

Conference Abstracts

Vol. 6, Issue Supplement 2, 2026

Yolk Sac Tumor of Cervix in a Toddler - A Very Rare Case Scenario

Miki Shah, Fellowship^{1,a}

¹ BPKIHS, Dharan, Dharan, Koshi, Nepal

Corresponding author

^a Miki Shah, Fellowship, BPKIHS, Dharan, Dharan, Koshi, Nepal

Email: shahmiki73@gmail.com

Keywords: alpha fetoprotein, immunohistochemistry, yolk sac tumor

Submission received: 2026-08-08 / Accepted: 2026-08-09 / Published: 2026-09-10

<https://doi.org/10.53876/001a.129795>

Abstract

Background

Yolk sac tumor is a rare malignant germ cell tumor that commonly occurs in the ovaries and testes of young patients. Primary cervical yolk sac tumor is extremely rare, with very few cases reported in young children.

Methods

A 17-month-old girl presented with per vaginal bleeding followed by expulsion of a fleshy mass. Ultrasound and MRI revealed a well-defined pelvic soft tissue lesion measuring $2.2 \times 2.7 \times 2.1$ cm, abutting the lower uterine segment. Serum alpha-fetoprotein (AFP) was markedly elevated. Histopathological examination and immunohistochemistry confirmed a yolk sac tumor of the cervix. PET/CT at our centre further confirmed an FDG-avid heterogeneous pelvic mass measuring $2.5 \times 3.2 \times 4.6$ cm.

Histopathology further confirmed it as Yolk sac tumor. The patient received four cycles of chemotherapy, with a progressive decline of serum AFP to normal levels. Post-chemotherapy MRI showed a small residual lesion measuring $0.9 \times 0.7 \times 1.2$ cm in the left lateral cervix. Vaginoscopy demonstrated a small residual cervical mass. The lesion was completely excised by conization with clear margins. Histopathology showed post-chemotherapy changes with no residual tumor.

Conclusion

Primary cervical yolk sac tumor is exceptionally rare, particularly in infants. Early diagnosis and multimodal treatment with chemotherapy followed by conservative surgery can achieve complete remission while preserving the uterus. Fertility-preserving management should be considered whenever clinically appropriate. The patient remains disease-free on regular follow-up.

© 2021–2026 Binaytara. Website design and layout all rights reserved. Articles published in the International Journal of Cancer Care and Delivery are open access. Authors retain copyright. All articles are distributed under the terms of the Creative Commons Attribution-ShareAlike 4.0 International (CC BY-SA 4.0) license, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited and derivative works are shared under the same license.