Dysgerminoma

Patient Information Series – What you should know, what you should ask.

What is dysgerminoma?

Dysgerminoma is a rare ovarian tumor that originates from primordial germ cells of the ovary, i.e. embryonic precursors of the egg. Germ cells are the sexual reproductive cells (eggs). Malignant germ-cells tumors usually occur in very young women (15-30 years-old).

Which are clinical symptoms?

The most common symptoms are abdominal enlargement and the presence of a pelvic or abdominal mass felt by the patient herself, sometimes associated with pain related to the rapid tumor growth. Sometimes menstrual abnormalities could be present. Ovarian dysgerminoma can also be diagnosed in women who present with no gynaecological symptoms.

Should I have any blood examination done?

Specific tumor markers do not exist. Ovarian dysgerminoma may produce human chorionc gonadotropin (hCG), a hormone produced by the placenta after implantation, simulating a pregnancy; serum levels of protein CA 125, lactate dehydrogenase (LDH) and placental-like alkaline phosphatise (PLAP) may be elevated.

Which is the best treatment?

The treatment for ovarian dysgerminoma is usually only surgical. Young women may undergo conservative surgery in case of early stage disease (tumor only localised in an ovary): only the ovary involved by the tumor is removed (unilateral salpingo-oophorectomy), thus preserving fertility. A surgical careful staging is performed: omentectomy, peritoneal biopsies, pelvic and paraortic lymphadenectomy. After surgery a counselling with the oncologist (cancer specialist) is needed: if the tumor involves only a ovary, chemotherapy is usually not necessary. Chemotherapy is needed in case of advanced or recurrent disease. Surgery should be performed in an oncological referral centre.

Which follow-up will I need after treatment?

Once the treatment has been completed, a few other things that should follow:

- a gynaecological visit
- a transvaginal ultrasound where a small ultrasound probe with a sterile cover is gently passed into the vagina or rectum and images are transmitted to a monitor
- and blood examination every 3 months during the first year; every 4 months during the second year; every 6 months until the fifth year, then every year.

Within the first five years after treatment, a radiological examination (usually CT-scan or abdominal ultrasound) is required twice a year.

Which is the prognosis?

Ovarian dysgerminoma has a good prognosis: 95% of women with early stage disease (tumor only involving an ovary with intact capsule) recover.

Will it recur?

Ovarian dysgerminoma could relapse in a small group of patients.

What other questions should I ask?

You might ask your caregiver these questions regarding your pregnancy:

- Does this look like ovarian dysgerminoma?
- What is the best treatment for my condition?
- Is the tumor limited to my ovary?
- What further tests do I need after the treatment?

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