THE EVALUATION AND PRESENTATION OF A RARE CASE OF GOADAL DYSGENESIS.

ABSTRACT

A seventeen - years old woman was presented with infertility and primary amenorrhea. She had normal stature, female phenotype and normal development of breasts, external genitalia, vagina and cervix.

Pelvic examination showed a large lobulated mass. On sonography there was a mass with probable origin of ovary.

Paraxial tests were carried out. Gonadotropins were in postmenopausal limits. Alpha Fetoprotein (α-HCG) assay were normal. Laparotomy revealed a gonadal mass on right side, normal uterus and left streak gonad. Pathologic report of tumor was dysgerminoma and teratoma.

Due to pathology of tumor and Y chromosome, we advised the patient to remove the other streak gonad and have irradiation.
累积های دیس زنی

نکته کلیدی: بهترین واکنش به دیس زنی در جدایی نخستین (جدول شماره ۲) استفاده از

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<th>جدول شماره ۲: تنش خصوصیاتی</th>
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کاربواترپ بای بیمار در حال بروز می‌تواند به دیس زنی در متابولیسم لوپولول و دسته‌بندی سطحی در سمت راست نشان دهنده (شکل شماره ۱) رسم طبیعی در غدد را توضیح دهد.
مراجع


14. schlüt, S, Muller J, Raekilde P. Gonadoblastoma in 46XY gonadal dysgenesis: the significance of intra-abdominal
exploration during appendectomy.


