BILATERAL DYSGERMINOMA IN A SENILE BITCH ASSOCIATED WITH NODULAR LYMPHOID HYPERPLASIA IN SPLEEN AND PYOMETRA: A CASE REPORT

(*DISGERMINOMA BILATERAL EM CADELA SENIL ASSOCIADO A HIPERPLASIA NODULAR LINFOIDE EM BAÇO E PIOMETRA: RELATO DE CASO*)

Abstract

Ovarian neoplasms affect a low percentage of bitches, these tumors are classified according to their cellular origin and are considered rare. Dysgerminoma is a tumor derived from undifferentiated primordial ovarian germinal epithelium cells, in the male, this neoplasm is diagnosed as seminoma. Thus, dysgerminoma is not linked to the production of ovarian hormones such as estrogen and progesterone, which play a fundamental role in the establishment of pyometra. At Hospital Veterinário Araújo (HVA) a 15-year-old female Pinscher was admitted with vaginal discharge, abdominal enlargement, anorexia, polydipsia and prostration clinical signs indicative of pyometra, radiographic and ultrasound examinations were requested, as well as collection of blood samples. blood for blood count and serum biochemistry. Ultrasound examination revealed uterine enlargement and hypoechoic content, in addition to bilateral ovarian cysts measuring 7 cm in the right ovary and 3 cm in the left ovary. The blood count revealed normal values in the erythrogram and the leukogram showed monocytosis and lymphopenia, in addition to macroplatelets. Biochemical examination revealed increased GGT values 10 U/L. Ovariohysterectomy was performed and, in the trans-surgical period, nodules in the spleen were observed, so the ovaries and a fragment of the lymphoid organ after surgical resection were fixed and sent to the histopathology laboratory. Histopathology revealed ovarian dysgerminoma and lymphoid nodular hyperplasia. Ten days after the surgical procedure, the dog returned to the HVA for clinical evaluation and suture removal. However, three days after the return, the animal presented a convulsive condition evolving to death.

Keywords: Ovarian neoplasm; uterine infection; splenic alterations

Resumo

Neoplasias ovarianas acometem baixa porcentagem de cadelas, estes tumores são classificados de acordo com a origem celular sendo considerados raros. O disgerminoma é um tumor derivado de células do epitélio germinativo ovariano primordiais indiferenciado, no macho, essa neoplasia é diagnosticada como seminoma. Assim, o disgerminoma não está ligado a produção de hormônios ovarianos como o estrógeno e a progesterona que desempenham papel fundamental para o estabelecimento da piometra. No Hospital Veterinário Araújo (HVA) uma cachorra da raça Pinscher com 15 anos deu entrada apresentando, secreção vaginal, aumento abdominal, anorexia, polidipsia e prostração sinais clínicos indicativos de piometra, solicitou-se exame de radiográfico e ultrassonografia, bem como a coleta de sangue para hemograma e bioquímico sérico. O exame ultrassonográfico revelou aumento uterino e conteúdo hipoecóico, além de cistos ovarianos bilaterais com mensurações de 7 cm no ovário direito e 3 cm no ovário esquerdo. O hemograma revelou valores normais no eritrograma e o leucograma apresentou monocitose e linfopenia, além de macroplaquetas. O exame bioquímico revelou valores de GGT aumentados 10 U/L. A ovariohisterectomia foi realizada e no trans cirúrgico observou-se nódulos no baço, assim, os ovários e um fragmento do órgão linfoide após a ressecção cirúrgica foram fixados e encaminhadas para laboratório de histopatologia. A histopatologia revelou disgerminoma ovariano e hiperplasia nodular linfoide. Dez dias após o procedimento cirúrgico, a cachorra retornou ao HVA para avaliação clínica e retirada da sutura. No entanto, três dias após o retorno o animal apresentou um quadro convulsivo evoluindo ao óbito.

