BENIGN THECOMA CAUSING POST-MENOPAUSAL BLEEDING

(A Case Report)

by

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Introduction

Thecoma is a rare tumour. It is one of the benign tumours causing postmenopausal bleeding. Up till 1959, 100 cases have been recorded in the world literature. Its general incidence is 1-2% of all ovarian tumours, and 3-5% of all the solid ovarian tumours. Thus, reporting even a single case is not out of place.

Clinical

Mrs. C. K., aged 60, was admitted in Gynaecological ward on 30-7-1969 for irregular bleeding per vaginam for one month and pain in the lower abdomen off and on for one month.

Personal History

She was married at the age of 15. She is a widow since the past 10 years. Her menarche was at the age of 13 years.

Her menstrual periods were always regular, 3-5, 30. She had two full term normal deliveries—both children are alive. Youngest child is 13 years old. She had a spontaneous abortion fourteen years ago.

She attained menopause 4 years ago. Family history was non-contributory.

Physical Examination: The patient was emaciated and severly anaemic (Hb. 4 gms). There was no oedema or lymphadenopathy.

Temperature was normal throughout. Pulse was regular and 80 per minute. B.P. —108/70 mm. Hg.

Cardiovascular, respiratory and other systems were normal.

The abdomen was scaphoid and soft and no masses were palpable. There were no areas of tenderness or evidence of ascitis.

Pelvic Examination: Vulva and vagina were found to be healthy. Vagina was very pale. The cervix was flush with the vault and felt healthy.

The uterus was anteverted, normal in size and mobile. The adnexae were free. Speculum examination revealed a healthy cervix and vagina. There was bleeding per vaginam. Rectal examination did not reveal any abnormality.

A clinical diagnosis of carcinoma of the body of the uterus was made.

The following investigations were done:-

Hb.—4 cms% RBC.—2.6m/cml. T.L.C. 6000 DLC: P 72%, L25%, M Nil, E 3%. ESR:—30 mm/hour. Bleeding time: 2 minutes 10 seconds. Clotting time: 3 minutes 5 seconds. Clot retraction time: 55 seconds. Fasting blood sugar: 87 mgs%, Blood VDRL: negative.

Urine:
Albumin nil.
Sugar nil.

Blood urea: 27 mg%.

Vaginal smear examination was negative for trichomonas vaginalis and monilia.

Vaginal cytology by the Papanicolaou smear was found to be negative for malignancy.

Vaginal smear culture showed coliform bacilli, sensitive to streptomycin.

X-ray abdomen } Nil abnormal was
X-ray chest } detected.

E.C.G. was abnormal

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Preoperative Management:

On 5-8-69, "A" group, cross matched blood, one unit, was given slowly without any reaction.

She had 6 injections of Combiotic and local Hamycin instillation in the vagina.

On 7-8-69, under general anaesthesia, a vaginal examination was done to detec. any adnexal tumours. A fractional curettage and cervical biopsy were carried out. The histopathology revealed a hyperplastic cystic endometrium and mild chronic cervicitis respectively.

On 9-8-69, her Hb. examination was repeated and was found to be 4.8 Gms%.

On 11-8-69 another bottle of cross matched 'A' group blood was infused at the rate of 6 drops/minute without any reaction.

In view of the cystic hyperplasia of the endometrium, the diagnosis made was of a functional ovarian tumour of small size, if not a reawakening of ovarian activity, even though the condition is rare after menopause.

On 28-8-69, an exploratory laparotomy was performed under general anaesthesia.

On opening the abdomen, a big egg—sized solid ovarian tumour, greyish-white, well encapsulated and freely mobile was found to arise from the right ovary. The uterus was found to be normal. The Fallopian tubes on both sides were normal. The ovary was found atrophic and partly calcified. The peritoneum, omentum and intestines were normal. Even though the tumour appeared to be an innocent fibroma, a total hysterectomy was performed with bilateral salpingo-oophorectomy, in view of the functional disturbances. Post-operative period was uncomplicated. The abdominal wound healed by first intention. She was discharged on 9-9-69.

The patient attended the follow-up clinic one month after discharge from the Hospital. Gynaecological and general check-up revealed nothing abnormal.

Histopathological Report:

The specimen consisted of an already opened uterus, measuring 11.5 x 6.5 x 4.5 cms. The cervix was unremarkable. The endometrium was pale grey. The myometrium was thickened and the maximum thickness measured 3 cms.

