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Ovarian Yolk Sac Tumour : a case resume

Mgs. Dra Carmen Dávila - Coordinator of the Gynecology and Obstetrics Department
Interhospital S.A

Dra. Diana Macias Dávila – Interhospital S.A

Yolk sac tumours (YST) account for 20% of malignant ovarian germ cell tumours and approximately 5% of all ovarian malignancies, predominantly affecting young women of reproductive age.

This report describes a rare Stage I YST where transvaginal ultrasound (TVS) was pivotal for diagnosis.

A 21-year-old nulliparous patient presented with pelvic heaviness and irregular cycles; physical examination revealed a palpable right-sided mass.

TVS identified a large, predominantly solid ovarian mass, while CA-125 was minimally elevated at 40.68 U/mL.

Fertility-sparing surgery was performed, revealing a solid right ovarian tumour and free peritoneal fluid; an omentectomy was also conducted.

Macroscopic examination showed a greyish-white mass with haemorrhagic cavities. Microscopic analysis confirmed a yolk sac tumour with proliferating epithelial cells in alveolar, papillary, and glandular patterns within a myxomatous stroma and congestive vessels.

Conclusion:

Ovarian yolk sac tumor requires early diagnosis and timely multidisciplinary management due to its rapid growth and aggressive nature.

Monitoring alpha-fetoprotein (AFP) levels is crucial for assessing treatment response and detecting recurrences.

This case emphasizes that suggestive ultrasound findings are decisive for early intervention, even when tumour markers are not significantly elevated.



Figure 1. Heterogeneous echogenic nodule with areas of higher and lower echogenicity; complex appearance with several scattered tiny cysts, well-defined regular margins, internal vascularity, and sparse peripheral vascularity; measures 16.1 x 15.9 x 16.5; Vol 2213 mm³.



Figure 2. Transvaginal ultrasound showing a solid pelvic mass arising from the right ovary