Palavras-chave: Neoplasia ovariana; infecção uterina; alterações esplênicas

1. Introduction

Ovarian neoplasms affect a low percentage of female dogs throughout life and are considered rare (PARK et al., 2008). These tumors are classified according to their cellular origin, that is, epithelial, germinal, stromal, and mesenchymal (ROLIM et al., 2010). Dysgerminoma is derived from undifferentiated primordial ovarian germinal epithelium cells, in the male, this neoplasm is diagnosed as seminoma (McENTEE, 2002; ARLT & HAIMERL, 2016). Diez-Bru et al. (1998) and Novotny et al. (2011) report that dysgerminomas are diagnosed in 6 to 12% of cases.

Antonov et al. (2014) describe that this type of tumor affects 6 to 20% of bitches with ovarian neoplasms. Revised by Arlt and Haimerl. (2016), in a total of 346 bitches, dysgerminoma was diagnosed in 24, representing 6.93% of cases. Granulosa cell tumors induce the secretion of steroid hormones such as progesterone related to the occurrence of cystic endometrial hyperplasia and pyometra (ZANGHI et al., 2007), it is reported that dysgerminoma is not linked to the production of these hormones (ARLT & HAIMERL, 2016).

Pyometra is the uterine condition commonly observed in the medical and surgical clinic of small animals, associated with acute or chronic suppurative bacterial infection with accumulation of inflammatory exudate (DOW, 1959; HAGMAN, 2018). Bacterial infection of the uterus is called pyometra, it's meaning in the veterinary medical literature is literally “uterus filled with pus” (EGENVALL et al., 2001). A common disease in intact adult bitches and cats, diagnosed less frequently in other small animal species (HAGMAN et al., 2014).

The involvement of ovarian hormones such as estrogen and progesterone play a fundamental role in the establishment of the infection. Estrogen stimulates cell growth and endometrial cell vascularization, increasing sensitivity to progesterone (FIENI et al.,

2014). Thus, under the action of progesterone, endometrial proliferation, glandular secretion and decrease in myometrial contractions occur (SMITH, 2006). Furthermore, the primary hormonal imbalance or abnormal response to estrogen and progesterone concentrations affects uterine epithelial cells and facilitates adherence, colonization, and bacterial growth (FIENI et al., 2014; HAGMAN, 2018).

The increase in progesterone concentrations during estrus and initial diestrus in bitches resulted in a reduction in nonspecific immunity, decreasing the expression of toll-like receptors (TLR) favoring embryo implantation and development (SILVA et al., 2012). The modulation of these receptors, which are pattern recognition, responsible for initiating specific immune responses, recruiting inflammatory cells such as granulocytes and neutrophils, favors colonization of the uterus by bacteria (HORNE et al., 2008).

The objective was to present a clinical case describing bilateral ovarian dysgerminoma with pyometra in a 15-year-old female Pinscher bitch. In addition to clinical signs, sonographic and radiographic findings, hematological and biochemical data, surgical procedure, and findings, as well as confirmatory histopathological diagnosis.

2. Case report

On the fourteenth of July, two thousand and twenty-two, a 15-year-old female Pinscher was admitted to the Araujo Veterinary Hospital (HVA) located in Jaú/SP with the following clinical signs: abdominal distension, vaginal secretion, polydipsia, inappetence for at least 3 days, lethargy, seborrheic skin, and prostration. The animal was obese and by abdominal palpation, the presence of nodules in the mammary chain was observed. During the clinical examination, it was possible to notice tracheal collapse. The observation of vaginal secretion is indicative of pyometra, a continuous act, an ultrasound

examination was requested to confirm the diagnosis, as well as the collection of blood by venipuncture to perform a hemogram and serum biochemical analyses. This case report was approved by the Ethics Committee for the Use of Animals belonging to University of Araraquara, UNIARA.

3. Result of complementary exams

The ultrasound examination (Figure 1) revealed a bilateral ovarian mass measuring 7 cm in the right ovary and 3 cm in the left ovary (Fig 1A), in addition to uterine enlargement and hypoechoic content characteristic of pyometra (Fig 1B).

The blood count revealed normal values in the erythrogram (Table 1) in addition to macroplatelets from the spinal cord regenerative process. The leukogram (Table 2) showed monocytosis and lymphopenia, and blood cytology showed discrete erythrocyte rouleaux, that is, agglomeration of red blood cells, metarubrocytes (2%), small platelet clusters, polychromasia, and discrete lipemia, in addition to 8 g/dL of protein plasma (reference value 6 – 8 g/dL).

