

FUNCTIONING OVARIAN TUMOURS IN NORMAL SIZE OVARIES CAUSING ADENOMATOUS HYPERPLASIA

(Report of 3 Cases)

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Introduction

Following 3 cases of adenomatous endometrial hyperplasia are reported for their association with very small functioning ovarian tumours harboured in normal appearing ovaries causing abnormal perimenopausal (1 case) and postmenopausal bleeding (2 cases).

Case Report

Case 1

T.D., aged 55 years, P5+2, presented for irregular vaginal bleeding of 9 years and excessive since past 2½ months. A fractional curettage revealed on histopathology endometrial polyp and adenomatous hyperplasia.

Panhysterectomy was done. Right ovary was lobulated, 2" x 2½" size which on cut section contained yellowish coloured small area of 5 mm x 3 mm and was sent for histopathology.

Histopathology Report: Uterus with chronic cervicitis, adenomatous hyperplasia and thecoma of right ovary. Patient had uneventful recovery and discharged on 18-2-1985.

Case 2

S.S., 48 years, P5+1, was admitted for postmenopausal bleeding for 3 months. Twenty

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years back she had laparotomy for tubal gestation. Clinical examination did not reveal any adnexal swelling. Endometrial aspirate and cervical biopsy revealed glandular hyperplasia and chronic cervicitis.

Panhysterectomy was done on 21-10-1981. Both ovaries on gross examination appeared normal. Cut surface showed 2 mm diameter yellowish solid area in right ovary.

Histopathology Report: Glandular hyperplasia of endometrium with Sertoli Leydig cell tumour of right ovary. Patient recovered and discharged on 30-10-1981.

Case 3

L.D. aged 55, P 4+0, was admitted for postmenopausal bleeding of 1 year duration. Vaginal examination did not show any adnexal mass and fractional curettage done on 3-3-81 revealed endometrial hyperplasia (glandular) with marked atypia. Extended panhysterectomy revealed normal looking ovaries of which left on cut surface showed yellowish pearl size solid area. Histopathology Report: Adenomatous hyperplasia of endometrium and granulosa cell tumour left ovary. Patient recovered and discharged on 18-3-81.

References

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