

# THECA CELL TUMOUR OF OVARY COMPLICATING PREGNANCY

(A Case Report)

by

R. MADAN,\* M.D., D.C.O.  
YUDHISHTER VIR GUPTA,\*\* M.B.,B.S.  
KASTURI LAL,\*\*\* M.S., D.G.O., F.I.C.S.

and

RAMESH K. ARYA†

Solid ovarian tumours complicating pregnancy and, in some cases, obstructing labour have been periodically reported in the literature. Of all solid ovarian tumours associated with pregnancy, theca cell tumour has less frequently been reported.

The present report records the case who had to undergo caesarean section for obstructed labour due to theca cell tumour of the ovary.

## CASE REPORT

Mrs. K, Aged 23 years, a primipara at full term gestation had been in labour for 24 hours prior to admission in Govt. Medical College and S.M.G.S. Hospital, Jammu on 27-1-1979.

On examination the patient looked anaemic. Her pulse was 120/minute and her blood pressure was 170/124 mmHg. Cardiovascular and respiratory systems were normal.

On abdominal examination the height of the uterus was corresponding to 40 weeks. The lie of the foetus was vertical with cephalic presen-

tation and the head was floating. The F.H.R. was 150/min.

On vaginal examination the cervix was effaced and 3 cms dilated. The membranes were absent and the pelvis could not be discerned because of the presence of an irregular mass in the pouch of Douglas. The mass was felt as a fleshy, irregular growth measuring about 4" in diameter.

In view of obstructed labour it was decided to deliver the foetus by Caesarean section. An alive male baby was delivered by Caesarean Section. After completing section it was found that the left ovary was multinodular and fleshy. It measured 5" x 5" in diameter. The consistency of the growth was uniform. The growth was been adherent to the coils of intestine and the posterior aspect of the uterus. It was filling the uterorectal pouch. The adhesions between the mass and the intestine were easily separated the mass was freed from the posterior aspect of the uterus and ovariectomy was performed. In the right ovary there was a small nodule which was excised and sent for histopathology report. The patient stood operation very well. Her postoperative period was uneventful and she was discharged on 13th postoperative day in a satisfactory condition.

**Histopathology report:** The histopathology report of the left ovarian mass revealed that it was a theca cell tumour of the ovary. The nodule in the right ovary was reported as normal ovarian tissue.

**Follow up:** The patient had reported to us in the out patient department 6 weeks after her operation. Both the mother and the baby are in good health.

\*Assistant Professor.

\*\*House Surgeon.

\*\*\*Professor, Head Unit-II.

Department of Obstetrics & Gynaecology,  
Govt. Medical College & S.M.G.S. Hospital,  
Jammu (J&K State).

†Professor, Head department of Pathology,  
Govt. Medical College and S.M.G.S. Hospital,  
Jammu (J&K State).

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### Discussion

Pregnancy may occur with both granulosa cell and theca cell tumours. This association has been cited in 37 of 1200 cases reported by Diddle and O'Connor in 1951. A large proportion of these tumours are small in size and occupy the pelvis. Depending upon the clinical diagnosis of a soft fleshy mass in the pouch of Douglas it would be difficult to entertain the diagnosis of theca cell tumour.

These tumours are usually considered to be innocent although 3% of theca cell

tumours have been reported to change into malignancy (Pedowitz, *et al* 1954). The age of the patient would not favour any radical operative treatment and the removal of the involved ovary has been advocated as the standard treatment for such patients.

### References

1. Diddle, A. W. and O'Connor, K. A.: *Am. J. Obstet. Gynec.* 62: 1071, 1951.
2. Pedowitz, P., Felmus, B. L. and Grayzei, D. M.: *Am. J. Obstet. Gynec.* 68: 1419, 1954.

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*See Figs on Art Paper VI*