PREGNANCY WITH STRUMA OVARII

(A Case Report)

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Association of pregnancy with ovarian tumour is rare and co-existence of pregnancy with struma ovaril is still rare. Struma ovaril is a rare ovarian tumour and thyroid tissue is predominantly recognised in it. Only preponderence of thyroid tissue in ovary will justify this tumour.

CASE REPORT

Mrs. J. B., 40 years Hindu female was admitted in Obstetrics and Gynaecology Department at Umaid Hospital (Dr. Sampurnanand Medical College). Jodhpur on 20-10-80 for amenorrhoea of 9 months, leaking membrane and labour pains.

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Obstetric History: Patient was 9th gravida with the history of 3 full term normal deliveries, 2 abortions each of 2½ months duration and 3 lower segment cassarean sections. Last delivery was 7 years back.

Menstrual History: Patient attained menarche at the age of 14 years. Her previous cycles were normal, and regular with no pain.

General Examination: Patient was fairly built and had mild anaemia, pulse—100 mt. B.P. 130/90 mm. of Hg. Other systems were normal.

Abdominal Examination: Uterus term size, head floating R O A foetal heart +, uterus acting mildly. Abdominal scar neither tense nor tender.

Operation Notes: Lower segment caesarean section was done and alive male child was extracted. Both sided tubal ligation was done. While inspecting the ovaries, right ovary was found cystic to firm hard and enlarged, for which right sided salpingo-oophorectomy was done. Left ovary was normal.

Pathology: The oval shaped mass measuring 7 x 6 cms. soft to firm in consistency was sectioned. Cut surface revealed greyish-white cystic spaces. On histopathological examination, thyroid acini filled with colloid material resembling normal thyroid gland were seen. This thyroid tissue was covered with ovarian stroma (Fig. 1).

See Fig. on Art Paper III