

# TORSION AND RUPTURE OF THECOMA OF OVARY COMPLICATING PUERPERIUM

(A Case Report)

by

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Thecoma of ovary constitutes 1.8% of all ovarian tumours (Mansell and Hertig 1955). Eventhough a number of tomours of the thecoma-granulosa cell group has been reported (Webb and Gough 1953; Gillibrand 1966; Rilke and Cavezzale 1968; Talerman and James 1968), torsion and rupture causing haemoperitoneum during puerperium is not so far described. Hence this case history is presented.

## Case Report:

Mrs. S. aged 34 years was admitted to RLSS Hospital, Marand, Iran on 21-6-1977 complaining of pain abdomen since 2 days following delivery 3 days before. She had 5 full term deliveries and 3 abortions. Only 2 male children were alive. The last child birth was 3 days before, at home.

On examination the patient was an obese woman in shock. Pallor was present. The pulse rate was 110/mt. The blood pressure was 70 mm. of Hg systolic.

Abdomen was swollen and tender. A supra pubic tumour about the size of 24 weeks' pregnant uterus was present. Shifting dullness could be elicited.

Pelvic examination revealed a retroverted uterus about 12 weeks size. The anterior and left fornices contained a tender swelling continuous with the abdominal tumour. Her blood

group was A + and haemoglobin was 40%. A provisional diagnosis of twisted ovarian tumour with haemorrhage was made.

After resuscitation with cross-matched blood and I.V. fluids immediate laparotomy was resorted to, under general anaesthesia. The peritoneal cavity contained about 1000 ml of free blood and clots. The left ovary was the seat of the tumour which had undergone torsion and rupture causing haemoperitoneum. The right ovary appeared normal. Left ovariectomy was done. After peritoneal toilette the abdomen was closed in layers. Three bottles of group A blood was transfused. The post-operative period was uneventful and the patient was discharged home on 10th day.

## Histopathological Report:

**Macroscopy:** The tumour weighed 2.3 kg measuring 10 cm x 15 cm x 21 cm with soft lobulated external surface and a raw area about 3 cm x 5 cm (Fig. 1). Cut section revealed greyish colour with lobulated, cystic and haemorrhagic areas.

**Microscopy:** The tumour cells consisted of cells resembling theca cells of ovary and fatty cells. There was no evidence of mitosis or pleomorphism.

Pathological Diagnosis: Thecoma of ovary.

## Discussion

Thecomas arise from the stroma of the cortex of the ovary (Govan, 1976). They are usually oestrogenic and hence associated endometrial pathology is common. Novak *et al* (1971 quoted by Dewhurst, 1976) found 79 cases of thecoma where 65% showed associated adenomatous hyperplasia and 23% endometrial carci-

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noma. Thecomas are as a rule benign, very rarely being of low grade malignancy. Altogether about 13 cases with metastases have been reported (Govan, 1976). Eventhough 65% of the tumours are described during postmenopausal age (Sparling, 1950) the remainder occur during reproductive phase. Webb and Gough (1953), Gillibrand, (1966) and Talerman and James (1968) have reported thecomas associated with pregnancy. Three cases of thecomas causing virilization during pregnancy have also been reported (Pali, 1942; Stout, 1946; Patton and Patton, 1948 quoted by Govan (1976).

The Virilizing symptoms disappear after removal of the tumour. Sarram (1961) has reported very large theca-lutein cysts associated with hydrops foetalis giving rise to severe intraabdominal haemorrhage. But this is the first case where torsion and rupture of thecoma has caused haemoperitoneum and shock during puerperium.

**Summary**

A case of Thecoma undergoing torsion and rupture resulting in shock during

puerperium is described. The histogenesis and the relevant literature are reviewed.

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See Figs. on Art Paper VIII