TURNER SYNDROME

(A Case Report)

by

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Introduction

Turner syndrome (1938) or Sharpey Shafer syndrome (1941) or Bonnevie Urlich syndrome, monosomy x, or xo gonadal syndrome dysgensis, are the various names given to a clinical syndrome with well known clinical features. Polani (1954), described three women with Turner syndrome, and found that their epidermal cells were chromatin negative, an invariable features of males. Finally Ford (1959) described a case of Turner syndrome, whose bone marrow cells proved to contain 45 chromosomes only. Court Browne (1961) made a study of 3000 live births male and 3000 live births female babies and similar survey made by Moore (1959) and Bergman (1961) found the frequency of XO females to be 0.30/1000 births. Jacob (1961), made chromosomal studied of 32 women, who had primary amenorrhoea, 11 had cells with XO sex chromisome contitution, but six of them were mosaics. A case of Turner Syndrome is presented for its rarity and chromosomal studies. During a period of three years January 1979 to December 1981, 1 case was detected in 4860 gynaecological admissions.

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Case Report

Miss N. K. 22 MF was admitted for primary amenorrhoea and joint pains on 23-6-79 in R. M. C. H., Ranchi transferred to gynaec unit from medical unit. Other features were dwarf in appearance, webbing of neck. Carrying angle at the elbow increased, button hole deformaties in the fingers of both hands, breasts not developed, she reported that breasts were slightly developed earlier, which later on disappeared, radial and brachial artery pulsation not felt well, liver and spleen not enlarged, secondary sex charactors not well developed, no hirsutism.

Genital Examinations — Vulva hypoplastic short blind vagina for about 1″ in length, streaks of ovaries felt on both sides, E.U.A. done on 17-7-79. Same finding, one small tiny uterus felt in the midline.

Special Investigation—E.S.R. 30 mm/hour. Routine urine: albumin and sugar: nil, X-ray both hands showed orthopaedic change, delay in closure of epiphysis, osteoporosis, demineralisation of skeleton and delay in union of epiphysis, orthopaedic changes were also present at hip, T.C. diff. W.B.C. within normal limits. Rosenmuller test positive, sex chromatin test negative XO. After examination, patient was put on Ethynyl oestriodal 0.02 mgm. tab for three weeks then to be stopped for one week, six such courses were advised, along with Primolut N, one tab. daily in the third week total 6 courses. She was also put on haemetine capsules. Pituitary gonadotrophins in urine could not be assessed due to non-availability of facilities After follow up the patient dd not menstruate even after 6 months.