

LEIOMYOMA UTERUS INDUCED DIABETES MELLITUS AND HYPERTENSION

(A Rare Case Report)

by

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Introduction

Hypoglycaemia has been reported as an unusual manifestation of leiomyoma by Jeffcoate (1975) but no instance of leiomyoma induced diabetes mellitus could be detected in literature. Here we are reporting a case of leiomyoma induced diabetes mellitus and hypertension, who was cured after abdominal hysterectomy.

CASE REPORT

A married woman aged 35 years was admitted on 7-9-1979 in Associated Group of Hospitals, Bikaner for a gradually increasing lump in abdomen and periodic pain during menstruation for last 1 year. One month prior to admission there was difficulty in passing urine and stool, had lost weight, developed fever, pain in chest and breathlessness.

Her past history was not significant. There was no history of diabetes mellitus in family.

An irregular, firm swelling arising from pelvis about 16 weeks of pregnant uterus size which was moving from side to side was palpated.

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Speculum vaginal examination revealed monilial vaginitis, a smear and wet mount was taken to confirm the pathogen. There was a small sessile mucous polyp over the cervix.

On bimanual vaginal examination. A uterus was in mid position, 16 weeks pregnant uterus size. It was firm and irregular, all the fornices were free.

Investigations, Hb-5 gm% and T.L.C. was 12,000 cells/c.mm.

Blood Sugar Level, fasting — 250 mg%, post prandial 375 mg% (after 2 hours).

Urine Examination, Sugar present + + + +, ketone bodies, absent.

Fundus Examination, NAD, blood urea level — 29 mg%, serum creatinine—1 mg%, serum cholesterol—200 mg%.

A diagnosis was made as Leiomyoma uterus diabetes mellitus, and hypertension.

Her diabetes was controlled by 40 I.V. crystalline insulin B.D. Her blood pressure was maintained (140/90 mm of Hg) by Dizepam 5 mg T.D.S. tablet Frusemide 40 mg daily in the morning.

Total abdominal hysterectomy with bilateral salpingo-oophorectomy was performed on 26-9-1979. Patient had two units of blood transfusion, one unit during operation and one unit post-operatively.

Post Operative Care

Post operatively on 27-9-1979, her blood sugar was 190 mg%, urine showed sugar in traces. For that 10 units of crystalline insulin was added in each bottle G.N.S. (500 cc—5%). Total

50 units of crystalline insulin was given in 2500 cc of fluid in 24 hours. She did not require any antidiabetic and antihypertensive treatment from 28-9-1979 onwards. She was discharged on the 14th post operative day after an uneventful postoperative period.

Follow Up

Patient was followed at 1 month, 3 months, 6 months and a one year after operation. Her fasting blood sugar was below 100 mg%, post prandial (after 2 hours) ranged between 100 mg to 120 mg%. Urine sugar was absent throughout. Her blood pressure was within normal range and abdominal scar was healthy.

Discussion

Bondy and Rosenberg (1974) state that ACTH is also secreted rarely from the

tumours of uterus. Excess of ACTH which was secreted from Leiomyoma of uterus could be responsible for diabetes mellitus with hypertension. This was supported by the fact that after removal of the tumour, she was cured of diabetes mellitus and hypertension.

Summary

A case of diabetes mellitus induced by Leiomyoma uterus is reported here.

References

1. Bondy, P. K. and Rosenberg, L. E.: Non endocrine secreting tumours. *Duncan's diseases of Metabolism*. 1630-31; VII Edition. W. B. Saunders Company, Philadelphia, London and Toronto, 1974.