

TRUE HERMAPHRODITE

(A Case Report)

by

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Introduction

The frequency of intersexuality in general population is considerable but cases of true hermaphrodite are quite rare. In view of its rarity this case of true hermaphrodite is reported here.

CASE REPORT

A girl S.C. aged 19 years, came in January 1982 for menorrhagia and dysmenorrhoea. Menarche at the age of 16 years, past M.C. 6-7/30 regular, flow excessive, painful, LMP December end.

As an infant the parents had noticed that her external genitalia were abnormal, with a properly developed phallus.

On clinical examination, her height was 150 cms. weight 40 Kg. Axillary and pubic hair normal, Breast development was normal. Well developed phallus seen with the urethral opening at its base. Labia minora and majora were normal Small opening of introitus seen. Vaginal examination was not possible. On rectal examination a small uterus was felt. (Figures 1, 2 and 3). Systemic examination revealed no abnormality Routine investigations of Haemogram, urine analysis were normal.

Buccal smear showed 18% cells Barr Bodies. Her Karyotyping was 46.

Laparoscopy was done. Uterus was slightly smaller than normal, left ovary was enlarged, thick walled translucent looking bigger than the size of the uterus Right ovary appeared normal.

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Depth of vagina was normal, cervical projection was not felt but external OS felt at vault.

Operative Notes and Microscopic Findings:

One week later, under spinal anaesthesia laparotomy was done. Uterus was normal in shape but small in size. Both tubes appeared normal. Cystic mass on left ovary was enucleated—and was sent for frozen section. While taking biopsy from the right ovary, the tissue looked like testicular tissue, and cheesy material came on biopsy from other site. There was a mark looking like recently ruptured follicle site.

Frozen Section Reports:

Left gonad: Neoplasm, Teratoma.

Right gonad: No definitive report could be given.

In view of the report of teratoma, left gonad was removed completely and abdomen closed in layers.

Histopathological Reports:

Left gonad: Immature teratoma with endodermal sinus tumor. (Fig. 5). Infantile and degenerate testis. Ovarian tissue with haemorrhagic follicular cyst.

Right Gonad: In view of the report of ootestis in right gonad.

Right gonad was removed one week later. Amputation of phallus done. Labia minora restored, small perineotomy done and vagina dilated (Fig. 4). Post-operative recovery was uneventful.

This girl was already engaged and got married 3 months later. In joint consultation with the Chemotherapist she has been put on chemotherapy with triple drugs Vincristine, Actinomycin D and Endoxon.

See Figs. on Art Paper III, IV