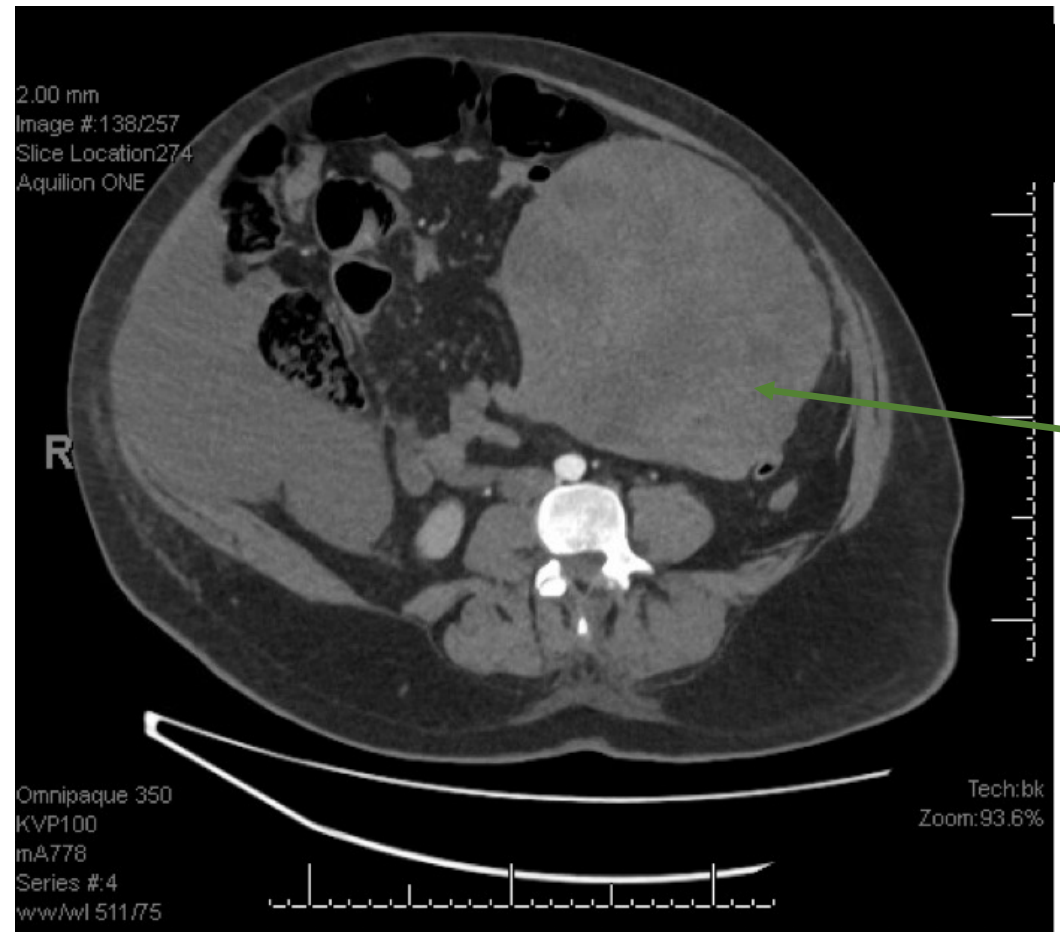
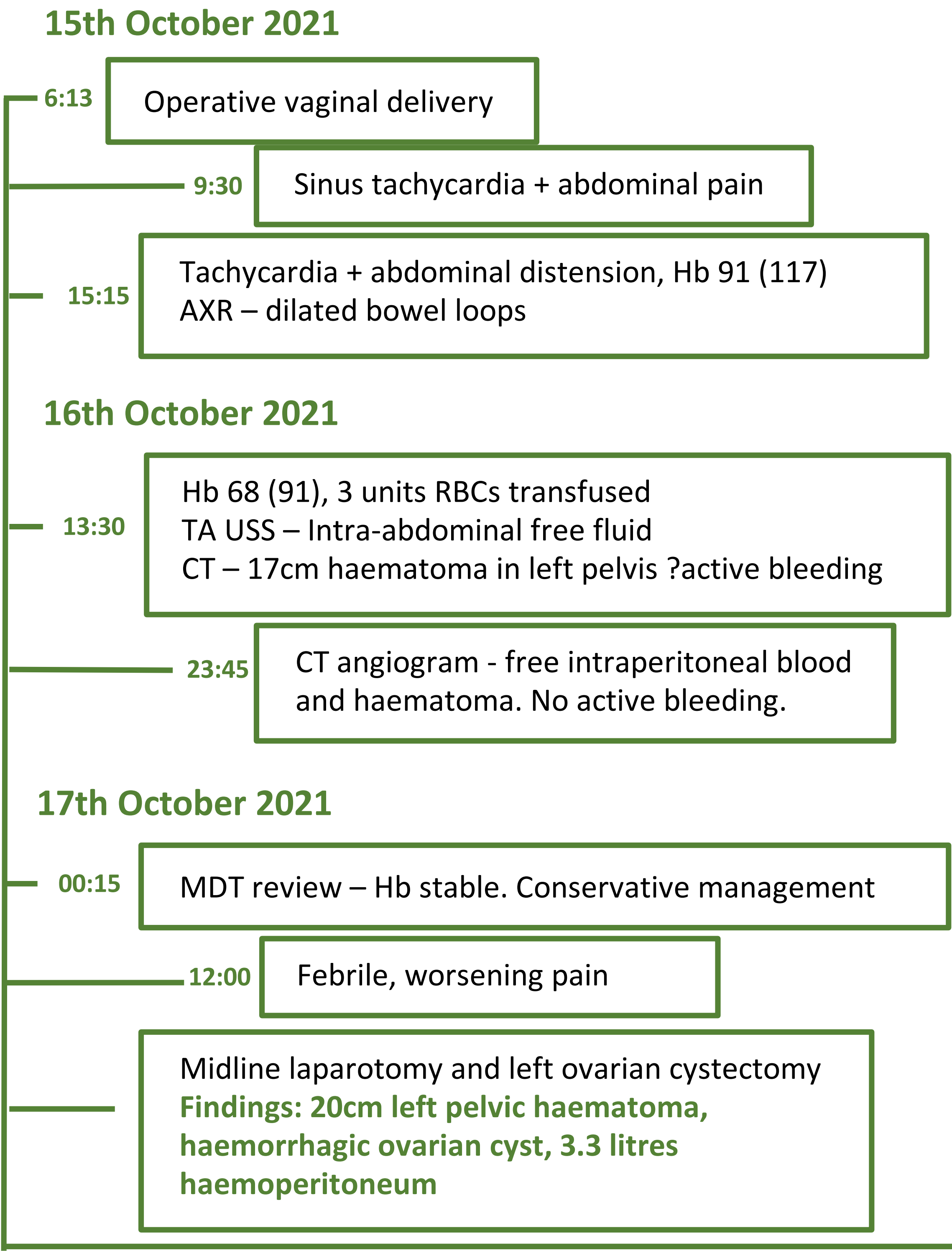