Biochemical examination (Table 3) revealed a slight increase in albumin and total proteins. γ - glutamyl transferase (GGT) values were increased by 10 U/L (ref. 1.2 – 6.4 U/L). Furthermore, examination for free thyroxine (T4) revealed a dosage of 0.51 ng/dL slightly below the reference values (0.60 to 3.00 ng/dL). Such results allowed surgical resection of the uterus and ovaries.

4. Surgical therapy

The surgery was performed under general inhalation anesthesia with controlled mechanical ventilation. The animal received dipyrone (25 mg/kg – 0.22 mL), tramadol hydrochloride (4 mg/kg – 0.4 mL) and meloxicam (0.2 mg/kg – 0.5 mL) intramuscularly

(IM) as pre-surgical drugs for pain control. For anesthetic induction, propofol (6 mg/kg – 2.6 mL) was used intravenously (IV) followed by intubation. The patient was maintained trans-surgical in an anesthetic plane with a mixture of 1.5% - 2% isoflurane and oxygen with a tidal volume of 10 - 20 mL/kg.

The operative field was prepared, and the skin was cleaned and disinfected using a solution of 2% degerming iodine and 70% alcohol. Celiotomy was performed through a pre-retroumbilical incision in the linea alba, extending from the xiphoid cartilage to a few centimeters from the pubis. During exploratory celiotomy, nodules with a whitish smooth surface were observed in the spleen. A sample was collected for histopathological examination and splenectomy was not performed to be sent to histopathology and splenectomy was not performed. Then, the ovariohysterectomy was performed using the three-clamp technique as described by SLATTER, (2003). The spleen fragment and the ovaries were fixed in 10% buffered formalin solution, pH 7.4, and sent for histopathological examination.

5. Histopathological Diagnosis

The histopathological diagnosis (Figure 2) of the ovaries showed a loss of normal bilateral ovarian architecture due to diffuse neoplastic proliferation (Fig 2A), consisting of strongly eosinophilic germ cells and ample cytoplasm. Rare bundles supported by delicate fibrous stroma. More than 20 mitotic figures were observed per microscopic field, which indicates malignancy (Fig 2B), rounded to oval nuclei with vesicular chromatin and conspicuous nuclei (0-3), in addition to marked anisokaryosis and pleomorphisms. From these morphological analyses, it was concluded that it was compatible with ovarian dysgerminoma. The histopathological diagnosis (Figure 3) of the spleen revealed a nodular lesion covered by an intact splenic capsule, consisting of a

proliferation of differentiated small lymphoid cells, a small number of blasts, and typical plasma cells compatible with nodular lymphoid hyperplasia.

6. Conclusion of a case report

The animal was hospitalized for two days at the HVA, and after clinical improvement, it was discharged. Ten days after the surgical procedure, the dog returned for clinical evaluation, and sutures were removed, with no changes in the physical examination. However, three days later, the animal presented a convulsive condition evolving to death at home with the tutor.

7. Discussion

This report described the diagnosis of open pyometra in association with bilateral dysgerminoma and lymphoid nodular hyperplasia (LNH), with a slight reduction in free thyroxine (T4) concentrations. The bilateral presentation of dysgerminoma associated with pyometra is reported as rare in only one article found in the literature (ROLIM et al., 2010). Given that, clinical symptoms such as abdominal enlargement, vaginal discharge, polydipsia, anorexia, lethargy, and prostration were clinical signs observed and are compatible with those reported in the literature in cases of dysgerminoma (ROLIM et al., 2010; NOVOTNY et al., 2011).

Clinical diagnosis commonly in bitches with cervix pyometra, that is, in which the cervix is open with fetid, bloody to mucopurulent vaginal discharge, in the past, can be challenging when there is no vaginal discharge and absence of predictive clinical signs (RENTON et al., 1993; PRETZER, 2008). In addition, other clinical findings such as lethargy, depression, inappetence, anorexia, polyuria, polydipsia, vomiting and diarrhea may also be present in bitches with pyometra (PRETZER, 2008), which makes the

diagnosis of ovarian neoplasia a diagnostic finding. ultrasound or surgery in cases of ovariohysterectomy as a treatment for pyometra. Characteristic of dysgerminoma is the development in large, usually solid, or lobulated masses with hemorrhagic and necrotic areas (ARLT & HAIMERL, 2016).

