

## Bilateral Theca Lutein Cysts with normal Pregnancy – A Case Report

Vaneet Kaur, Aruna Dhar

Department of Gynaecology and Obstetrics, Christian Medical College and Hospital, Ludhiana – 141008, Punjab.

A 27 years old female P<sub>2+0</sub> reported to outpatient's department of Obstetrics and Gynaecology, Christian Medical College and Hospital, Ludhiana with history of amenorrhoea 16 weeks of duration and pain in lower abdomen since two months. The pain was intermittent and dull aching type. For last one month patient became aware of a lump in the abdomen. Her menstrual cycle was regular. There was no history of vaginal bleeding or fever. Her bowel and micturation habits were normal. She had previous two term vaginal deliveries at home conducted by a dai, with no complications.

Physical examination revealed a thin built patient with moderate pallor and no icterus. Systemic examination was normal. Per abdomen uterine fundal height was corresponding to 16 weeks. A cystic to firm mass was felt in left lumbar area about 12 x 15 cms, irregular, mobile and non tender. A similar mass was felt in the right lumbar area 8 x 8 cms, slightly tender. Shifting dullness was absent. Investigations done were Hb 8.0 gm%, PBF – Dimorphic anemia, B+, VDRL, N.R. USG showed single live foetus in utero with no congenital anomalies, gestational parameters corresponded to 16 weeks. Both ovaries were enlarged 12.9 x 7.6 cms on right side and 9.0 x 8.1 cms on left side with multiple cysts. No ascites present. Impression of 16 weeks live intrauterine pregnancy with bilateral cystadenoma ovaries was given. Laparotomy was done under epidural analgesia after transfusing two units of blood.

Operating findings: There was no ascites, uterus was 18 weeks size. Both ovaries were enlarged 8 x 10 cms with cystic follicles of varying sizes (Fig. 1). Provisional diagnosis of theca lutein cysts was made. Cystic fluid was aspirated and sent for cytology. Abdomen was closed after taking biopsy from both ovaries. Blood sample was

sent for serum beta HCG which was 479.0 IU/ml. Cystic fluid showed neutrophils, lymphomononuclear cells, few histiocytes and no malignant cells. Histopathology of ovarian tissue was consistent with lutein cysts. Postoperatively the patient was managed with tocolytics and hematinics. Sutures were removed on 8<sup>th</sup> post-operative day.



Fig. 1. Bilateral Theca Lutein Cysts at Laparotomy

Patient came for follow up in antenatal OPD at 20 W k 5 D gestation when fundal height corresponded to 22 wk gestation. Second antenatal check up was at 25 wk 5 D, fundal height was 26 weeks. Right sided mass was not felt, on left side, the mass had regressed to 5 x 5 cms. Patient was advised repeat ultrasonography, but did not get it done. Her third antenatal check up was at 30 wk 1D gestation when fundal height was 30 wk and no mass could be felt per abdomen. The patient was lost to follow up after this and could not be traced, as she had changed her home address without any information.