

**CONSERVATIVE MANAGEMENT OF OVARIAN MIXED GERM CELL TUMOR ASSOCIATING POLYEMBRYOMA AND IMMATURE TERATOMA****C. Bouchikhi, H. Bouguern, H. Châara, A. Banani, M.A. Melhouf**

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The polyembryoma is a rare germinal tumor consisted of embryoid entities similar to early stage embryo (1, 2). Often, this tumor is associated to other germinal tumors particularly, mature and immature teratoma, the yolk sac tumor and choriocarcinoma (2, 3, 4).

**Case report :** A 19-year-old women patient hasn't particular pathological antecedents; she consulted at our department for right pelvic pain. The gynecological examination revealed a firm mass of 10 cm in the right side independent of the uterus. A pelvic ultrasound demonstrated an uterus of normal size, an heterogenic hypoechoogenic mass of 10 cm probably in depends on the ovary, without ascitic fluid (Figure 1). A laparotomy was indicated. It showed an ovarian tumor localized in the right ovary without ascitic fluid. The patient benefited of a right oophorectomy and salpingectomy with biopsies of the left ovary; peritoneum and the omentum. There was an accidental rupture of the tumor during surgery. The histological study showed a teratoma with a glial components and few immature territories with complex embryonic structures associated to a polyembryoma localized in the ovary. We operated secondly and realized omentectomy, pelvic and para-aortic lymphadenectomy. The histologic study was negative. The stage of the tumor was Ia. Considering the accidental rupture of the tumor during the first surgery, chemotherapy was indicated. The patient received 3 cures of Bleomycin, etoposide and cisplatinum. The rate of  $\beta$ human chorionic gonadotropin and  $\beta$ -fetoprotein was normal. The abdominopelvic tomography and the markers are made every six months. They are normal. The patient didn't present any recurrence within a recession of 20 months.

**Discussion :** Very rare cases of polyembryoma are reported in the literature. Therefore, a little information is available on the treatment and prognosis of this type of tumor. Alpha fetoprotein and  $\beta$  HCG are the characteristic tumor markers for some ovarian germ cell tumor. Alpha fetoprotein is positive in most embryonal carcinoma and HCG is positive in choriocarcinoma and some embryonal carcinoma. Few cases of polyembryoma producing both of alpha fetoprotein and  $\beta$ HCG have been reported (3).

Chapman reported a case of polyembryoma associated to a mature teratoma and rare sites of immature teratoma in the stage I.a. the patient was treated only surgically with good prognosis(2). Takemori (3) reported a case that was classified I.a, this was treated exclusively using a radical surgery: hysterectomy, bilateral

annexectomy, omentectomy and, pelvic and para-aortic lymphadenectomy.

In our case, we realized a conservative surgery because the patient was young in order to preserve the fertility and also because the stage of the tumor was Ia. Indeed the study of 36 germinal malign tumor cases, recommended a correct surgical staging in case of mixed tumors and strict surveillance based on  $\beta$ -fetoprotein and  $\beta$ -HCG in order to specify conservative treatment in case of grade 1 of stage I.a. Beyond Ia, the chemotherapy is always indicated after conservative surgery and surgical staging (5). In our case the chemotherapy was indicated because of accident rupture of the tumor in the first surgery. The chemotherapy is based on bleomycin, etoposide and cisplatin (5).

**Conclusion :** The rarity of the ovarian mixed germ cell tumor doesn't allow formulating a unanimous protocol of treatment. However, a conservative surgical treatment of young women is suggested for preserving the fertility; this has to be achieved with close clinical, radiological and biological follow-up.

**References**

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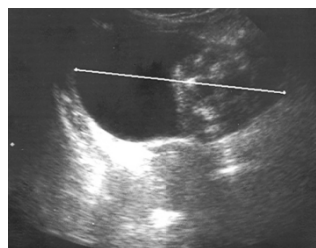


Figure 1: Heterogenic hypoechoogenic mass