



Primary amenorrhoea & virilization induced by pure testosterone-secreting adrenocortical adenoma



Fig. 1. Excessive facial hair.



Fig. 2. Excessive abdominal hair.



Fig. 3. Contrast-enhanced computed tomography showing well-defined heterodense right adrenal lesion (star).

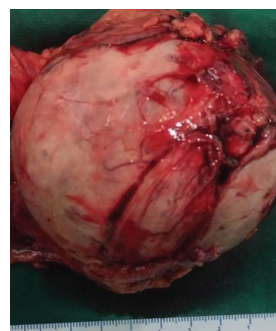


Fig. 4. Well-encapsulated right adrenal tumour.

A 20 yr old female[†] was referred to the department of Urology, North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Shillong, India, in October 2016, with complaints of primary amenorrhoea, increased body hair and deepening of voice for five years. Physical examination revealed hirsutism (Figs 1 and 2), underdeveloped breasts,

muscle and clitoral hypertrophy. The total serum testosterone was markedly elevated (233 ng/dl). Levels of serum cortisol, luteinizing hormone, follicle-stimulating hormone, estradiol and prolactin and 24 h urinary vanillylmandelic acid were normal.

Abdominal computed tomography detected a $7.5 \times 7 \times 6.8$ cm right adrenal mass (Fig. 3). Open

[†]Patient's consent obtained to publish clinical information and images.

transabdominal adrenalectomy was performed (Fig. 4), and biopsy was reported as a benign adrenocortical adenoma with uncertain malignant potential (Modified Weiss Criteria). Serum testosterone estimated on the 5th post-operative day was normal (38 ng/dl). She began menstruation two months after the operation.

Pure testosterone-secreting adrenal tumour is rare and should be suspected in the presence of hirsutism, elevated serum testosterone and abdominal mass.

Conflicts of Interest: None.

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