

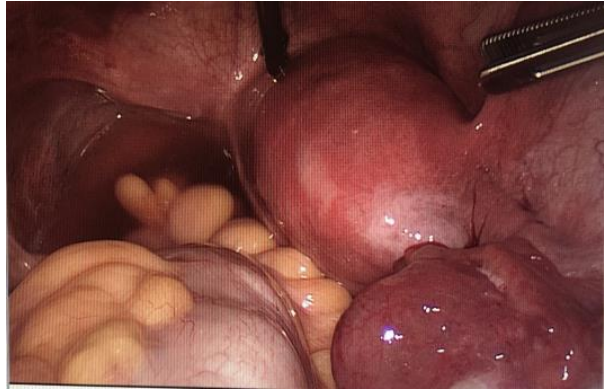
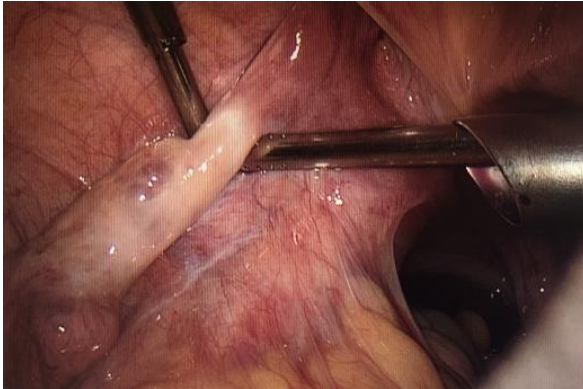
A case report of undescended left ovary with partial left fallopian tubal agenesis and right tubal ectopic pregnancy without uterine abnormality

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Introduction

The incidence of undescended ovary is 0.3–0.5% in the general population and is found to be associated with uterine anomalies. The mechanism of undescended ovary remains unclear, but previous studies indicated that it might be either because of the lack of embryological caudal descent or the incidental growth restriction of a specific portion of the genital ridge. We demonstrate a case report of a patient with intraoperative diagnosis of undescended left ovary with partial left tubal agenesis and right tubal ectopic pregnancy without uterine abnormality.

Materials/Patients and Methods

This is a case report of a 24 year old patient, IIG/IP, in the 10th week of pregnancy after normal conception complaining of vaginal bleeding and abdominal pain. The patient had a history of an uncomplicated vaginal birth and an atrophic left kidney of unknown reason. Ultrasound scan revealed a pseudosac intracavitary, a normal uterus, an inhomogeneous right adnexal mass and free fluid in the pouch of Douglas. The left ovary could not be clearly visualised. A laparoscopy was therefore indicated.

Results

Intraoperative findings included an enlarged right fallopian tube with normal right ovary, a normal uterus, free fluid in the pouch of Douglas and an undescended left ovary with a partially agenetic left fallopian tube. More specifically, the superior pole of the left ovary extended beyond the bifurcation of the common iliac artery to the ipsilateral intracolonic sulcus. The only part of the left fallopian tube present, was the fimbria, which was adjusted to the superior pole of the ovary. “Milking” technique was utilized as a tube-preserving surgery for the treatment of the right tubal pregnancy. The postoperative course was uneventful.

Conclusion

This is a case of a rare abnormality of the internal female genital organs revealed during laparoscopy for a tubal pregnancy. A laparoscopic tube- preserving approach was used and the postoperative course was uneventful.

References

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