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UNRAVELLING THE UNCOMMON : LEYDIG CELL TUMOUR OF THE OVARY

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INTRODUCTION:

The signs of androgen excess in a perimenopausal women should be investigated. These symptoms can be due to many causes including adrenal & ovarian tumours.

OBJECTIVE:

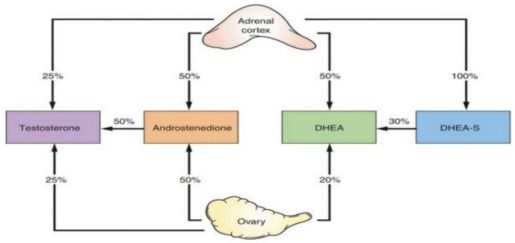
To review Leydig cell tumour of ovary an extremely rare cause of androgen excess in perimenopausal women

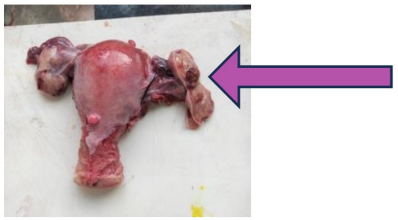
CASE REPORT:

A 44 years old,(P2L2 ,Prev. 2 FTND with TL done) presented with extreme distress caused by rapidly progressing signs & symptoms of androgen excess like hirsutism (Modified Ferriman Gallwey score:18), deepening of voice & secondary ammnorrhea since six months to Gynae O.P.D of AIIMS, Rajkot. The patient had high levels of serum testosterone (449 ng/dl) and a normal level of dehydroepiandrosterone sulfate (86.40 µg/dl).

Imaging, including transvaginal ultrasound and pelvic magnetic resonance, revealed a,14 mm, solid enhancing nodule, suspected to be sex cord stromal tumour of the ovary. No adrenal lesions were noted.

(a)Androgen production





Solitary nodule on gross examination

Because of the clinical & biochemical signs of androgen excess, supported by findings on imaging, a provisional diagnosis of sex cord tumour cell of the ovary was formulated & TAH with BSO with RPLND & peritoneal biopsy was performed.

Histopathology relvealed a sex cord stromal tumour measuring 13mm in the largest diameter.(Reinke crystals were not seen). Leydig cel tumour was likely & IHC further confirmed the same.(Inhibin:(+ve),calretinin:(+ve),Melan A:(weak +ve) ,EMA:(-ve).

After the surgery, the patient had significant clinical improvement and her laboratory test results normalized. (Post op: S [Testosterone] levels: 12 µg/dl)

DISCUSSION: Leydig cell tumor of the ovary is a rare form of steroid cell tumour , a subtype of sex cord tumour cell(0.1% of ovarian malignancies). They are androgen secreting tumours, generally benign & unilateral. Treatment includes TAH + BSO

CONCLUSION: Leydig cell tumour should be considered in the differential for androgen excess in perimenopausal women. Multidisciplinary approach is helpful for faster diagnosis.

REFERENCES:

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