Recurrent immature teratoma of the ovary: case report

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Malignant germ cell tumor

- 27 years old woman
- Regular menses
- Nullipara
Presenting symptoms (Jan 1995):

- Abdominal pain
- Right pelvic mass
- Silent tumor markers
- Transvaginal ultrasound: 8 cm mixed solid and cystic right ovarian mass (confirmed at CT scan)
First Surgery (feb 1995):

- Laparoscopic right salpingo-oophorectomy
- Random peritoneal biopsy
- Left ovarian biopsy
Histology:

- Immature teratoma at right ovary
- Grade 2 (according Norris’ definition)
- Stage I C (FIGO)
2nd Surgery (MITO group Center): Feb 1995

- Laparoscopic restaging
- Multiple peritoneal biopsies
- Peritoneal washing
Histology

- All histologic samples were negative
- Negative peritoneal cytology

Follow-up
Trend Toward Surveillance:
Historically, the only patients thought to be appropriate candidates for treatment with surgery alone were those with stage IA dysgerminoma and stage IA, grade 1 immature teratoma. However, there is a strong trend toward exploring the feasibility of surgery followed by close surveillance in a much broader group of patients, although further study is warranted.


Surgical resection alone is effective treatment for ovarian immature teratoma in children and adolescents: A report of the Pediatric Oncology Group and the Children’s Cancer Group

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Follow-up

- From Feb 1995 to Sep 1995, patient had negative follow-up.

- At Sep 1995, she underwent laparoscopic second-look: multiple peritoneal, peritoneal washing, omental biopsy, left ovarian biopsy.
Histology:

- Immature glial implants at right utero sacral ligament
- Mature glial implants at: Douglas, right pelvic peritoneum, and omentum
Chemotherapy

- From oct 1995 to nov 1995 patient underwent 3 cycles of chemotherapy with BEP scheme

- At the end of the treatment a third-look was planning but patient refused because of psychological problems
Follow up

- Within 1 year patient resumed normal menstrual cycles

- Seven years after the completion of chemotherapy treatment she termed a pregnancy

- Patient is free from disease after 15 years of follow up
Key-points

• Conservative surgery followed by platinum-based chemotherapy is considered the standard approach for stage I immature ovarian teratoma stage more than IA G1

• The use of chemotherapy in stage I A G2-3 and IB-IC is still debated

• Role of adjuvant chemotherapy compared with surveillance

• Role of salvage chemotherapy
Is adjuvant chemotherapy indicated in stage I pure immature ovarian teratoma (IT)? A multicentre Italian trial in ovarian cancer (MITO-9) retrospective study

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Conclusions

- Several studies reported severe long term complications from chemotherapy after BEP for malignant germ cell tumor.

- The side effects of chemotherapy and the ability to successfully salvage relapsed patients with surgery and chemotherapy suggests to consider surveillance alone in a boarder subgroups of patients.

- Surveillance policy could be safe in stage I G2 G3 ovarian immature teratoma.

- Salvage chemotherapy could be reserved in case of recurrance with excellent chances of therapeutic success.
Grazie per l’attenzione!