Key Points

Exploratory laparotomy or operative laparoscopy is required for solid adnexal masses. The histology should be determined intraoperatively. If a malignancy is found it should be decided if staging is required.

For children and adolescents with a unilateral malignancy, a unilateral oophorectomy or salpingo-oophorectomy and staging (when indicated) is appropriate. The histologic type and stage determines the need for adjuvant chemotherapy.

Serum markers (HCG, AFP, LDH for germ cell tumors; estradiol, testosterone, CA 19-9, and inhibin A and B for sex-cord stromal tumors and CA-125 for epithelial tumors) should be obtained prior to surgery, and if positive, followed.

Ovarian Cancer in Children and Adolescents

The Childhood Gynecologic Cancer Association (CGYNCA)
Post Office Box 3130
Ann Arbor, Michigan 48106-3130

Phone: 734-663-7251
E-mail: hope@cgynca.org

© 2014
OVARian CANCER

ApproXimately 70 percent of malignant ovarian tumors in children are germ cell tumors, 25% are epithelial tumors and 5% are sex-cord stromal tumors. The overall 5 year survival in a recent study was 91.7% and the 10 year survival was 91.4%. There are seven categories of malignant germ cell tumors. These include immature teratomas, dysgerminomas, endodermal sinus tumors, embryonal cell carcinomas, choriocarcinomas, polyembryomas, and mixed germ cell tumors.

SYMPTOMS INCLUDE:

- Pelvic fullness
- Pain
- Urinary frequency
- Dysuria
- Digestive complaints (dyspepsia and early satiety)
- Acute pain (ovarian torsion)

TREATMENT FOR MALIGNANT GERM CELL TUMORS OF THE OVARY

If one ovary is involved, a unilateral oophorectomy versus salpingo-oophorectomy with staging (if indicated) is performed. Dependent on the age of the child, consider consultation with a gynecologic oncologist. The malignant ovary and the fallopian tube on the same side are removed, leaving the uterus, ovary, and fallopian tube on the opposite side in place as long as only one ovary is affected. Staging surgery with the addition of chemotherapy at times (generally bleomycin, etoposide and cisplatin) is the usual treatment. Dysgerminomas are very sensitive to chemotherapy. At times they are treated with carboplatin and etoposide alone.