

## **Case Report**

### **Sertoli Leydig Cell Tumor; Extremely Rare Virilizing Tumor**

**Goyal Shweta<sup>1</sup>, Bharadwaj Neelam<sup>2</sup>, Nagar Pushpa<sup>3</sup>**

<sup>1</sup>Ex Post Graduate Resident, <sup>2</sup>professor and Unit Head, <sup>3</sup>professor and Unit Head

Department Of Obstetrics and Gynecology, Sms Medical College, Jaipur – 302012, Rajasthan, India

#### **\*Corresponding author**

Dr Shweta Goyal

**Email:** [shwetadrsinghal@gmail.com](mailto:shwetadrsinghal@gmail.com)

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**Abstract:** Sertoli leydig cell tumors are extremely rare tumors derived from sex cords and ovarian stroma or mesenchyme. The Case characteristics are 23 year old women with amenorrhoea, virilisation and urinary complaints. Sertoli leydig cell tumor in right ovary with pressure symptoms. The outcome regression of symptoms after salpingo-oophorectomy. These are mostly low grade malignancies and usual treatment is salpingo oophorectomy of affected side.

**Keywords:** Sertoli leydig cell, tumor, Virilisation, Salpingo-oophorectomy, Malignancy, Ovarian stroma.

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#### **INTRODUCTION**

Sertoli leydig cell tumors are Androblastomas occur most commonly in 3<sup>rd</sup> and 4<sup>th</sup> decade of life. 75% of these tumors are seen in younger age than 40 years. These neoplasms are extremely rare and account for less than 0.2% of ovarian tumors [1-3]. The tumors typically produce androgens, and clinical virilization is noted in 70% to 85% of patients [4]. Signs of virilization include oligomenorrhoea followed by amenorrhoea, breast atrophy, acne, hirsutism, cliteromegaly, deepening of voice, receding hairline and raised testosterone and DHEA levels [5].

#### **CASE PRESENTATION**

A 23 year old female attended gynecology OPD of SMS medical college, Jaipur with complaints of amenorrhoea 5 months following oligomenorrhoea of 4 months, pain abdomen, hoarseness of voice, increasing hair growth at extremities and face and increased frequency of micturition.

On general physical examination nothing was significant except coarse and excessive hair growth on face and body. On systemic examination no significant finding was present. On per abdominal examination abdomen was soft and non tender. Per speculum examination was normal and on per vaginal examination a mass of 5-7 cms in size variable in consistency on right side not separately identified from uterus was found.

On ultrasonography right ovary showed a cystic mass lesion of size 84 / 67 mm with septation in right ovary. MRI pelvis shows large multiloculated cystic mass measuring 90 / 85/ 92 mm seen in pelvis & midline causing mass effect over the urinary bladder

and uterus, likely right ovarian origin, Uterus & left ovary seen separately from the mass.

Serum Free Testosterone Level was 540 ng/dl, DHEAS were 375 mcg /dl. both was higher than normal range. Laparotomy was decided with provisional diagnosis of androgen secreting tumor. On laparotomy: a mass of size approx 9 /9 /8 cms; variable in consistency with smooth glistening surface and papery thin wall was seen in right ovary, uterus and left ovary was found report normal. Ovarian tumor was staged as 1A and Right sided salpingo-oophorectomy done. HPR showed sertoli leydig cell tumour of intermediate differentiation. Follow up was done after one month, testosterone levels and DHEA levels were found normal. Patient was referred for cosmetic consultancy. with in 6 months patient regained normal menses.

#### **DISCUSSION**

Sex cord- Stromal tumors group of ovarian neoplasm is derived from sex cords and ovarian stroma or mesenchyme. Sertoli cell tumors are usually composed of male cells (sertoli leydig cells). That is why they present with virilising symptoms [6-8].

Because these low grade malignancies are only rarely bilateral (<1%), the usual treatment is unilateral salpingo-oophorectomy and evaluation of the contra lateral ovary for patients who are in their reproductive years. for older patients, hysterectomy and bilateral salpingo-oophorectomy are appropriate [5]. The 5 year survival rate is 70% to 90% and recurrences after that are uncommon [9,1].

## CONCLUSION

If a patient presents with virilisation with ovarian tumor with supportive biochemical tests, A Sex cord stromal tumor should be suspected. Salpingo oophorectomy in reproductive age group and hysterectomy in old age is best modality of treatment.

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