THE 42 YEAR OLD PATIENT COMPLAINED OF AMENORRHEA FOR NINE MONTHS. A PREGNANCY TEST WAS NEGATIVE BUT THE UTERUS WAS SOFT AND SLIGHTLY ENLARGED. FIVE MONTHS LATER, THE PATIENT WAS OBLIGED TO BE LAPAROTOMIZED DUE TO THE SPONTANEOUS PERFORATION OF THE UTERUS ACCOMPANIED BY AN ACUTE ABDOMEN AND A POSITIVE PREGNANCY TEST.

AFTER THE TOTAL Hysterectomy WITH BILATERAL SALPINGOGOPHORECTOMY AND SUBSEQUENT CHEMOTHERAPY, REPEATED SERUM AND URINE HCG ESTIMATIONS WERE NORMAL. ELEVEN MONTHS LATER, A PREGNANCY TEST SHOWED POSITIVE, BUT WITH A RELATIVELY LOW HCG TITER (16,000 IU/L); THERE WAS ALSO A HIGH HPL TITER (96 μg/mL). HEADACHE, NAUSEA, ASCITES, SIGNS AND NEPHROTIC SYNDROME APPEARED. SOON AFTER ADMISSION TO OUR CLINIC, THE PATIENT DIED DUE TO SUDDEN CEREBRAL HEMORRHAGE.

AUTOPSY REVEALED MULTIPLE METASTASES WITH HEMATOMAS IN THE LUNG, LIVER, Pancreas AND ADRENAL GLAND. HISTOPATHOLOGICAL CHARACTERISTICS OF THE TUMORS IN THE UTERUS AND METASTATIC LESIONS WERE REPRESENTED BY THE MARKED PERIVASCULAR GROWTH OF PLACENTAL-SITE TROPHOBLASTS, WHICH WERE IMMUNOHISTOCHEMICALLY POSITIVE IN AN HPL STAIN AND RARELY POSITIVE IN AN HCG STAIN.

478. A NEW DISEASE
--PLACENTAL AROMATASE DEFICIENCY--

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WE PRESENTED A VERY RARE CASE THAT WAS REGARDED AS PLACENTAL AROMATASE DEFICIENCY BY PRE-DELIVERY IN VIVO ENDOCRINOCHEMICAL STUDY AND CONFIRMATORY IN VITRO ENZYME ASSAY USING DELIVERED PLACENTA.

A 24 YEAR-OLD WOMAN OF THIRD TRIMESTER WAS HOSPITALIZED DUE TO PROGRESSIVE VULGARISM. WHILE HER FETUS WAS IN GOOD HEALTH JUDGING FROM NON-STRESS TEST AND SERUM HPL LEVEL, URINARY EXCRETION OF ESTROGENS SHOWED EXTREMELY LOW LEVEL, LESS THAN 2.0 mg/day. DHA-S LOADING TEST DISCLOSED MARKED INCREASE OF SERUM TESTOSTERONE AND ANDROSTENEDIONE LEVEL IN CONTRAST TO NO INCREASE OF SERUM ESTROGEN LEVEL. AT 38 WEEKS OF GESTATION, SHE WAS DELIVERED OF A 3210 G BABY VAGINALLY, WHO WAS IN GOOD HEALTH BUT A FEMALE PSEUDOHERMAPHRODISM.

THE AUTHOR DEvised AN AROMATASE ASSAY SYSTEM, IN WHICH PLACENTAL HOMOGENATES WERE INCUBATED WITH 3H-ANDROSTENEDIONE FOR 30 MINUTES AND RADIOACTIVITY OF 3H-ESTRADIOL AND 3H-ESTRONE IN EXTRACTS OF INCUBATION MEDIUM WAS COUNTED SEPARATELY. PLACENTAL AROMATASE ACTIVITY WAS LESS THAN 1 pmol/mg protein/30 minutes in this patient, while 288 ± 58 in normal controls. Furthermore, co-incubation of placental homogenates of this patient and normal control revealed no decrease in aromatase activity of latter. THESE SUGGEST LOSS OF ARomatization WAS RESULTED NOT FROM INHIBITORY FACTOR BUT FROM DEFICIT OF ARomatizing ENZYME ITSELF.

