VIRILIZING LUTEOMA OF PREGNANCY CAUSING OBSTRUCTED LABOUR

(A Case Report)

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SUMMARY

A case of virilizing luteoma of pregnancy causing obstructed labour is being reported because of the extreme rarity of the condition. Only 13 cases of virilizing luteomas were reported till 1978. The present case was admitted as a case of obstructed labour caused by an ovarian tumour. The virilizing symptoms were discovered at the time of admission and laparotomy revealed an ovoid luteoma impacted in pouch of douglas. Her urinary 17 Ketosteroids were elevated on the first postpartal day and returned to normal after one week. Even 3 months after the discharge from the hospital mother and child are still exhibiting the virilizing symptoms, although urinary 17 Ketosteroids levels are within normal range.

Introduction

Luteoma of pregnancy is defined as a benign human chorionic gonadotrophin dependent tumour. This ovarian tumour was established as a diagnostic entity by Sternberg and Barclay in 1966. These authors reported a series of 12 cases. Zander *et al* (1978) collected 100 cases of pregnancy luteoma from the world literature and 12 of these cases showed virilizing symptoms and signs. These authors added another case of luteoma of pregnancy with virilization. The rather extreme rarity of this condition has prompted us to record another case of luteoma of pregnancy associated with maternal and foetal virilization.

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CASE REPORT

Smt. B., 30 years old, 7th gravida, was admitted for amenorrhoea 8¾ months with ruptured membranes for 24 hours and labour pains for the last 12 hours. The patient stated that she had noted increased growth of hair on her face, chest, abdomen and thighs and facial acne beginning about the 5th month of pregnancy. There was no history of atrophy of the breasts and the temporal recession of hair. Deepening of the voice was of same duration.

She was a well developed, moderately nourished, hirsute woman with some acniform lesions

TABLE I

Author and year	No. of cases	Steroid studies		Clinical effect
1. Malinak and Miller (1965)[5]	1	Urinary 17 KS	Markedly increased	Virilization of female fetus
2. Strenberg (1966)[9]	1	—		Evidence of mild clitoral hypertrophy
3. Mandell *et al* (1967)[6]	1	Tissue 17 KS	Increased	Acne Hirsutism
4. O'Mally *et al* (1967)[7]	1	Tissue androgens	Increased	Maternal virilization and clitoral enlargement of female fetus
5. Jenkins *et al* (1968)[3]	1	Tissue androgens	Increased	Maternal virilization with ambiguous genitals. Marked enlargement of Clitoris
6. Lafforgue *et al* associates (1968)[4]	1	—		Maternal virilization and Clitoral enlargement of female fetus
7. Shuster (1968)[10]	1	17 KS 17 HKS	Normal range	Hirsutism clitoral hypertrophy
8. Jewelevicz *et al* (1971)[2]	1	Urinary 17 KS and androgens Plasma androgens and progesterone	increased	Maternal virilization
9. Thomas *et al* (1972)[11]	1	Urinary 17 KS 17 KGS	Increased Increased	Virilization from 4th month of pregnancy regressed postpartum but recurred with Clitoral enlargement in 6th pregnancy
10. Wolff *et al* (1973)[13]	1	Urinary 17 KS Plasma testosterone		Hirsutism, acne hypertrophied Clitoris, non-fused Labia majora of female fetus

TABLE I (Contd.)

Author and year	No. of cases	Steroid studies		Clinical effect
11. Polansky *et al* (1975)[8]	1	Plasma testosterone	Increased	Virilization of mother and Clitoral hypertrophy of female fetus
12. Barry, Verkauff *et al* (1977)[1]	1	Plasma testosterone	Increased	Virilization of mother with marked Clitoral hypertrophy enlarged clitoris unfused Labia majora of female fetus
13. Zander *et al* (1978)[14]	1	17 KS 17 Hydroxy steroid Testosterone	Increased	Acne Hirsutism, deepening of voice. Clitoral hypertrophy
14. Present case	1	Urinary 17 KS	Increased	Acne, Hirsutism, deepening of voice clitoral hypertrophy enlarged Labia majora and Clitoral hypertrophy of female fetus

See Figs. on Art Paper I, II

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