OP 2:

Sertoli-leydig cell tumor -A rare androgen secreting ovarian tumor in a postmenopausal woman

R.Thuvarathipan, M.Thanuya, K.Guruparan, K.Muhunthan.
Professorial unit, Teaching Hospital Jaffna.

Introduction:

The Sertoli-Leydig cell tumour is a rare ovarian tumour (0.1-0.5%) of unknown pathogenesis, occurring more frequently in women of reproductive age. Some cases are discovered during pregnancy and only a few in childhood and in postmenopausal women. It is generally a benign tumour which originates from the ovarian stromal sex cords, with a mixed tissue structure resembling the Sertoli and Leydig testicular cells.

Case report:

47 year old, menopause for 6 years, presented with a five year history of frontal bolding, progressive deepening of voice and an increase in facial and body hair; her symptoms have worsened over the past two years.
She was obese and had a male pattern alopecia, increased muscle mass, acne and no clitoromegaly. The patient had severe hirsutism (modified Ferriman Gallwey score of 16/36).
Serum total testosterone level of 2.19ng/ml (high). Serum cortisol, 17-hydroxyprogesterone, DHEAS, prolactin, FSH, LH and thyroid hormone levels were within normal limits. CT-scan showed prominent ovaries without abnormal masses and normal adrenal gland.
With the suspicious of androgen secreting tumour of ovaries, total abdominal hysterectomy and bilateral salpingo-oophorectomy done. Microscopy revealed diffuse B/L ovarian stromal hyperplasia with patchy luteinised leydig cells.
The postoperative elevated serum testosterone level returned to normal. There was a gradual reversal of her symptoms over time.

Discussion:

Although the peak incidence is during the reproductive period of the woman, this case shows a rare situation of an androgen secreting ovarian tumour after menopause. The virilising effects of the tumour were most probably caused by accumulation of testosterone due to deficiency in enzymes transforming testosterone to 17-ketosteroids or aromatization to oestrogens.

Corresponding Author: Dr.R.Thuvarathipan-thuvara06fm@gmail.com