479. PSEUDOTUMOR CEREBRI IN PREGNANCY

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A SYNDROME CAUSED BY ACCENTUATION OF INTRACRANIAL PRESSURE IS CALLED AS PSEUDOTUMOR CEREBRI (PTC) WITHOUT INTRACEREBRAL TUMOR. A CASE OF PREGNANT WOMAN, 25 YEARS OLD, WHO HAS COMPLAINED OF A SEVERE HEADACHE AND DIPLOPIA AFTER SIX WEEKS OF PREGNANCY. SHE HAD NO PARTICULAR FAMILY HISTORY. IN THE PAST, SHE HAD APPENDECTOMY AT 5 YEARS OF AGE AND SINCE 16 YEARS OLD SHE HAS BEEN SUFFERED FROM HYPERTENSION WITHOUT ANY THERAPY. IN THE COURSE OF THE PRESENT ILLNESS, SHE HAS COMPLAINED OF A HEADACHE SINCE SIX WEEKS OF PREGNANCY AND VISITED A GYNECOLOGICAL PRACTITIONER WHO HOSPITALIZED HER. HOWEVER, SINCE SHE HAS NOT BEEN IMPROVED EVIDENTLY, SHE WAS REFERRED TO OUR HOSPITAL. BOTH OF HER PAPILLAE WERE SLIGHTLY EDEMATOUS AND THERE IN X-RAY COMPUTER TOMOGRAPHY (CT) AND THE ELECTROENCEPHALOGRAPH WERE NO PATHOLOGICAL CHANGES, BUT THE SPINAL FLUID PRESSURE WAS ELEVATED TO 350 mm H2O ON THE FIRST DAY OF HER ADMISSION. HER SYMPTOMS WERE IMPROVED AFTER REMOVAL OF SPINAL FLUID BY LUMBAR PUNCTURE AND PERORAL ADMINISTRATION 10% GLYCEROL, THE SPINAL FLUID PRESSURE WAS LOWERED AND OCCULAR FUNDAL FINDINGS WAS IMPROVED AND DIPLOPIA WAS ALSO DISAPPEARED. THEN SHE WAS TRANSFERRED FROM GYNECOLOGIC WARD TO INTERNAL MEDICINE WARD, SHE HAD BEEN UNDER MEDICAL TREATMENT AND DISCHARGED IN THE HEALTHY CONDITION.

480. CUSHING'S SYNDROME IN PREGNANCY
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Cushing's syndrome usually worsens during pregnancy. A 33-year-old woman at 26 weeks' gestation was referred to our hospital because of hypertension. At 28 weeks' gestation, an oral glucose tolerance test revealed diabetes mellitus. She experienced increasing chest pain from 33 weeks' gestation. Spontaneous labor pain occurred at 34 weeks' gestation. A female infant of 2,450 g with Apgar scores 7-9 was born. X-ray examination revealed diffuse osteoporosis with multiple compression fractures of thoracic vertebrae one week after delivery. The absence of diurnal rhythm of plasma cortisol, a lack of suppression of urinary excretion of 17-OHCS of even high doses (8 mg for 2 days) of dexamethasone, adrenal echogram and CT lead to the diagnosis of Cushing's syndrome with a left adrenal tumor. Two months after delivery a 5 × 4 × 4 cm tumor, weighing 30 g, was removed with a left adrenal gland. Histopathological examination showed benign adenoma. One month after the operation, endocrinological findings, such as serum cortisol, plasma ACTH, urine 17-OHCS and dexamethasone suppression test were within normal limits. Hypertension, hyperglycemia, striae, moon face and buffalo hump have disappeared, and pathological fractures in thoracic vertebrae healed with scarring.

481. The Use of the Shirai Forceps in the Vaginal Hysterectomy

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The vaginal hysterectomy was performed utilizing the Shirai forceps. The forceps are designed for efficiency and safety ligating and cutting in the narrow operative field.

The forceps are applied by inserting the tip of one blade through the tissue to be resected and then closing the clamp.

After cutting the clamped tissue and tying the pedicle under the heel of the forceps, the Shirai forceps are released.

This method can easily distinguish the pedicle to be resected. The Shirai forceps are especially functional in clamping off the wide segment of the supporting tissues for cutting and ligating as the surgeon desires.

Three hundred eighty-six vaginal total hysterectomies were performed utilizing the Shirai forceps in twelve years.

During these procedures, The Shirai forceps are extremely practical, very useful and very effective as a pedicle forceps.

It is proved that the use of the Shirai forceps in the total vaginal hysterectomy renders the surgery quick, safe and perform relative easy.

482. Studies on the Lower Urinary Tract Function in the Patients with Myoma Uteri—Comparative Observations between Pre and Postoperation—

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In present paper, the lower urinary tract in the patients with myoma uterii during pre and post hysterectomy were evaluated by using chain cystourethrography, Uroflowmetry and DISA 2100 URO System.

Experiments were performed on 19 cases of myoma uterii and those urethral pressure profile (UPP), urethral length (UL), voided volume (V), maximum flow rate (MFR), voiding time (FT) and residual urine volume (RU) were evaluated.

Moreover, urethrovvesicoangle was measured by the chain urethrocystography. Data obtained were compared before and 2 weeks after operation, and also evaluated depend on the operations method.

As results, abnormal values in UPP were shown in 52% of cases with myoma uterii and those 80% were improved after operation.

After operation, 56% of the cases showed an increase in MFR.

Three cases (16%) had abnormal FV before operation, but all of them were improved by operation.

Abnormal RUV was seen in 5 cases (26%) after operation but these abnormalities diminished within short term.

In present cases, both UL and FT were not modified by the operation. The chain cystourethrogramy revealed abnormal values in 52% of the cases before operation while 70% of this group were improved by operation.

No significant difference was shown depend on the way of operation.