

QUIZ

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ANSWERS TO QUIZ IN PREVIOUS VOLUME OF THE JOURNAL

1. What does Figure 1 show? Please write the diagnosis.

Ans: Figure 1 shows tortuous abnormal vessels in the myometrium indicating uterine arteriovenous (AV) malformation.

2. Write the name of the procedures shown in Figures 2 and 3.

Ans: Figures 2 and 3 show uterine artery embolization.

3. Write the difference seen in Figures 2 and 3.

Ans: Figure 3 shows the effect of uterine artery embolization in the form of the disappearance of tortuous branches of uterine vessels.

QUIZ

An 11-year-old girl presented to the gynecology department with complaints of dull aching pain abdomen for 1 month and galactorrhea. She had attained menarche at the age of 8 years. On examination, she had a short stature, pallor, and dry skin. Tanner staging showed breast development stage 1 with absent pubic and axillary hair. Furthermore, ultrasonography (USG's) abdomen showed complex bilateral ovarian cysts of size approximately 6 cm × 7 cm. Significant laboratory investigations include hemoglobin: 8.8 gm%, serum cancer antigen (CA)-125: 102 U/zmL, and serum (TSH) >>100 mIU/mL.

What is the probable diagnosis and management of the aforementioned condition?

Ans – Van Wyk–Grumbach syndrome.

Van Wyk–Grumbach syndrome is associated with chronic hypothyroidism, characterized by multicystic ovaries, isosexual precocious puberty, and delayed skeletal growth. The follicle-stimulating hormone (FSH) receptors of the ovary are stimulated by the high levels of thyroid-stimulating hormone (TSH) leading to increased release of estrogen which causes bilateral enlargement of the ovary and onset of menarche. The management is mainly medical with thyroxine supplements with the limited role of surgery for ovarian mass. Patients show marked improvement with thyroxine therapy with a gradual decrease in the size of the ovary.

This syndrome was first described in 1960 by Van Wyk and Melvin Grumbach.

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