Although similar histological findings in benign and malignant dysgerminomas, McEntee. (2002) describes that 10 − 20% of diagnosed cases of canine dysgerminomas have a degree of malignancy. Thus, metastases may occur, with lymph nodes, brain, liver, kidneys, adrenal glands, omentum, surface of the serous intestinal tract, lungs and retroperitoneal space being observed (NOVOTNY et al., 2011; ANTONOV et al., 2014).

Previously described regarding the malignancy of dysgerminoma, no article was found reporting a relationship between the ovarian tumor and the LNH found during surgery. However, a study conducted by Sabattini et al. (2018) examined 35 dogs, in which the mean age was 9.5 ± 2.8 years (range, 4-17 years) for animals that presented LNH, with the most representative breed being the Yorkshire terrier and other small breeds size (≤10 kg). In this context, the authors also emphasize that little is known about the biological behavior regarding lymphoid nodular hyperplasia (SABATTINI et al., 2018). However, the most common form of canine nodular splenomegaly is non-neoplastic (hyperplastic) HNL proliferation of cells normally found in the splenic parenchyma, or, because of regional neoplastic proliferation, that is, benign or malignant (SPANGLES and KASS, 1998).

The diagnosis of LNH is often obtained through abdominal ultrasound examination performed for other causes, such as staging of other unrelated tumors, ingestion of a foreign body, determination of pregnancy, enteropathy, cystitis, and a complete routine examination for chronic diseases (SABATTINI et al., 2018), or as in the present report in the transsurgical procedure through laparotomy. Survival data presented by Spangler and

Kass. (1998) and Sabattini et al. (2018) point out that splenic proliferative nodular lesions (fibrohistiocytic cells considered malignant) related to grade I or II lesions (<60% of fibrohistiocytic cells) die within 12 months after splenectomy. These data contribute to the understanding of veterinary medical conduct in not performing splenectomy in the same surgical procedure as ovariohysterectomy.

Since review by Arlt and Haimerl. (2016) report the presentation of dysgerminoma without association with the production of steroid hormones. Disorders in the bitch's estrous cycle may also be related to ovarian neoplasms originating in the stroma of the sex cords causing hyperestrogenism (ROLIM et al., 2010).

Estrogen stimulation before progesterone dominance is reported as a component of pathogenesis, with suppression of cellular immunity resulting from an increase in progesterone concentration at the beginning of the luteal phase (SURGIURA et al., 2004). In diestrus (progesterone dominance), the secretory activity of the endometrial glands increases, as well as endometrial proliferation, decreases in myometrial contractility and cervix closure also occurs (SMITH, 2006; PRETZER, 2008; HAGMAN, 2018). Such conditions during this phase (diestrus) are reported to be favorable for bacterial colonization, even more, in combination with reduced local immunity by the action of progesterone and cumulative effects by repeated estrous cycles, evidence the increased incidence in older middle-aged bitches. old women (PRETZER, 2008; HAGMAN, 2018).

Although no reports were found in the literature indicating a reduction or increase in thyroxine concentrations (free T4) associated with dysgerminoma Thuroczy et al., (2016) report that in pregnant and non-pregnant bitches T4 concentrations are identical, however, T4 levels are lower in bitches undergoing spontaneous abortion in which progesterone levels also rapidly decrease.

8. Conclusion

The exposed clinical case can be considered rare and aggravated by a uterine pathological condition such as pyometra, presenting clinical signs consistent with the clinical picture. However, the histological changes observed in the spleen and free thyroxine are neither worsened by the pathology nor predictive of the pathological change in the uterus.

