Ovarian anaplastic dysgerminoma: A case report

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ABSTRACT

Introduction: Dysgerminoma is a malignant germ cell tumour occurring in the ovary with favourable prognosis and is chemosensitive. Dysgerminoma is rather rare with incidence of less than 1%. We present a case of anaplastic dysgerminoma of the ovary – extremely rare with grave prognosis. **Case Description:** A 47-year-old woman presented with prolonged menstruation and enlarged uterus. Examination revealed a 26-weeks size pelvic mass and enlarged left supraclavicular nodes. Tumour markers showed markedly elevated LDH (3,648 u/L). Ultrasound and staging CT initially led to the suspicion of an advanced uterine malignancy with metastasis to the liver, peritoneum, and pelvic lymphadenopathy. Several biopsies were taken but all showed necrosis. Open biopsy was done and HPE confirmed anaplastic dysgerminoma. With high tumour volume, risk of tumour lysis syndrome and suboptimal performance status, patient was given single agent carboplatin. Unfortunately, she succumbed to sepsis before the second cycle of chemotherapy, about one and half months after her first presentation. **Discussion:** Anaplastic dysgerminoma represents another end of prognostic spectrum. It is extremely rare, with only two case reports ever reported. This case had diagnostic difficulty due to the atypical initial presentation. With elevated LDH and extensive lymphadenopathy, lymphoma was also a differential. HPE of multiple biopsies were all necrosis, signifying rapidly growing tumour. Due to rarity of the condition, there was also difficulty in interpretation of her biopsy. Anaplastic dysgerminoma should be considered in woman who presented with aggressive tumour and markedly elevated LDH. Multidisciplinary approach to achieving diagnosis is ideal to avoid any delays.

Placenta percreta with congenital uterine abnormality in a primigravida: A case report

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ABSTRACT

Introduction: Abnormal placentation is typically seen in patients with risk factors, usually a history of uterine surgery, and follow up for these cases would be tailored accordingly. This a case of placenta percreta in a primigravida with congenital uterine abnormality noted during surgery. **Case Description:** A 41-year-old primigravida with gestational diabetes mellitus on metformin presented at 20 weeks of pregnancy with acute abdomen without per vaginal bleeding. Physical examination revealed a distended abdomen with generalized tenderness, and bedside scan revealed a viable fetus within uterus with low lying placenta and some free fluid in the abdomen. She was normotensive but tachycardic, with a hemoglobin of 8 g/dL (her booking hemoglobin was 11.3 g/dL). Formal ultrasound was reported as perforated appendicitis. Intraoperatively placenta percreta with uterine rupture was diagnosed, with the entire amniotic sac expelled out. Noted unicornuate uterus with rudimentary horn; patient did not have left ovary and Fallopian tube. Subtotal abdominal hysterectomy was done. The fetus did not survive. HPE was reported as placenta percreta with uterine fibroid. **Discussion:** An online search revealed less than 10 similar cases being reported, and they mostly were of a younger-age group. This patient also had a history of subfertility for 5 years that was not previously investigated. Due to her age factor, she was referred for detailed scan however she presented 2 weeks before her scheduled appointment with the MFM team. Pregnant primigravida in acute abdomen with free fluid should raise suspicion for possibility of abnormally invasive placenta and congenital uterine abnormality.