histopathological diagnosis of dysgerminoma, FIGO Stage IIA. Postoperatively, the patient recovered without complications, emphasizing the role of timely surgical intervention in managing ovarian malignancies effectively.

KEYWORDS

Dysgerminoma, Ovarian Torsion, Surgical Intervention

INTRODUCTION

Dysgerminoma is a rare malignant germ cell tumor of the ovary, accounting for approximately 1-3% of all ovarian tumors. (1,2) Ovarian torsion, although less common, presents as a surgical emergency requiring a correct diagnosis and intervention to prevent irreversible ovarian damage and ensure favorable patient outcomes.(3-5) Herewith, we present a case of dysgerminoma complicated by ovarian torsion in a 30-year-old female, emphasizing the diagnostic challenges, surgical management strategies, and postoperative outcomes essential for complete oncological care.

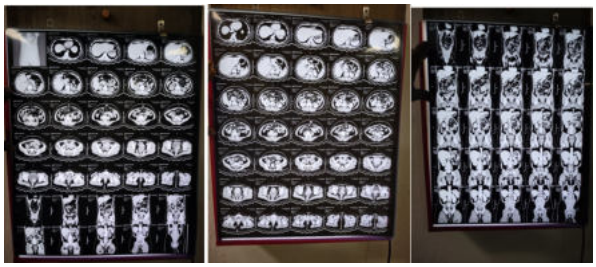
Case Presentation

A 30-year-old woman, presented with two days of vomiting, mild dysmenorrhea, and profuse white vaginal discharge. Clinical examination revealed stable vital signs and a soft, nontender abdomen. Diagnostic investigations, including ultrasound and MRI pelvis, revealed a right tuboovarian mass, elevated CA 125 levels, and an enlarged aortocaval lymph node, suggestive of underlying pathology. Emergency laparotomy confirmed a right sided tuboovarian mass with necrosis and torsion, necessitating a right salpingooophorectomy for definitive management.

Clinical Findings:

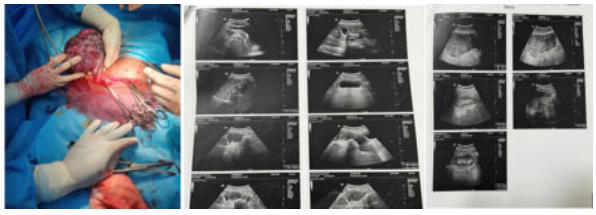
Preoperative assessments included normal renal and thyroid function, negative viral markers, and no significant abnormalities on cardiovascular and respiratory examinations. The surgical procedure achieved perfect hemostasis with removal of the mass, followed by an uneventful postoperative recovery. Histopathological examination of the excised tissue confirmed dysgerminoma, FIGO Stage IIA, suggesting subsequent oncological management decisions.

CT report



Surgical procedure

USG report-CECT Abdomen and pelvis



The below table describe the case history of pre and post operative clinical symptoms.

Clinical Parameter	Preoperative	Postoperative
Symptoms	Vomiting for 2 days, containing food particles, nonprojectile, nonbilious.	Resolution of vomiting; no gastrointestinal symptoms post-surgery.
	Mild dysmenorrhea; last period on 25/5/42.	-
	Profuse white vaginal discharge.	-
Vital Signs and Examination	Stable vital signs, no significant findings.	Stable vital signs, normal abdominal examination.
Systemic Examination	Cardiovascular: Normal heart sounds (S1, S2).	Cardiovascular: Normal heart sounds (S1, S2).
	Respiratory: Normal breath sounds, no wheezes or crackles.	Respiratory: Normal breath sounds, no abnormalities.
	Abdominal: Soft, nontender, no organomegaly or masses.	Abdominal: Soft, nontender, no organomegaly or masses.
Investigations	CBC: Mild anemia (Hb: 9.7 mg%).	-
	Raised CA 125 (63.8).	-
	Normal renal and thyroid function.	-
	Viral markers (HIV, HBsAg, VDRL) negative.	-
Imaging	USG Whole Abdomen: Normal.	-
	USG Pelvis: Normal.	-
	MRI Pelvis: Normal.	-
Additional Findings	Enlarged aortocaval lymph node (1.8 x 1.5 cm).	-
	Cystic lesion in the pouch of Douglas (likely hemorrhagic cyst).	-
Diagnosis	Right tuboovarian mass and torsion of the right ovary.	Dysgerminoma, FIGO Stage IIA confirmed post-surgery.
Postoperative Course	Successful emergency laparotomy with right salpingooophorectomy.	Uncomplicated postoperative recovery.

	Removal of necrotic mass and torsion correction.	Resolution of vomiting; stable clinical condition.
Histopathological Findings	-	Confirmed dysgerminoma.
Prognosis	Significant improvement in symptoms and clinical condition.	Continued monitoring for oncological follow-up and potential adjuvant therapy.

DISCUSSION

The presented case report emphasizes the importance of multidisciplinary collaboration in the diagnosis and management of ovarian tumors, particularly in cases complicated by torsion. Timely surgical intervention not only resolved acute symptoms but also simplified accurate staging and initiation of adjuvant therapies as indicated by the pathology findings. The successful outcome in our patient supports current guidelines advocating for surgical exploration in suspected ovarian torsion cases to optimize patient outcomes and minimize morbidity.

CONCLUSION

In conclusion, the management of dysgerminoma with ovarian torsion in our patient exemplifies the critical role of surgical intervention in achieving favorable oncological outcomes. This case highlights the necessity for comprehensive preoperative evaluation, meticulous surgical technique, and postoperative surveillance in managing rare ovarian malignancies. Further studies and collaborative efforts are warranted to refine treatment protocols and improve prognostic outcomes for patients presenting with similar challenging clinical scenarios.

Acknowledgments

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Conflict of Interest

The authors declare no conflicts of interest related to this case report. Funding No funding was received for the publication of this case report.

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