Tachycardia and abdominal distension Postpartum: A rare case of poorly differentiated Sertoli-Leydig cell tumour

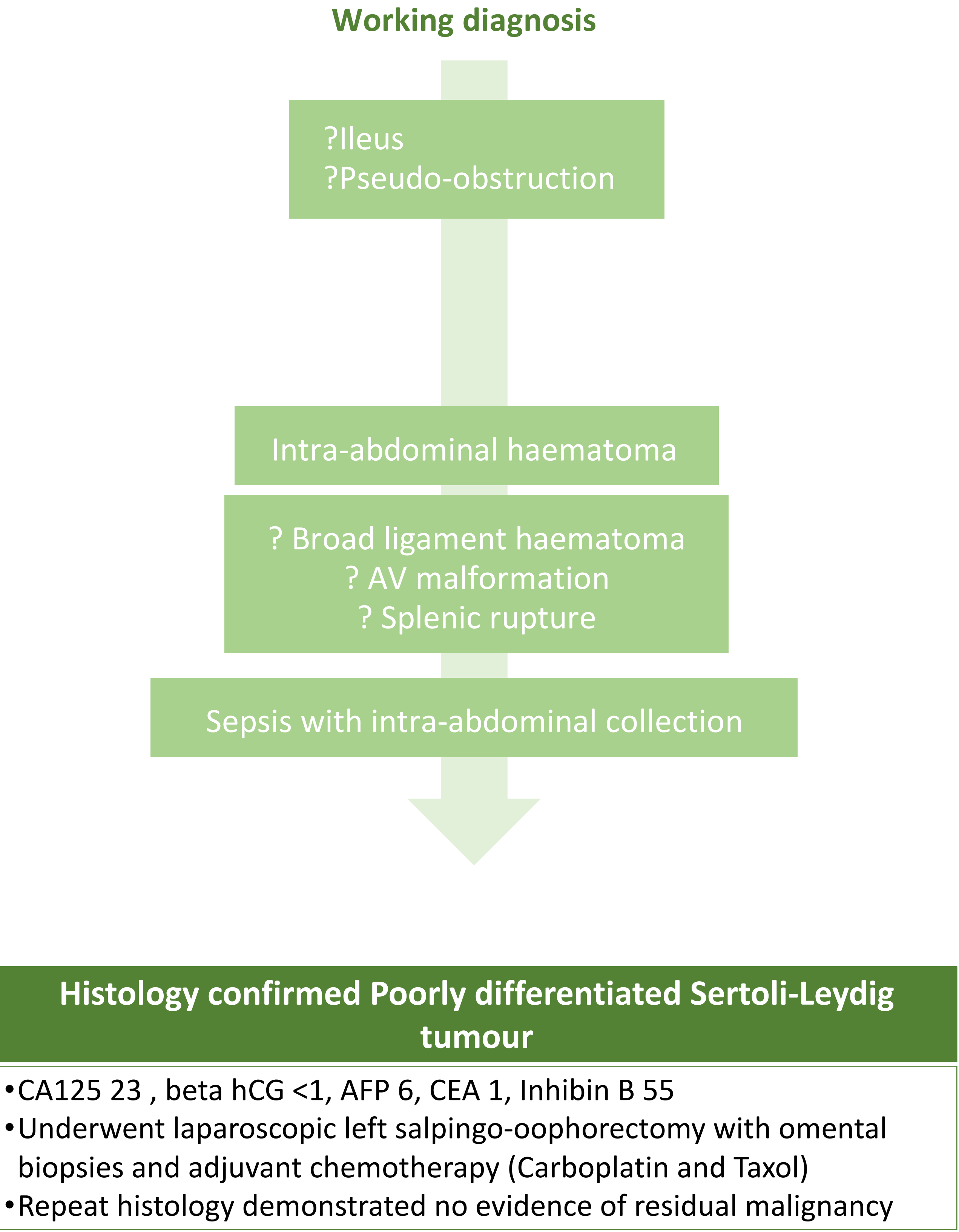
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Background demographics: 30 year old female, BMI 34, G5P2+2 (2 x previous SVD). Booking BMI 34. Routine 1st and 2nd trimester USS as well as additional 33/40 scan for fetal growth did not identify any adnexal pathology.