The left ovary was enlarged, measuring 5.0 x 3.5 cms. On cut section, it was pale, yellow and firm in appearance. The other ovary measured 2.5 x 2.0 cms. The Fallopian tubes measured 6.0 cms in length and were normal.

Sections of the uterus showed hyperplastic cystic endometrium and evidence of adenomyosis.

The cervix showed presence of chronic inflammatory cells under the epithelium.

The ovarian tumour was a benign thecoma made up of plump fusiform cells with bundles of whorls.

Discussion

Resumption of genital bleeding one year after menopause is defined as postmenopausal bleeding. Brewer and Miller (1954) state that a one year interval is preferable to two years after the menopause because of the high incidence of cancer in such cases. If the span is 6-12 months, the incidence of malignancy recorded is 17% according to Payne *et al* (1959). Hence some take 6 months of menopause into consideration.

According to Heiss (1956) the incidence of malignant disease was higher, the later the onset of postmenopausal bleeding. Hence every genital bleeding, after a menopause of 6 months must be investigated to exclude, malignancy.

When the uterovaginal canal is found healthy, endometrial hyperplasia leaves us with a suspicion whether there is an associated functional ovarian tumour. An examination under anaesthesia may help us many a times to clinically diagnose these tumours. If they are of small size one may miss them as for example in this case. Hence a laparotomy is justified.

Of all the functional ovarian tumours, the thecoma is benign and

it is rare. These tumours are almost always unilateral, 70% occurring in the post menopausal age of 50 years. But patients of all ages seem to be affected varying from 1-92 years. In this case the recorded age is 60 years.

Most of these cases complain of a little bleeding per vaginam, sometimes enlargement of the abdomen, otherwise quite well. Once the tumour is removed there will be cessation of bleeding.

To the naked eye the tumour looks like a fibroma or fibromyoma. Yellow areas make us think that the tumour is a thecoma. The type of fat in these tumours is supposed to be cholesterol and its esters and it will be brought to light by special staining.

The thecoma should not be considered a specific tumour made up of theca cells alone since if adequate sections are taken a number of granulosa cells will be detected. It is accepted that the hormone production is from the active theca cells. Ketone-containing substances have been demonstrated in these cells and hence it has been assumed that these cells are the site of steroid synthesis, i.e. oestrogen, progesterone or androgen. Basic substrate cholesterol is converted into oestrogens.

Histologically, a thecoma resembles a fibroma with plump fusiform cells arranged in whorled pattern. In contradistinction to fibromas, however, the intracellular fat globules may be demonstrated with fat stains. Bundles of theca cells may be separated by interlacing bundles of collagenous fibrous connectiv tissue. The cytoplasm of the theca cell is occasionally vacuolated but has a fibrillar appearance with indistinct cell borders.

Limburg goes so far as to suggest that all ovarian fibromas are the end products of theca cell tumours analogous to the corpus. luteum. Meyer, (1955) believed that many tumours described as thecomas are in reality fibromas in which fatty degeneration has occurred. This explains why 25% of the cases do not show any functional activity.

Till 1960 only five cases of malignant thecomas were recorded. In 1961, Sadek Foda *et al* have reported a case of thecoma with malignancy. In 1965 Lewis and Percival reported a thecoma associated with a teratoma. Even though this tumour is benign and free from metastases the recommended procedure with these cases is a radical operation after the menopause as was done in this case. A follow-up is very essential in these cases.

Summary

1. A case of benign thecoma causing postmenopausal bleeding has been reported because of its rarity.
2. Recent literature reporting associated malignancy with thecoma is briefly reviewed.
3. The importance of special fat-staining is emphasized to bring to light the functional nature of the cells and to differentiate them from simple fibrous spindle cells in the discussion of histopathology of the tumour.

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BOOK REVIEW

"PRENATAL LIFE" Wayne State University Press, Detroit, Machigan, page 241, price $10.95, 1970

Prenatal life, biological and clinical perspectives, contains the proceedings of the Third Annual Symposium on the physiology and pathology of Human Reproduction. The book is compiled and edited by Harod C. Meck, M.D. of Wayne State University School of Medicine USA. The book is divided into ten chapters and as the editor has stated, "A wide range of inquiries were considered, beginning with the embryology of the uterus and placentation, and ending with a study of the effects of prenatal life upon the growing child". Each chapter has been written by a different author specialised in the field and perhaps, one of the best in the world suited to do the job.

Though the book is a must for all those working on the subject of human reproduction, it is an obvious pointer to the changing fields in which the present day obstetrician gynaecologist must interest himself.

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ERRATA

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