GYNANDROBLASTOMA OF OVARY

(A Case Report)

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Gynandroblastoma is a type of ovarian tumour in which there is apparently paradoxical continuation of granulosa and theca elements together with cells which are typically androblastomatosis. The term "Gynandroblastoma" was introduced by Meyer in 1930. The masculinising effect of such a tumour appears to be generally a dominent one but in some cases oestrogenic effect such as excessive bleeding have also been manifested. Many cases have been associated with post-menopausal bleeding and signs of virilisation.

Case Report

Mrs. L., aged 42 years was referred on 19-6-1980 for opinion regarding a swelling in the lower abdomen. She had undergone a vaginal hysterectomy and pelvic floor repair at the age of 40 years for functional uterine bleeding and genital prolapse. Prior to the surgery her menstrual cycles were regular and normal. She has been married since 18 years and had 3 full term normal deliveries; the last child birth was 22 years back.

At the time of vaginal surgery (done at another institution), no specific mention of the condition of ovaries and tubes have been made. The histological report of the cervix and endometrium did not reveal any abnormality.

On general examination, the patient was well nourished not anaemic and there was no evidence of lymphadenopathy. Her breasts, cardiovascular and respiratory systems were found to be normal.

A diffuse fullness was found over the left side of the lower abdomen, above the left inguinal ligament. On palpation, a mass 12 cms x 8 cms was found in the region of left iliac fossa. The mass was firm, freely mobile side to side and slightly from above and downward. No other mass was palpable. There was no evidence of free fluid in the peritoneal cavity. Liver and spleen were not palpable.

A bimanual examination revealed a smooth vault, through which a firm mass which was cystic in places was felt more towards the left. Rectal examination confirmed these findings.

Apart from the routine haemogram and urine examinations, X-ray Chest, ECG, blood sugar, and blood urea were done. They were all found to be normal. A vaginal cytology showed only a few deeper layer cells and there was no evidence of any abnormal cells.

A provisional diagnosnis of an ovarian tumour on the left side was made. On 29-7-80, laparotomy was done under general anaesthesia. A cystic, smooth, ovarian tumour about 15 cms x 10 cms was found to be arising from the right ovary. It had a thick capsule and undergone a torsion, two twists, on its pedicle, lying towards the left side of the abdomen and was mobile. Another cystic tumour was found arising from the left side about 7 cms x 9 cms. This left side tumour was burrowing into the layers of

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the broad ligament and partly adherent to the bowels. Bilateral ovariotomy and salpingectomy was done. The left side tumour could not be removed entirely, in view of the dense adhesinos to the bowel. A portion of the cyst was left behind on the bowel. Other viscera were palpated and found to be normal. Diaphragm, omentum, pouch of Douglas were free from secondary deposits.

Pathology Report

The right sided tumour showed evidnece of gynandroblastoma. Left side tumour showed only thin walled cyst. No evidence of any abnormality. Cut section of the right sided tumour showed predominent cellular areas with yellowish hue. In addition, small cystic areas with mucin and dark areas of haemorrhage. Histologically the yellow cellular areas had uniform but very dark staining cells with poorly defined cytoplasm. The cells were arranged in a follicular pattern with numerous Call-Exners bodies. Hyperchromatism, extensive cytolysis and varying size of cells in some areas prove that the tumour to be of a well differentiated granulosa cell carcinoma. The thecal elements appear benigh (Fig. 1).

Along with the granulosa cell element were seen well differentiated arrhenoblastomatous tissue. The prominent and distinct tubules were clearly made out (Fig. 2).

In view of the pathology report patient was given postoperative Telecobalt irradiation. She had reported for follow up in June 1981 and is doing well. There is no evidence of secondaries anywhere.

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See Figs. on Art Paper V