

# ARRHENOBLASTOMA

## (A Case Report)

by

RENUKA SINHA,\* M.S. (Ran.)

USHA SAHAY,\*\* M.D. (Pat.)

and

J. SHARAN,\*\*\* M.D. (Bihar), Ph.D. (Lond.)

### CASE REPORT

Smt. S.D. age 36, was admitted at Rajendra Medical College Hospital, Ranchi on 14-4-82 for amenorrhoea since 8 months and gradually increasing lump in abdomen since 2 months. No history of hirsutism in the family.

Ménarchae 13 years. Previous cycles regular and normal.

**Obstetrical History:** Para—all 4 F.T.N.D., last—4 years back.

Average built, voice—Coarse. Thyroid—not enlarged. Facial hirsutism with well marked dark pigmentation. C.V.S. and Chest—N.A.D. Secondary Sex characters well developed.

A 16 weeks' size suprapubic lump was present. Its surface was smooth, consistency was firm and margins were regular. It was mobile from side to side.

Well developed labia majora and minora and pubic hair. Clitoris was normal. Uterus was A.V. N/S and separate from lump. Lump was felt through right fornix. Clinical diagnosis of virilizing tumour of right ovary was made.

\*Registrar.

\*\*Prof. Department of Obstetrics and Gynaecology.

\*\*\*Rtd. Prof. and Head of the Department of Pathology.

Rajendra Medical College Hospital, Ranchi.

Accepted for publication on 28-1-83.

**Investigations:** Hb—9.5%. Buccal smear—Sex chromatin +ve. Urinary—17 Ketosteroid 9.8 mgm/24 hours.

Pedunculated ball size ovarian tumour of right side was removed with the right fallopian tube. The Uterus, both tubes and left ovary were normal. Considering the age of the patient total hysterectomy with left sided salpingo-oophorectomy was done. The post operative period was uneventful and the patient was discharged after 10 days with advice to come for check up every fortnightly for 2 months and then monthly for total 6 months.

**Follow up:** After one month there was no evidence of hirsutism and pigmentation over the face. There was moderate change in the voice. After 6 months patient was perfectly normal except the hoarseness of the voice which was still persisting.

**Microscopically:** Benign cystic teratoma with the presence of Sertoli cells in groups of solid cords showing imperfect tubular formation were seen at places (Fig. 2).

### Acknowledgement

The authors are thankful to Dr. S. N. Jha, Superintendent, Rajendra Medical College Hospital, Ranchi for the kind permission to publish the present paper.

See Fig. on Art Paper V