

An Unusual Case of Primary Amenorrhoea with Ovarian Thecoma

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Primary amenorrhoea due to pituitary prolactinoma is a rare condition. We report such a case who had an ovarian thecoma.

Mrs. S. B. aged 30 yrs, H/F, a known patient of primary amenorrhoea having infertility for last 10 yrs, was admitted on 8.01.98 in NRSMCH with a lump in the lower abdomen of 2 months duration. She also complained of bilateral dimness of vision with gradual worsening for last 17 yrs. We gave the patient a progestogen challenge test. There was no bleeding. On estrogen-progestogen challenge test she had withdrawal bleeding.

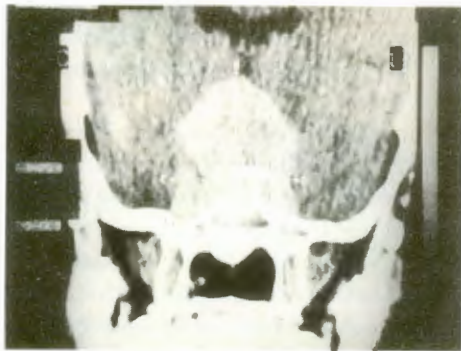


Fig. I - CT Scan of Brain (Direct Coronal Section) showing Pituitary adenoma

On Examination Height - 4'11", built and nutrition average, well developed secondary sexual characters. Breast examination revealed galactorrhoea. Lower abdominal examination showed well circumscribed mobile, hard, non-tender, 14 wks. pregnant uterine size lump. Bi-manual examination revealed same mass in the right fornix with a small sized uterus. Ophthalmological evaluation revealed diminished vision on right eye (6/36) but no perception of light on left eye. Fundoscopy showed bilateral optic atrophy.

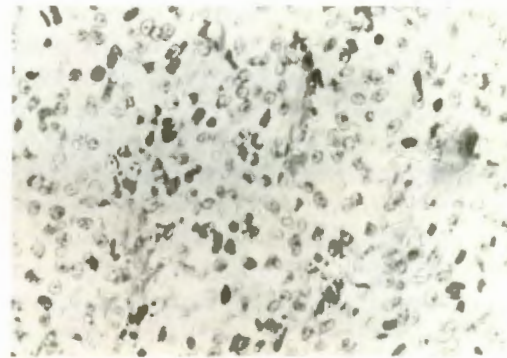


Fig. 2: Microphotograph of thecoma of ovary showing nests of pale vacuolated spindle cells with small central nuclei; H & E; 240X

Routine investigations done on 12.1.98 detected no abnormality. U.S.G. - diagnosed a solid right adnexal mass (10.5 cm X 10.5 cm) with normal sized uterus. Skull x-ray revealed an enlarged sellar region with erosion of posterior clinoid process. Serum assay found hyperprolactinemia (190.0/ $\mu\text{g}/\text{ml}$) with a T.S.H. level of (5.2/ $\mu\text{g}/\text{ml}$). C.T. Scan (Photograph I) - Direct Coronal Section of the Brain done on 16.1.98 detected a large pituitary adenoma (6.54cm X 4.39 cm) with perisellar extension. Pt. had laparotomy on 23.1.98 and a right sided ovarian tumour (4"X4") was removed. Small uterus and normal left adnexa were preserved. Histopathological examination of right oophorectomised specimen revealed thecoma. (Microphotograph 2 of histopathology).

Following an uneventful post-operative course, the patient was discharged on 6.2.98 and put on Bromocriptine. She attended for follow up at 6 months interval, the last being on 18.4.2001. She is still having amenorrhoea with little improvement of vision. Neurosurgeon on consultation discouraged surgical intervention.