ABSTRACT

INTRODUCTION: Hirsutism is a common condition affecting around 5-10% of female in the childbearing age. During menopausal evolution phase some terminal hair growth can occur in few females as part of normal aging process. However in a postmenopausal female, the presence of rapidly progressive hirsutism and other features of virilization require proper assessment for a sinister cause.

CASE DESCRIPTION: A 61 years old lady presented with progressive hirsutism, deepening of voice and scalp baldness. She was postmenopausal for 20 years and hirsutism started about five years ago, initially involving face and then spread to rest of body including chest, abdomen and inner thighs. Her Body-Mass-Index was 27.5 kg/m². She had hirsutism with a Ferriman-Gallwey score of 16/36 and signs of virilization in the form of deepening of voice, clitorimegaly, complete scalp baldness and masculinization. Relevant workup showed raised testosterone with normal values of Luteinizing hormone, Follicle Stimulating hormone, Prolactin, 17-OH-progesterone and Dehydroepiandrosterone-Sulfate (DHEA-SO ). Computed-tomography imaging of pelvis confirmed enlarged right ovary with dense stroma. Histopathology confirmed a rare ovarian tumour, Sclerosal Stromal Tumor (SST). Resection of mass resulted in normalization of testosterone levels and improvement in virilization features.

CONCLUSION: Hirsutism and virilization in postmenopausal females must be assessed for rare but sinister causes like androgen producing adrenal and/or ovarian tumors. SSTs are rare tumors and usually present in the 2nd and 3rd decades of life but in our case it occur in the postmenopausal age. They are usually hormonally inactive but sometimes can secret androgens as in our patient.

KEYWORDS: Postmenopause (MeSH); Virilism (MeSH); Hirsutism (MeSH); Ferriman-Gallwey score (Non-MeSH); Ovarian Neoplasm (MeSH); Sclerosal Stromal Tumor (Non-MeSH); Androgens (MeSH); Testosterone (MeSH); Luteinizing Hormone (MeSH); Follicle Stimulating Hormone (MeSH); Prolactin (MeSH).