

# CHIARI FORMMEL SYNDROME

## (A Case Report)

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### Introduction

Chiari Formmel Syndrome is associated with secondary amenorrhoea, galactorrhoea and sterility and is being reported with increasing frequency. Here a case is presented for its occasional rarity.

### CASE REPORT

Smt. R.B., aged 45 was admitted on 26-3-80 to the gynaecological unit of R.M.C.H., Ranchi. She complained of continuous secretion of milk from both nipples for the last 5 months. O/H. para-5+0, sterilization operation was done 15 years back, M/H.—Cycles ——— days, L.M.P. 3-4 15-45

on 29-3-80, breasts were not enlarged, but milk secretion continued. O/E.: General condition good, No hirsutism, Pulse 68/min B.P.: 112/74 mm Hg. Temperature—98.4 F. Anaemia, Oedema, Jaundice and cyanosis absent, no thyroid enlargement, vision normal both sides. Breasts normal in size, no lump, milk secretion continuing from both nipples. No lump was felt per abdomen Uterus atrophic length 1½" formics clear, vaginal wall thin and glazed, vulva atrophic, examinations done under calmpose sedation.

Special investigation: Hb. 12 gm., Urine-N.A.D., E.S.R. 25 mm. P/h., blood sugar Post prandial 110 mg% Blood urea 20% mg T.C. 11,200/cmm. N.63 E.14 LM 3 L.20 Baso nil. X-ray, lateral view of skull, Pituitary fossa normal, no intracranial lesion, plasma bound Iodine, Urine for pituitary gonodotrophines, could not be done in absence of non existence of facilities in this institution, similarly urinary 17 Keto-steroids estimation was not possible. Patient was put on clomiphene citrate tab. 50 mg. 1 x 3 from 5th day of the cycle. Follow-up after three months, milk secretion had diminished but not entirely

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See Fig. on Art Paper V