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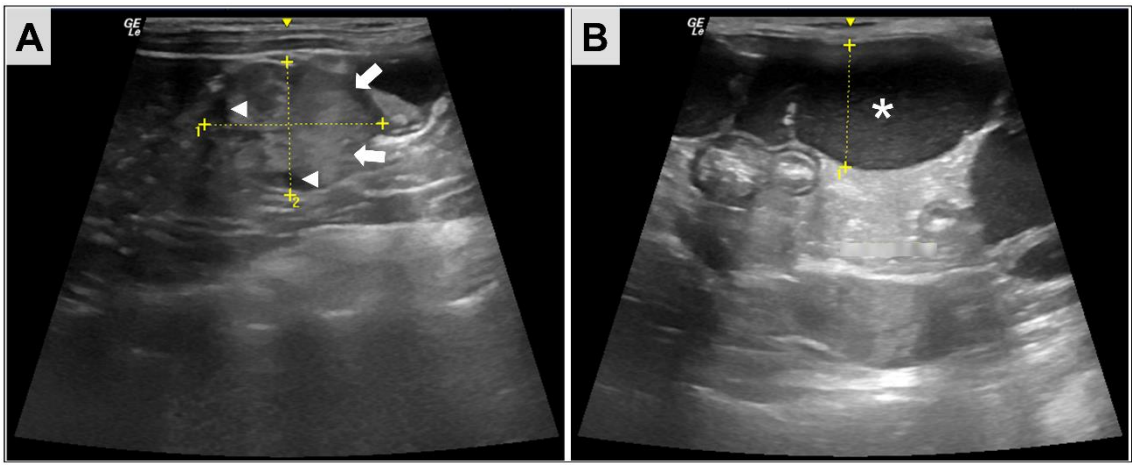

Figure 1: Ultrasound examination of the ovary and uterus. (**A**) Ultrasonography of the left ovary with a hypoechoic structure (arrows) and some anechoic structures compatible with follicles (arrowhead). (**B**) left uterine horn showing anechoic content (*) and increase in a size compatible with pyometra.

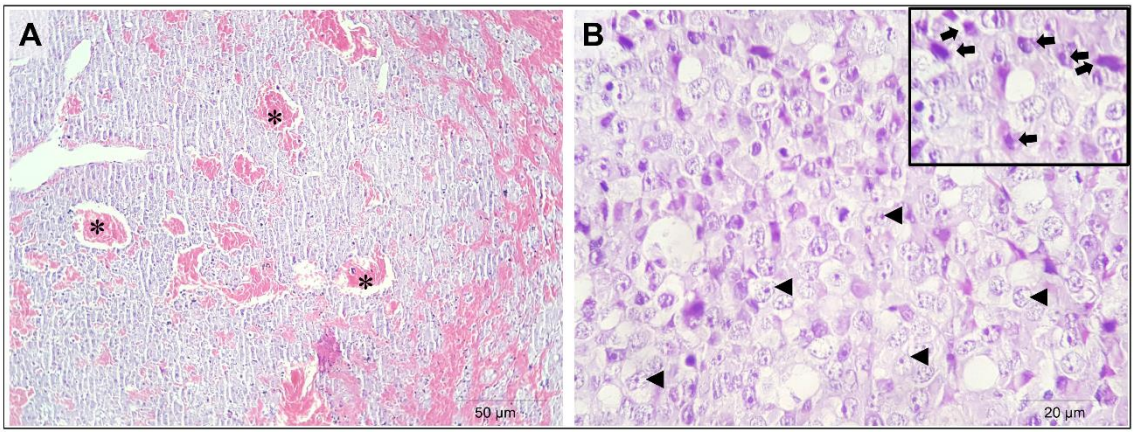

Figure 2: Micrographs of ovarian dysgerminoma. (**A**) loss of normal ovarian architecture due to diffuse neoplastic proliferation, strongly eosinophilic germ cells with imprecise boundaries forming extensive loose mantles and supported by delicate fibrous stroma (*) (bar = 50 µm). (**B**) Conspicuous round to oval nuclei (arrowhead) with vesicular chromatin. (**B inset**) Marked anisokaryosis and pleomorphism (black arrow; bar = 20 µm). Hematoxylin and eosin (H&E).

