



Fig 2-Photomicrograph Showing Endometrial Glands With Proliferation of Living Epithelium With Formation of Numerous Papillae. (H & E, X 100)

recovery was smooth.

Cut Section: Plenty of hypertrophic endometrium resembling chorionic tissue arising from fundus of uterus and lying free in uterine cavity, whitish in colour.

Myometrium and endocervix looked normal on gross examination. (Fig 1)

H.P. Report on 21/10/97 (2577/97): (Fig 2) S.P. Medical College, Bikaner. Several serial sections show well differentiated adenocarcinoma. Exophytic growth in uterine cavity attached at fundus. No involvement of myometrium, Tubes, Ovaries and Vagina.

Cervix-Endocervical region shows changes of adenocarcinoma, Ectocervix is spared.

As there was cervical involvement, external radiation was started from 6.11.97 with the consultation of Radiotherapist. Dose advised was 200 r/day, 5 days/wk total 14 sittings. Patient is tolerating Radiotherapy well. She is still admitted in hospital.

Endometrial carcinoma at this early age group presenting as puberty menorrhagia is rare hence this case is reported.

A Case of Post –Partum Thyroid Disease

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The syndrome of post-partum thyroid disease (PPTD) recognised recently affects 5 to 10% of individuals. PPTD is often associated with a phase of transient hyperthyroidism between 2 & 4 months after delivery. The next phase of the disorder is characterised by hypothyroidism and typically occurs at 4 to 8 months after delivery.

Mrs. S., aged 26 yrs., reported in the infertility clinic in March, 1993 one year after marriage with history of occasional oligomenorrhoea. Investigations including T_3 , T_4 , TSH ($T_3=1.8\text{ng/ml.}$, $T_4=102\text{ng/ml.}$, $\text{TSH}=1.2\mu\text{iu/ml}$) were normal. Laparoscopy in premenstrual phase showed no signs of ovulation and dye test was positive with no pelvic abnormalities. She conceived after clomiphene therapy and delivered a male child of 2.6kgs. in May '94 by Caesarean Section.

From October '94, she noticed weakness in holding

objects and alternate feeling of hot and cold. This was followed by tingling of hands and feet, intolerance to cold, lethargy and depression along with generalised swelling of body.

In December '94, she reported in the Gynaecology OPD with the above complains. On examination she had facial puffiness and a dull look. Thyroid profile showed $T_3=1.56\text{ng/ml.}$ $T_4=$ less than 10ng/ml. , $\text{TSH}=$ above $100\mu\text{iu/ml}$. Thyroid antibodies could not be done due to non-availability of this investigation. She was put on Eltroxin to which she responded dramatically. As of now she is on Eltroxin $1\frac{1}{2}$ tablets per day.

We report this case of PPTD (followed-up for 3 years) in which thyroid profile was done initially for infertility and subsequently after childbirth for suspected Hypothyroidism.