

# The menopause, round two: a rare case of Sertoli-Leydig cell tumour (SLCT)

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## Background

Sertoli-Leydig cell tumours (SLCTs) are rare neoplasms accounting for less than 0.5% of all primary ovarian cancers (1). Due to their scarcity, SLCTs represent a challenge in diagnosis and management. The clinical presentation of SLCTs may be associated with either hormonal excess or the presence of a space occupying mass. Estrogenic manifestations may include abnormal uterine bleeding and endometrial hyperplasia (1).

## Case

We present the case of a multiparous 55-year-old woman who presented with 2 weeks of post-menopausal bleeding and abdominal bloating. Pelvic ultrasound showed thickened endometrial lining of 14mm as well as a complex left ovarian cyst measuring 48mm by 32mm. She underwent a hysteroscopy dilatation and curettage which showed simple endometrial hyperplasia.

Repeat ultrasound at 4 months showed enlargement of the left ovary to 78mm by 45mm, with colour-doppler showing a well vascularized mass. Given this rapid progression, decision was made for surgical intervention with hysterectomy and bilateral salpingo-oophorectomy. Histopathology revealed a moderately differentiated Sertoli-Leydig tumour of the left ovary.

At follow-up the patient reported severe symptoms of menopause including hot-flushes, difficulty concentrating, irritability and mood changes. She was successfully managed with hormone replacement therapy.

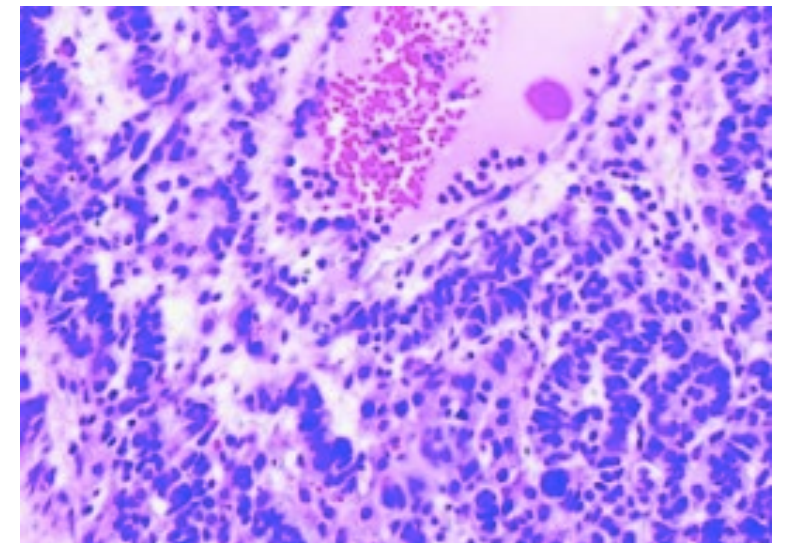


Image 1: Moderately differentiated Sertoli-Leydig cell tumour showing Sertoli cells and Leydig cells. <sup>2</sup>

## Discussion

Symptoms of excess androgen or estrogen production in post-menopausal women with ovarian mass should alert suspicion of a SLCT tumour. Pre-operative diagnosis is often difficult however androgen and estrogen levels could be measured in future cases. The gold standard of management is early surgical intervention. Surgical removal of the SLCT in woman with estrogenic manifestations is likely to cause menopausal symptoms and should be accounted for in long-term management.

## References

1. Cohen I, Nabriski D, Fishman A. Noninvasive test for the diagnosis of ovarian hormone-secreting-neoplasm in postmenopausal women. *Gynecologic oncology reports*. 2016;15:12-5.
2. Monappa V, Reddy SM, Kudva R, Pai MV. Cystic sertoli-Leydig Cell tumour in a postmenopausal Woman with absent Virilising symptoms: a Diagnostic Challenge. *Journal of clinical and diagnostic research: JCDR*. 2017 May;11(5):ED26.