ARRHENOBLASTOMA OF OVARY

(A Case Report)

by

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Arrhenoblastoma of ovary constitutes less than 1% of all ovarian tumours. Because of its rarity and dramatically striking clinical features, a case of Arrhenoblastoma of ovary is reported.

CASE REPORT

Mrs. P. aged 19 years was admitted to District Hospital, Palghat on 29-11-79 with history of growth of hair on upper lip and chin since about 1 year and amenorrhea of 7 months' duration. She had attained menarche at the age of 16. Had only 3 regular periods. Then the periods became infrequent. For the last 7 months she was not having any periods. She had noticed growth of hair over upper lip and chin since about one year. She was married since $1\frac{1}{2}$ years but not yet conceived.

On examination, there was hirutism and elongation of clitoris (Fig. 1). Abdominal examination revealed a hard suprapubic swelling about 14-16 weeks pregnant size. On bimanual vaginal examination, the uterus was found to be

* Chief of First Unit, Dept. of Obst. & Gynaec., Dist. Hospital, Palghat-678 001. Kerala. Accepted for publication on 11-8-81. small and retroverted. Anteriorly, a hard tumour of 16 weeks size was found. Pregnancy test was negative. Routine investigations did not reveal anything abnormal. A provisional diagnosis of virilizing tumour of ovary was made. Laparotomy was done on 4-12-79 under spinal anaesthesia. The right ovary was the seat of the tumour. Left ovary and uterus were atrophic. Right salpingo-oophorectomy was done. Abdomen was closed in layers.

(Fig. 2). Bulk of the tumour showed pattern of varied cytological detail and morphology different areas, with well formed and rudimentary, perfect and imperfect tubular formations, sex cord like arrangements, zig-zag columns of cells lined by cuboidal and uniform type of cells (Sertoli cells), separated from each other by small clusters of polygonal eosinophilic celis (Leydig cells). Irregular clusters of stromal spindle shaped cells with hyalinization were also detected, with moderate mitotic index. Overall appearance is highly suggestive of Sertoli-Leydig cell neoplasm.

She reported in June with history of $1\frac{1}{2}$ months' amenorrhoea. Last menstrual period was on 22-4-80. Examination revealed a pregnancy corresponding to the period of amenorrhoea. She was attending the Antenatal clinic regularly and delivered a mla baby in local hospital on 2-1-81.

See Figs. on Art Paper IV