Coronal view CT AP with contrast
Tumour, initially thought to be pelvic haematoma



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Literature review

Sex cord stromal tumours account for <0.2% of all ovarian neoplasms¹. They are characterised by the presence of testicular structures (Sertoli and Leydig cells) that can produce androgens. Not all tumours are functionally active. Tumour grading determines degree of androgenic manifestation.

Clinical presentation	Median age 30 Androgenic features; facial hair, clitoromegaly, amenorrhoea Oestrogenic features; menorrhagia, IMB, PMB Non-hormonal features; abdominal pain, distension, torsion
Diagnosis	USS +/- CT ?MRI (complex pelvic mass +/- ascites)
Tumour markers:	Testosterone / 17-hydroxycorticosteroid Oestrogen From Sertoli cells or peripheral conversion by aromatase cytochrome P450 Associated with hyper-oestrogenic pathology e.g, breast cancer, endometrial hyperplasia, endometrial cancer AFP Foci of intestinal like mucinous epithelium with well-formed glands with occasional goblet cells
Grading	•Well differentiated •Intermediately differentiated •Poorly differentiated tumours •Heterogenous elements (cell types foreign to developing gonad e.g., GI epithelium, cartilage, skeletal muscle) •Retiform pattern
FIGO staging	I Confined to ovaries / fallopian tubes II Involving 1 or both ovaries / fallopian tubes with pelvic extension or primary peritoneal cancer III Cytologically or histologically confirmed spread to the peritoneum outside the pelvis or retroperitoneal lymph nodes IV Distant metastases
Management and prognosis	Surgical – Salpingo-oophorectomy / Total abdominal hysterectomy + bilateral salpingo-oophorectomy Adjuvant CT - Cisplatin, etoposide, bleomycin For advanced disease, intermediate and poor tumour differentiation, retiform pattern and presence heterologous elements FIGO staging most useful prognostic factor 59% poorly differentiated tumours malignant vs 11% of intermediately differentiated

Discussion

- The low prevalence of this condition justifies the low clinical suspicion of sex cord stromal tumour in above case.
- An insidious onset of generalised symptoms (e.g pressure) may lead to missed or delayed diagnosis, especially during pregnancy.
- Initial postnatal CT imaging did not identify an ovarian mass in this patient. Would ultrasound have identified an ovarian mass, despite it not being seen antenatally?
- CT angiogram reported no active bleeding (despite ongoing clinical concern and reducing Hb). How sensitive is CT angiogram in the immediate postnatal period?
- Although disease free survival has promising outcomes, little is known about fertility sparing treatment outcomes and future pregnancy success.