

BACKGROUND

This case highlights the management of germ cell tumor recurrence during pregnancy. It emphasizes the complexities of managing cancer during pregnancy, showcases a positive pregnancy outcome, and explores treatment decisions that balance maternal and fetal health.

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CONCLUSION

- Recurrent germ cell tumors can be managed during pregnancy.
- Successful outcomes rely on careful monitoring and multidisciplinary care.
- Clinical decisions must prioritize maternal-fetal balance and individualized timing.

CASE REPORT

30-year-old woman diagnosed with stage 3A2 yolk sac tumor in 2022.
Initial Treatment: Left oophorectomy + BEP chemotherapy. Post-treatment imaging normal
Pregnancy: Conceived post-treatment; no complications until 28 weeks.
Recurrence: Purple nodule at laparotomy scar; biopsy confirmed recurrence.
Delivery: Caesarean section at 37+1 weeks; tumor excised during delivery.
Postpartum Imaging: Solid lesions confirmed recurrence; referred to oncology.

RECURRENT OVARIAN GERM CELL TUMOUR DURING PREGNANCY: CASE REPORT HIGHLIGHTING MANAGEMENT CHALLENGES



DISCUSSION

Individualized Care Plans:
Multidisciplinary approach is essential in balancing risks.
Timing of Imaging:
Postponed CT to avoid fetal exposure; scanned postpartum.
Surveillance & Monitoring:
Clinical vigilance and patient symptom reporting key.
Combined Delivery and Excision:
Surgical planning optimized to manage both maternal and fetal health.

KEY LEARNING POINTS

- ✓ Recurrent tumors during pregnancy can have favorable outcomes
- ✓ Diagnostic timing should prioritize fetal safety
- ✓ Surgical and oncological plans must adapt to pregnancy
- ✓ Multidisciplinary input improves care quality