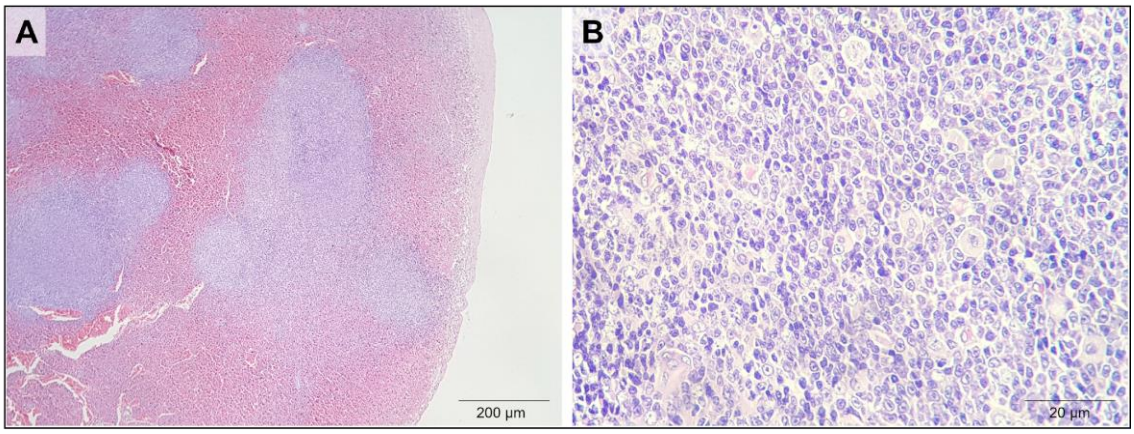

Figure 3: Micrograph of lymphoid nodular hyperplasia. (**A**) Markedly dilated vascular channels filled with a large number of red blood cells (bar = 200 µm). (**B**) cells with minimal atypia (bar = 20 µm). Hematoxylin and eosin (H&E).

Table 1. Blood count of a canine patient with pyometra and dysgerminoma.

Erythrogram	Value	Reference
Erythrocytes (x10^6/µL)	6.93	5.5 – 8.5
Hemoglobin (g/dL)	17.50	12 – 18
Hematocrit (%)	49.00	37 - 55
MCV[1] (fl)	71.90	60 - 77
MCHC[1] (g/dL)	35.10	32 - 36
Platelets (µL)	546.000	200 - 500.000

[1] MCV-Mean corpuscular volume; MCHC-Mean corpuscular hemoglobin.

Table 2. Leukometric and total plasma protein values in a canine patient with pyometra and dysgerminoma.

White blood cell counts	Relative value (%)	Absolute value (µL)	Reference[1]
Total Leukocytes	12.700		6.000 – 17.000
Myelocytes	0	0	0
Metamyelocytes	0	0	0
Band neutrophils	1	127.00	0 - 300
Segmented neutrophils	74	9398.00	3.000 - 11.500
Lymphocytes	4	508.00	1.000 - 4.800
Monocytes	16	2032.00	150 - 1.350
Eosinophils	5	635.00	100 - 1.250
Basophils	0	0	rare

[1] Reference in absolute values

Table 3. Serum metabolites in a canine patient with pyometra and dysgerminoma

Serum metabolites[1]	Absolute value (µL)	Reference[2]
Albumin (g/dl)	3.5	2.6 – 3.3
ALT (U/L)	49	21 - 102
ALP (U/L)	67	20 - 156
Total cholesterol (mg/dl)	216	125 - 270
Globulin (g/dl)	4.1	2.7 – 4.4
GGT (U/L)	10	1.2 – 6.4
Blood glucose (mg/dl)	104	70 - 110
Lipase (U/L)	46	13 - 200
Urea (mg/dl)	37	21.4 – 59.92
Creatinine (mg/dl)	1.1	0.5 – 1.5

Potassium (mmol/L)	5.3	4.37 – 5.35
Phosphorus (mg/dl)	4.6	2.6 – 6.8
Calcium (mg/dl)	10.2	8.6 – 11.2

[1] ALT (alanine aminotransferase); ALP (alkaline phosphatase); GGT (γ - glutamyl transferase)

[2] Reference in absolute values