What is a Yolk Sac Tumor?

Yolk sac tumors (YST) are exceedingly rare, malignant non-epithelial, ovarian germ-cell tumors, the majority being diagnosed in the second and third decade of life. As opposed to epithelial ovarian cancer non-epithelial ovarian cancer more often affects young women, presents at an early stage, is unilateral (involves only one ovary) and has a better prognosis.

How is the prognosis? Will I be able to get pregnant after treatment?

Yolk sac tumors, are often diagnosed at an early stage, where the prognosis is excellent, with a 5-year survival rate of 95% or more. These tumors are effectively treated with a combination of surgery and chemotherapy. Fertility sparing surgery is found to be at least as effective as radical surgery partly because these tumors most often affect only one ovary. Most young women get their periods back some months after termination of chemotherapy. Oncologists recommend letting up to 2 years pass before conception is attempted.

What are the symptoms?

The most common symptom is abdominal pain followed by abdominal enlargement. Duration of symptoms is often brief due to rapid growth of the tumor. Other symptoms may be fever, distended abdomen, and intraabdominal fluid (ascites).

Should I have more tests done?

Serum α -feto protein (AFP) is a useful bio-marker of yolk sac tumor diagnosis. It is present in almost 100% of the cases, and can be easily analyed from a venous blood sample. You might also be referred to an ultrasound expert or undergo an MRI, since these modalities can be used to detect the tumor. In addition, a CT scan of the chest and abdomen is usually performed to look for signs of spread of the disease before surgery, so that surgery can be planned in an optimal way and remove all lesions.



What other questions should I ask?

- What kind of surgery should I have?
- How long should I wait before I can try for a baby?
- Should I have chemotherapy before or after the surgery?

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