

INTRODUCTION

Van Wyk Grumbach syndrome is a rare medical condition defined by combination of hypothyroidism, isosexual precocious puberty (with delayed bone age and lack of pubic hair) and ovarian cyst in a pre and post pubertal girl. We are reporting a case of 12 yrs. old girl presented with emergency with 3 episode of loss of consciousness, heavy menstrual bleeding and weakness.

OBJECTIVES

To identify and discuss a case of VWGS, a rare endocrine disorder and to provide treatment strategy.

CASE REPORT

A 12 yrs. old adolescent girl presented to the emergency room for heavy menstrual bleeding for 10 days with 3 episode of loss of consciousness.
M/H : menarche -9yrs
PMC – 3-4 days /45 -60 days, irregular, avg flow, no clots passage, no pain
PMC (last 2 cycle) :10 -12 days /28 -30 days
,HMB (5 pads /day), clots +, pain -

ON EXAMINATION



Height -129 cm (-2.94 SDS)

Weight -38.85 kgs (-0.3 SDS)

BMI -23.35KG/M2

Pallor ++

Generalized edema (non pitting)
dry and cold skin

SMR – P1,B4 (bilateral breast)
no axillary hair

Ext genitalia – normal female
bleeding pv +

Vitals – normal, IQ – 80

Chest / CVS - NAD

INVESTIGATION

HB – 6.3 gm% RBS 83 mg/dl

TSH ->150 Miu/L

anti TPO – 51.4 IU/m

f T4- <0.10 ng/dl

f T3 - <0.00 pg/ml

FSH – 3.03 mIU/ml

LH -<0.00 IU/L

prolactin -19.30 mcg/dl



USG pelvis – ut-NS, bilateral multicystic ovaries of 2 -9mm sizes

X RAY WRIST – Bone age 9 yrs (delayed)

USG Thyroid – normal sized with heterogenous echotexture with increased vascularity suggestive of thyroiditis.

FUNDOSCOPY – normal

PROVISIONAL DIAGNOSIS : VWGS

TREATMENT: Tab L thyroxine 25 mcg, tab norethisterone, blood transfusion

DISCUSSION – high level of TSH acting directly on FSH receptor leads to precocious puberty. Hypothyroidism leads to HMB and delayed growth.

CONCLUSION - The child was diagnosed as a case of VWGS and started on thyroxine and blood transfusion showed clinical improvement with increase in height and normal menstruation during follow up.

REFERENCE –

William books of endocrinology
<https://pmc.ncbi.nlm.nih.gov/articles/PMC3169870/>

Acknowledgement :

Dr Indira Palo