
Germ cell tumors of the ovary : a review of 48 cases

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ABSTRACT

AIMS: To assess the response to therapy for patients with dysgerminomatous and non-dysgerminomatous germ cell tumors of the ovary.

Method: Forty-eight cases with germ cell tumors of the ovary seen at Kidwai Memorial Institute of Oncology were studied.

Results: Eighteen patients had dysgerminoma, eight endodermal sinus tumor (EST), eight Immature teratoma, two embryonal carcinoma and 12 mixed germ cell tumors. Three patients with dysgerminoma and FIGO stage Ia had unilateral salpingo-oophorectomy (USO) and were kept under surveillance follow up. Forty-five patients received combination of bleomycin, etoposide and cisplatin (BEP regimen) either as neoadjuvant (NACT, 7 cases) or as adjuvant therapy (38 cases) following definitive surgery performed at

Kidwai Institute or elsewhere. Forty-six patients achieved complete remission (CR). Two patients had progressive disease and could not be salvaged.

All the patients with dysgerminomatous tumors (18 cases, 100%) achieved (CR) including three patients kept under surveillance. Twenty-eight of 30 (93.3%) patients with non-dysgerminomatous tumors achieved CR. Three patients(all EST) had recurrent disease following CR within six months, two of which were salvaged by second line chemotherapy consisting of etoposide, ifosfamide and cisplatin (VIP regimen).

Conclusion: As in our previous study (Bafna et al , Int J Gynecol Ca, 11, 300-04,2001) non-dysgerminomatous tumors fared slightly worse than dysgerminomatous tumors. Neoadjuvant chemotherapy followed by interval debulking was also effective in this small study.