OBESITY, VAGINAL BLEEDING AND OVARIAN MASS IN A 5-YEAR-OLD FEMALE GIRL WITH AUTOIMMUNE HYPOTHYROIDISM

E. Shaymaa (1), A. Soliman (1), A. Elawwa (1)
1. Pediatric Endocrinology and Diabetology, Alexandria University, Egypt

CASE PRESENTATION

We report a five-year-old girl who presented for evaluation of Obesity, Abdominal distension, and Vaginal bleeding for two days.

There was No history of local trauma or vaginal discharge associated with the vaginal bleeding and No suspicion of abuse.

EXAMINATION

There was No purpura or bleeding from other sites.

Her HiSDS = -1.3 SD and

BMI SDS = + 1.5 SD.

Large Abdominal mass was palpable.

There was No hepatomegaly, splenomegaly or lymphadenopathy.

She had No breast development nor pubic hair

INVESTIGATIONS

High TSH = 2288 uIU/ml

Low FT4 = 0.09 ng/dl

LH =0.11 mU/ml

FSH = 1.2 mU/ml

Anti TPO = 600 U/ml

Anti-thyroglobulin Ab = 296 U/ml.

CT of the abdomen showed Bilateral adnexal multi-locular masses. The right = 8x7.5x10.5 cm and the left = 4.5x3.5 x 7. cm. There were no enhancing solid components identified.

There was a diffuse mural vaginal thickening and endo-vaginal collection and bulky uterus.

L thyroxine was prescribed.

After a month on thyroxine therapy, FT4 =2.6 ng/dl, TSH = 2.43 mIU/ml.

Her Ultra-sonographic evaluation showed marked Regression of the two adnexal lesions, right = 5.3 x4.3 x 3.1 cm and left = 4.4x 3.5x 2.9 cm. The uterine body measured 4.7 x 1.7 cm.

After 2 months of therapy, complete regression of the masses occurred.

DISCUSSION

Van Wyk-Grumbach Syndrome (VWGS) is a constellation of symptoms including Precocious Puberty without adrenarche, Delayed bone age, Ovarian cysts, and Hypothyroidism.

High TSH could produce FSH and LH like activity leading to multiple ovarian cysts.

Significant regression of the ovarian masses occurred as early as one month after replacing thyroid hormone and normalization of TSH in this girl with VWGS.

The etiology of her hypothyroid status was autoimmune. Given the presence of significant ovarian masses, a surgical emergency such as ovarian torsion or rupture must be ruled out.

Even when the diagnosis of VWGS is confirmed, practitioners must be watchful to consider surgical intervention in the presence of uncontrolled vaginal bleeding, hemodynamic instability, or failure of regression of ovarian cysts with exogenous thyroid hormone replacement.

CONCLUSION

VWGS should be considered in the differential diagnosis of young girls with ovarian masses with vaginal bleeding and hypothyroidism.

The Prognosis is good with thyroid replacement therapy.

REFERENCES


CONTACT INFORMATION

Shaymaa Elsayed Abdel Meguid
Assistant Professor of Pediatric Endocrinology and Diabetology
Alexandria University, Egypt
shaymaa.elseyed@alexmed.edu.eg
dr.shaymaa _elsayed@yahoo.com