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An Sporadic Case Report of Unicornuate Uterus with Autoamputated Calcified Ovary and its Dilemma in Etiological Cause

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ABSTRACT

Incidence of Mullerian agenesis is an uncommon and along with it presence of calcified ovary is an rare anamnesis. They may be asymptomatic or symptomatic. These type of cases are mostly found fortuitously during an gynecological or obstetric surgical procedure. We report a unusual case of mullerian agenesis of class 2 with calcified ovary in an reproductive age group women during an puerperal sterilization. The patient had no menstrual irregularities, medical or surgical interventions, or difficulty in conceiving. She had delivered two normal full term vaginal deliveries without any complication. She had no renal or urinary malformations. The exact etiology remains incognito. They are two presumptions one is congenital defect and another one torsion, atretic later auto amputation of calcified ovary.

KEYWORDS : Mullerian agenesis, unicornuate uterus, calcified ovary,

Introduction

Congenital abnormalities of Mullerian ducts are uncommon occurring about 6-10% in all women. Fusion of mullerian ducts begins from midline and extend caudally and cephalad, abnormality can result at either ends. Unicornuate uterus is due to a failure of development in one mullerian duct.[1] Suggested incidence is about 1:11,240. [2]. Etiologies of anomalies remains speculative. Many authors suggest two hypothesis mostly due to congenital and other due torsion of ovarian pedicle.[3-5] they may symptomatic and asymptomatic.most of the mullerian agenesis have associated renal anomalies due to embryological reasons.

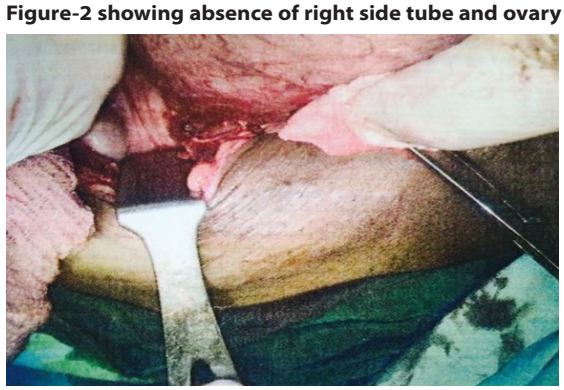
Case report

An 22 years old female P_2L_2, who had delivered second full term normal vaginal delivery two days back, was willing for puerperal sterilization. On history patient had no menstrual complaints, obstetric history revealed two spontaneous conception and full term normal vaginal delivery. Her past history in medical treatment or surgeries, family and personal history was nil significant. Her general and systemic examination was normal. On post natal day 2 patient was taken up for surgery.

Her major operative findings- left side tubes and ovary was normal, by modified pomeroys technique tubal sterilization was done. On right side, tubes could not be traced further incision was extended, an stone like structure in shape of the ovary [fig-1] was found with minimal ooze in the ovarian fossa and right sided tubes and ovaries were absent with unicornuate uterus.[fig-2] Specimen was sent for HPE. Patient withstood the procedure. Post operatively ultrasound abdomen was taken and rule out renal anomalies. HPE findings- showed intense calcification.

Figure -1 shows stone like structure in shape of a ovary

Figure-2 showing absence of right side tube and ovary



Discussion

Unilateral tubes and ovaries are very rare and incidence is very low.[2] Only few cases have been reported in literature.[7-15] Whereas asymptomatic unilateral tubes[8,16-18] and autoamputated calcified ovary[19,20,21] is an sporadic case. Unilateral tubes and ovaries may be due to two postulations mainly congenital factor and mechanical factor. Majority of asymptomatic cases are due to congenital causes, as mechanical factor will usually have symptoms. Such as acute or chronic lower abdominal pain, leading to emergency surgeries. These patients may have menstrual complaints.[] Patients with Unicornuate uterus may have recurrent miscarriages, preterm delivery, and postpartum complication due to rudimentary horn.[31] Congenital cases may be associated genetically.[1,31] Congenital Mullerian agenesis will mostly have renal anomalies associated because of their embryological in origin.[30] Cases are usually incidentally found during gynecological or obstetrics surgery.[8,] As literatures and articles strongly supports that congenital mullerian agenesis is due to development failure of one side of the mullerian duct and associated with renal anomalies.[] Auto amputated calcified ovary is yet an another uncommon case.[22-24] Primary pathology may be due to torsion of normal ovary or ovarian cyst and adnexa followed by infraction and necrosis.[25-27] It is mostly symptomatic in childhood[23-25] and incendentally found in adults[21-23] during routine pelvic examination or in antenatal scan.[26,28,29] Treatment is removal ovary by laparoscopic or laparotomy.

Conlusion

With above brief explanation of etiological causes for unilateral tubes, autoamputated calcified ovary, in my case it may be due to Adnexal torsion with subsequent infarction should have occurred in fetal life; not in childhood or adult life as patient do not have a history of acute abdominal pain. This explains their incidental finding in later life at laparotomy or laparoscopy. Fertility is not impaired in these patients. Yet presence of unicornuate uterus remains an apocryphal.

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