

PP 5: CASE REPORT: PERICARDIAL EFFUSION COMPLICATING OVARIAN YOLK SAC TUMOUR

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Introduction: Germ cell tumours are quite uncommon accounting for 5% of all ovarian malignancies. They are more prevalent among young women. Yolk sac tumours are rare overall, although they represent the 2nd most common malignant type of germ cell tumour. Pericardial effusion is a very rare complication of metastatic ovarian malignancies, especially germ cell tumours. Only a few cases have been recorded in the past and they have been associated with high morbidity.

Case presentation: A 36 year old mother of one presented with cough and shortness of breath of two weeks duration. On examination, she was hemodynamically stable but had reduced air entry in both lung bases without added sounds. Her basic investigations were normal and Mantoux reading was 15111111. Chest X-ray was suggestive of a mild pleural effusion. Pleural aspiration was negative for malignant cells, TB PCR and ADA, and was suggestive of resolving inflammation. Echocardiogram and CECT revealed a massive pericardial effusion with a right lower lobe lesion without evidence of metastasis. Bronchoscopy did not reveal an endobronchial lesion and biopsy was unremarkable. Pericardial aspiration was positive for adenocarcinoma cells with immunocytochemistry positive for CK7 and CA 125. Ultrasound scan of pelvis revealed bilateral multilocular ovarian lesions with solid areas without free fluid. As subsequent laparotomy revealed bilateral ovarian masses, mild ascites, and no features of local or distant malignant infiltration. Histology and immunohistochemistry confirmed ovarian germ cell tumour (yolk sac tumour). Chemotherapy was planned by the oncology team.

Discussion: Preservation of fertility and consideration of gonadal toxicity are the main concerns in management of YST in young women. Pericardial effusion is a very rare complication of metastatic ovarian malignancies and it is more common in epithelial ovarian cancer. Recommended management options are maximal cytoreduction followed by platinum-based combination chemotherapy, resection of intra-cardiac metastases and intra-cardiac chemotherapy. In this particular case, a radical surgical procedure was carried out and chemotherapy was planned to treat metastatic infiltration, especially pericardial involvement.