

# SUCCESSFUL PREGNANCY FOLLOWING FERTILITY SPARING TREATMENT IN A PATIENT WITH ADVANCED OVARIAN MALIGNANCY

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## INTRODUCTION

- Ovarian germ cell malignancies are rare tumours accounting for less than 5% of all ovarian malignancies. About 50% of pure immature teratomas of the ovary occur in women between 10 and 20 years. Hence Fertility Sparing Surgery is the treatment of choice. Metastasis can occur during or after chemotherapy despite the normalization of tumor markers
- Here, we present a case of a patient with advanced malignant germ cell tumor who was treated conservatively and delivered a baby following IVF –ET.

## CASE REPORT

- 29 year old lady with past history of treatment for advanced ovarian malignancy presented to Fertility Clinic as a case of primary infertility.
- At 19 years she presented with abdominal distension and gastric upset. MRI revealed a heterogenous ovarian tumor 17.2 x 4.3x23 cm with intact capsule on the left side. She underwent staging laparotomy with biopsy of opposite ovary. Capsule ruptured during surgery. Histopathological report showed immature germ cell teratoma of high grade.
- Pathologic staging-pT3c pNx stage 3C
- Combination chemotherapy with Bleomycin, Etoposide and Cisplatin was given. She had regular follow up. Four years after surgery she presented with abdominal discomfort. Scan revealed residual tumour which was biopsied and found to be benign teratoma.
- Five years later presented as primary infertility. IVF was offered as the tube was blocked. Antagonist protocol with recombinant FSH was used. Retrieved 10 eggs and blastocyst transfer was done. Remaining embryos were kept frozen. She conceived in the first IVF cycle and had a normal full term delivery.

## DISCUSSION

- Low et al (2000) reported a series of 74 patients with malignant germ cell tumour who underwent conservative surgery, 47 of whom (64%) received adjuvant chemotherapy. Of these 20 attempted conception and 19 were successful (95%). There were no documented congenital defects.
- Zanitta et al (2001) reported on 81 patients who were treated conservatively with surgery and chemotherapy. Twenty patients attempted to conceive and 16 were successful (80%). Satoh et al (2018) in a multicenter study concluded that the reproductive outcomes of MOGCT survivors are promising with FSS followed by Chemotherapy. Francesca Maria Vasta et al (2020) also reported good reproductive function following conservative management.
- All these studies demonstrated good reproductive function after conservative surgery and chemotherapy for MOGCTs. Our case also shows the same.

## CONCLUSION

- Conservative surgery with adjuvant chemotherapy has made preservation of fertility possible even in advanced stage disease. The treatment which we used was fertility sparing surgery followed by combination chemotherapy (BEP).
- The patient needed assisted reproduction due to adhesions which caused mechanical blockage of fallopian tubes. Most of the patients who received combination chemotherapy resume normal ovarian function and can expect normal fertility and healthy offspring without a significant increase in congenital malformation. The safety issue of using fertility drugs is controversial.

## REFERENCES

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