**Case 1**

4 year old boy presented with iso-sexual precocious puberty, cushingoid feature, progressive abdominal distension

And generalized acne for six month duration.

**Examination**
- Wt 19.5 kg (90th)
- Ht 107.5 cm (75th)
- Adult body odor, Greasy skin, Acne
- Hirsutism, no gynaecomastia
- BP 114/69mmhg (99th)
- No hepatomegaly, left side palpable mass, no free fluid
- Axillary hair +, Pubic hair III, Phallus 8.5cm good width
- Testicular volume R/ 6ml, L/6-8ml

**Investigations**
- USS abdomen, CT abdomen and pelvis L/ supra renal mass with midline shift of adjacent structures. No distant metastasis.

**Management**

Surgical resection of the tumour and followed up with regular USS abdomen and DGEAS

<table>
<thead>
<tr>
<th>Bone age</th>
<th>9 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>ODS2(&lt;=50)</td>
<td>562.3nmol/L (&lt;=50)</td>
</tr>
<tr>
<td>Testosterone</td>
<td>61.05nmol/l</td>
</tr>
<tr>
<td>DHEAS (0.9-5.8)</td>
<td>&gt;40.71µmol/l</td>
</tr>
<tr>
<td>LH (0.08-3.9)</td>
<td>0.07IU/l</td>
</tr>
<tr>
<td>FSH (0.1-1.3)</td>
<td>0.06IU/l</td>
</tr>
</tbody>
</table>

**Diagnosis**

Adrenocortical carcinoma

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**Case 2**

13 year old girl presented with virilization for 6 months

- Hirsutism, deepening of voice and facial acne

**Examination**
- Hirsutism, boldness, acne, masculinization, deep voice
- Not pigmented
- Bp110/80mm/hg
- Abdomen soft
- Breast stage I, axillary and pubic hair stage I11, clitoromalge 2.5cm

**Investigations**
- USS, MRI -Abdomen and pelvis
- Large soft tissue lesion with multiple cystic areas in the R/ ovary

**Management**

underwent R/salpingo oophorectomy

Intra operatively found to have 1cm diameter lesion on L/ ovary as well wedge biopsy was taken.

Referred to oncologist for further follow up and planned for L/ophorectomy

| α FP | 105mg/ml |
| β HCG | < 0.7mIU/ml |
| DHEAS | 3.3 µmol/L |
| T. Testosterone | 23.82nmol/L |
| LH | 4.14IU/L |
| FSH | 1.63IU/L |
| S. Cortisol | 169.7 nmol/L |

**Diagnosis**

Bilateral Sertoli Leydig cell tumour of ovaries

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**Case 3**

8 year old boy presented with deepening of voice penile and axillary hair growth and increase height velocity for 1 month duration

**Examination**
- Not dysmorphic , not pigmented, no café au lait spot , no boney deformities
- RS – NI
- BP 107/73mm/hg
- Abdomen – Soft no palpable masses
- Axillary hair I, pubic hair stage II
- B/L testis 3-4ml
- Penile length 9.5cm

**Investigation**

Chest X ray –no widening of mediastinum

CT and MRI abdomen - Normal

MRI brain - Normal

CT chest reveled - Anterior mediastinal mass

**Management**

As frozen section biopsy was inconclusive underwent total resection of tumour and received cisplatin based chemotherapy

- Bone age 5-6 years
- LH <0.07 IU/L
- FSH <0.05 IU/L
- 17 OHP 8.17 nmol/l
- Testosterone (0.1-1 ) 5nmol/l
- BHCG 261.9mIU/l

**Diagnosis**

Seminoma without other evidence of germ cell components

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**Introduction**

Excessive androgen secretion from gonads, adrenal gland and tumors arising from germ cells lead to gonadotropin independent precocious puberty in male and virilization in females. Rapid progression of symptoms with peripheral precocity need urgent evaluation to identify the underlying etiology. We report three cases of malignancy with excess androgen secretion.

**Conclusion**

Rapid progression of virilization need urgent evaluation for androgen secreting tumours with imaging and tumour markers. Need long term follow up with frequent imaging and tumor markers to identify early tumour recurrence and appropriate treatment.