SERTOLI LEYDIG CELL TUMOUR WITH MEIG'S SYNDROME

(A Case Report)

by

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Sertoli cell tumours are benign tumours arising from the cells of the male gonad at ovarian hilus. They constitute probably 0.5-1% of all ovarian lesions. A case of a large, inactive Sertoli Leydig cell tumour weighing 14 kg in a 15 years old girl with Meig's syndrome is presented.

Case Report

A 15 years old, unmarried girl was admitted on 23-1-1981 with history of irregular fever for 3 months and increase in the size of abdomen for 3 months and pain in abdomen 5 days. Her menarche was at 14½ years age and with regular menstrual formula of 4/30 days. Her L.M.P. was 5 days prior to admission. On examination, she was moderately built and very poorly nourished, had toxic and cachexic look and was running temperature varying from 99°F to 102°F. Abdomen was protuberant and tense and moderate ascitis was present. A mass with ill-defined outline was felt filling up the whole abdomen.

Vaginal examination showed uterus lying posteriorly, normal in size and the fornices did not show any definite mass.

Pre-operative investigations showed haemoglobin 8.0 g%. X-ray chest showed right sided pleural effusion and ascitic fluid tap was transudate type. Other investigations were normal. Mantoux test was negative.

Fine needle aspiration biopsy showed the presence of large number of acute inflammatory cells and few histiocytes. After building her up, she was operated on 2-3-1981, and a huge tumour mass 18″ x 22″, dirty blue in colour, weighing 14 kg was removed. The tumour mass was adherent to the surrounding structures all over and it was arising from the right ovary. There was no torsion of the pedicle. Post-operative period was uneventful and no ascitic fluid or pleural effusion was detected after 2 weeks.

H/P report showed haemorrhagic necrosis and inflammatory exudate at some places and definite evidence of sertoli leydig cell tumour. Elongated sertoli cels were attempting to form tubular structures while at other places tumour cells were lying in cords. Nuclei were spindly and hyperchromatic (Fig. 1).

Discussion

Sertoli Leydig cell tumour presents with a variety of clinical manifestations and may be a cause of postmenopausal bleeding. The hormones which it secretes cannot be foretold from its histological features. Visible features of the cells are not a sure guide to the nature of their secretion. A tumour which seems homogenous may secrete androgen with oestrogen in excessive quantities. Sertoli cell tumour is predominantly oestrogen producing (Saxena, 1971; Rao and Prasu-

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namber, 1973). 15% of the neoplasms may not demonstrate any hormonal activity. This ovarian tumour occurred in a young girl, was not associated with any hormonal activity, was large in size, looked obviously necrotic though no torsion of its pedicle could be detected and was associated with Meig's syndrome.

See Figs. on Art Paper V