

A RARE CASE OF POST MENOPAUSAL BLEEDING : THECOMA
DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

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INTRODUCTION: Thecomas of the ovary are a type of sex cord stromal tumors that accounts for less than 1% of the ovarian tumors. They are composed of lipid containing cells which resemble the theca cells of the developing ovarian follicle. Its mostly hormonally active and most commonly associated with endometrial hyperplasia. Bilateral ovarian and extra ovarian spread is rare.

CASE REPORT: A 64yr old female, P2L2 tubectomised with post menopausal status presented with complaints of increased bleeding per vagina since 3 months. She attained menopause at 46yrs. On per abdominal examination, mass of 18 weeks gravid uterus size was palpated. Surface is smooth, firm in consistency. On per vaginal examination, Right forniceal fullness was noted. All the investigations and tumor markers were within normal limits. Sonographic findings showed well defined oval heterogenous mixed solid cystic lesion with internal vascularity of 10x7cm noted in the right adnexa , cystic component shows internal septations, Right ovary not visualised seperately. Two intramural fibroids of 2.2x2cm and 1.4x1cm in the anterior myometrium noted. Patient was taken for Exploratory Laparotomy, Right ovarian cyst of 9x8cm noted, Left ovary normal, small fibroid of 3x3cm noted in the anterior myometrium, specimen was sent for frozen section and it showed few signs of THECOMA, peritoneal fluid was negative for malignant cells, hence proceeded with Total Abdominal Hysterectomy with Bilateral Salpingo Oophorectomy.

DISCUSSION: Thecomas, common type of sex cord stromal tumors, are predominantly seen in post menopausal women (mid 60s) and infrequently before 30yrs. These are the most hormonally active SCSTs and usually produce excess estrogen, due to which patients commonly present with abnormal uterine bleeding (60% cases) or pelvic mass or both. Estrogen also causes endometrial hyperplasia and adenocarcinoma (20% cases). Occasionally thecomas may be leutinized. Leutinized thecomas often occur females younger than 30yrs, half of these are either hormonally inactive or have androgenic potential causing masculinization. Thecomas are mostly unilateral with an average size of 5-10cm. Grossly, its a well defined solid tumor with firm consistency. Cut surface shows islands of yellow tissue seperated by fibrous septa. Thecomas can be diagnosed only with their unique histopathological features, which are cells with round to oval nuclei with finely dispersed chromatin and moderate amount of pale vacuolated lipid rich cytoplasm. Theca like cell sheets and nests are seperated by collagenous bands of fibrotic stroma. Thecoma are positive for Inhibin, Calretinin, Vimentin, ocassionally CD10. Occasionally cystic changes and hemorrhages may be present. Although cellular atypia is rare, degenerative type of atypia without increased mitotic activity can be seen.

CONCLUSION: Although it is difficult to diagnose clinically, its histopathological features are unique and specific and help to diagnose THECOMAS. As it commonly occurs in menopausal women, the treatment of choice is Total Abdominal Hysterectomy with Bilateral Salpingo Oophorectomy. In case of younger women, conservative management can be done. As it rarely differentiates into malignancy, prognosis with the surgical tratment is good.

REFERENCES : Williams Gynaecology, Hoffman, Schorge, Bradshaw, Schaffer, Corton, Mc Graw Hill Education- 3rd edition ; Bereck and Hacker's Gynaecologic Oncology, Jonathan S. Berek, Nivelle F. Hacker - 6th edition; D C Dutta's Textbook of Gynaecology, Hiralal Konar - 6th edition

