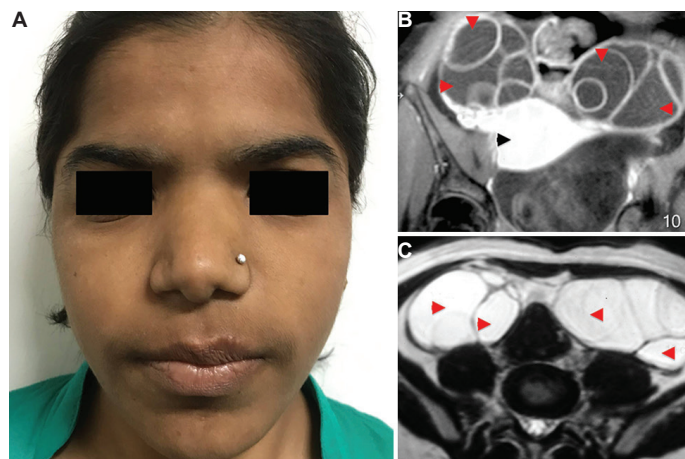




## Giant multicystic ovaries in a young girl



**Figure.** (A) Photograph of the patient showing masked facies, depressed nasal bridge and hyper-telorism suggestive of hypothyroidism. (B) T1-weighted post-contrast magnetic resonance image of the pelvis showing multiple bilateral T1-hypointense cystic areas with peripheral enhancement suggestive of multicystic ovaries (red arrowheads). The right ovary measured  $6.3 \times 6.4 \times 6.0$  cm and the left ovary measured  $7.4 \times 5.6 \times 6.0$  cm. Uterus appeared normal in size and shape (black arrowhead). (C) T2-weighted magnetic resonance image of the pelvis showing multiple bilateral T2-hyperintense cysts of varying size, suggestive of multicystic ovaries (red arrowheads).

A 21 yr old female<sup>†</sup> presented to the Endocrinology Clinic, Postgraduate Institute of Medical Education & Research, Chandigarh, India, in June 2019 with oligomenorrhoea/menorrhagia since menarche at 11 yrs of age. She had sluggish growth and poor scholastic performance since childhood. Examination revealed short stature (height SDS - 4.2), masked facies, depressed nasal bridge, hyper-telorism (Figure A), dry skin, hoarse voice, goitre, delayed relaxation of deep tendon reflexes and Tanner maturity rating of A+P<sub>3</sub>B<sub>3</sub>. Investigations revealed aberrant thyroid profile (TSH=1223.0 mIU/l, T<sub>4</sub>=0.534 µg/dl, T<sub>3</sub>=0.195 ng/ml) and negative anti-TPO (thyroid peroxidase) antibody. Prolactin, follicle stimulating hormone and estradiol were elevated; basal luteinizing hormone was pre-pubertal. Ultrasonography showed giant multicystic ovaries, which was confirmed on magnetic resonance imaging (Figure B and C).

<sup>†</sup>Patient's consent obtained to publish clinical information and images.

Bone age was delayed (by 15 yr). She was diagnosed with primary hypothyroidism (auto-immune) with Van Wyk-Grumbach syndrome. Levothyroxine was started at low dose and gradually up-titrated. Ultrasound repeated after three months showed reduction in the size of ovarian cysts. Hypothyroidism should always be ruled out in girls with multicystic ovaries before subjecting them to any surgical procedures.

**Conflicts of Interest:** None.

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