Pregnancy Tumors Found

Benign tumors called luteomas are sometimes found during the last three months of pregnancy, but disappear after the baby's birth

> SURGERY is rarely necessary in cases of ovarian tumors of pregnancy called luteomas, said Dr. Henry J. Norris of the Armed Forces Institute of Pathology.

"If those benign tumors reach a size to obstruct the birth canal, the baby will be born by cesarean section and the growths are removed," Dr. Norris told SCIENCE SERVICE.

In all cases, however, it is important that a biopsy, or surgical removal of tumor tissue, be performed so the pathologist can determine whether or not the tumor is a luteoma. If it is found to be this benign type it will disappear after the baby is born.

Fifteen luteomas were reported from the Armed Forces Institute of Pathology to the meeting of the American Society of Clinical Pathologists in Washington, D.C., by Dr. Norris, whose research was done with Dr. Herbert B. Taylor. Eleven of the cases were Negro, two were "uncertain," one was Japanese and one was Caucasian.

Two more cases, both Negro, were

Two more cases, both Negro, were reported at the meeting by Dr. Gerald H. Mandell, who worked with Drs. William S. Floyd, S. Leonard Cohn and Paul A. Goodman of Wayne State University and Sinai Hospital, Detroit. Although barely two dozen cases all told have been reported in medical literature, there has been an unexplained predominance of Negro women among them.

No luteomas were fully described in medical reports before 1963, but the pathology meeting was told that this type of benign tumor is more common than the few reported cases indicate.

The Detroit report emphasized that luteomas are peculiar to the last three months of pregnancy. The investigators said the tumors' growth is probably dependent on the pituitary gland's follicle-stimulating hormone.

Both the AFIP researchers and the Detroit group agreed that the tumors could be derived from luteinized theca cells, which are associated with an inner sheath of tissue that has been colored by the yellow pigment of the discharging egg. However, the Detroit

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investigators said their two cases were different.

The first case, a 20-year-old Negro woman, led them to conclude that luteomas of pregnancy were derived from the corpus lutea, or yellow mass in the ovary, formed at the site of a ruptured body in the ovary containing the egg. This woman showed masculinization with facial hair.

The second case, a 36-year-old Negro woman, caused them to decide the tumors may come from theca cells rather than granulosa cells.

Hormone stimulation caused by ovarian activity during changes in pregnancy is believed to contribute to the tumor growth.

More Gastric Acid With Duodenal Ulcers

➤ PATIENTS with duodenal ulcer have been found to have a significantly greater output of acid than normal.

Prof. A. P. Forrest of the Welsh National School of Medicine, Wales, reported that the so-called histamine infusion test was used to determine the acid output in over 100,000 patients.

acid output in over 100,000 patients. "Acid outputs in the same range have also been found in a group of patients with the symptoms of peptic ulcer and course duodenal folds demonstrated radiologically," he told the First International Congress of Abdominal Surgeons in Rome.

"The histology of the duodenum in such patients closely resembles that found in those with duodenal ulcer, and it is suggested that this syndrome merits similar treatment."

Patients with gastric ulcer, he said, have a wide range of acid output "and we have not found any correlation with site of ulcer." Those with carcinoma generally have low outputs.

