

MENOPAUSAL OVARIAN CORTICAL STROMAL HYPERPLASIA AND MENSTRUAL DISORDERS

by

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SUMMARY

Ten cases of menopausal menorrhagia or metrorrhagia or postmenopausal bleeding are reported. In most of the patients uterus was enlarged and all 10 had evidence of hyperoestrinism in the endometrium and hyperplasia of ovarian stromal cells.

Introduction

Smith (1941) first described cortical stromal hyperplasia in the ovaries of postmenopausal women. Woll *et al* (1948) noted that hyperplastic stromal cells may become luteinized. Boss *et al* (1965) reported that 28% of ovaries obtained at autopsy of postmenopausal women showed stromal hyperplasia but considered that the condition was unrelated to hormone production. However, Procope (1969) found that surgical removal of ovaries showing stromal hyperplasia, caused a significant reduction in urinary oestrogen excretion. Since then various studies have explored the possibility of an association between ovarian stromal hyperplasia and menopausal menstrual disorders with various endometrial hyperplasias or endometrial carcinoma.

In the reported series of 10 cases of menopausal and postmenopausal patients with menstrual problems, there was stromal hyperplasia in one or both ovaries and the endometrium had features of hyperoestrinism. Out of these 10 cases, 8 were

perimenopausal and 2 were postmenopausal patients. In two patients haemoglobin had gone to the level of 3-4 gms%. In 3 patients uterus was normal size and in 4 cases it was beyond ten weeks size. One of these 4 cases had leiomyoma and another adenomyosis. Only 2 patients had palpable ovarian mass. Table I shows their age, parity, presenting complaints and findings (Table I).

Discussion

Role of oestrogen in generation of endometrial carcinoma or hyperplasia has been proved (Ziel and Finkel 1975). In the present 10 patients of menopausal menorrhagia or metrorrhagia or postmenopausal bleeding none had any history of exogenous oestrogen. All had clinical and histopathological evidence of hyperoestrinism in menopausal and postmenopausal age with hyperplasia of ovarian stromal cells, in some with nodularity. It appears that the source of oestrogenic hyperactivity in these cases was ovarian stromal hyperplasia. Jadhav and Deshpande (1980) have reported 2 cases of postmenopausal bleeding, 1 had endometrial hyperplasia with ovarian cortical stromal hyperplasia of

TABLE I
Age, Parity, Complaints and Findings of Patients Findings

Sr. No.	Age	Parity	Presenting Complaints	Uterine	Ovarian
1	50	One	Postmenopausal bleeding 8 days with menorrhagia in past	Adenomyosis, endometrial polypi with proliferative endometrium with features of hyperoestrinism	Ovarian stromatosis with simple cysts
2	50	Four	Continuous bleeding one month with heavy irregular periods in past one year	Myo-hyperplasia, cystic hyperplasia of endometrium	Stromal glandular hyperplasia with left luteal cyst
3	42	Nine	Continous bleeding 15 days with heavy irregular periods in past one year	Myo-hyperplasia with atypical hyperplasia of endometrium	Stromatosis with simple cysts
4	43	Four	Continous bleeding 15 days menorrhagia since 2 years	Leiomyoma with proliferative endometrium with hyperoestronism	Right stromal hyperplasia with simple cysts with left graffian follide haemorrhage
5	42	Six	Continous bleeding 12 days Menorrhagia of 6 months	Adenomyosis with hyperplastic endometrium	Right nodular hyperplasia with serous cyst
6	50	Six	Profuse bleeding 3 days heavy cyclical bleeding of 6 months	Myo-hyperplasia with swiss cheese hyperplasia	Right stromal nodular hyperplasia with left dermoid cyst
7	43	Six	Pain in abdomen 3 years menorrhagia one year	Leiomyoma with hyperistronism in endometrium	Right stromal hyperplasia with simple cyst, left simple cyst
8	40	Two	Menorrhagia, dysmenorrhea, leucorrhoea of 4 years	Leiomyoma, swiss cheese hyperplasia	Right nodular stromal hyperplasia with left simple cyst
9	43	Three	Post menopausal bleeding with menorrhagia of 4 years in past	Adenomyosis endometrium with hyperoestrinism	Stromal hyperplasia with proliferation of granulosa cells
10	45	Five	Profuse bleeding 8 days leucorrhoea 8 years and menorrhagia 2 cycles	Myo-hyperplasia with proliferative endometrium	Nodular stromal hyperplasia

stromal cells, other had adenocarcinoma of endometrium with hyperactive ovarian stroma.

References

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