

Congenital ovarian anomaly manifesting as extra tissue connection between the two ovaries: a first case report



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Introduction

- Congenital unilateral ovarian agenesis in a normal female is extremely rare and usually asymptomatic. It may be accompanied by ipsilateral renal or ureteric agenesis and/or ipsilateral malformation of the fallopian tube.
- In this report, we present a rare case of an unreported anomaly in which both ovaries are connected with extra tissue.

Case presentation

- Chief complaints
A 32-year-old presented with high blood pressure
- History of present illness
The primipara woman with a twin pregnancy at 36 weeks of gestation was admitted to the hospital with high blood pressure and proteinuria. The blood pressure was 160/100. Laboratory test results showed 3+ proteinuria. The pregnancy was after a successful in vitro fertilization-embryo transfer.
- Final diagnosis
Congenital ovarian anomaly manifesting as extra tissue connection between the two ovaries
- Treatment
She underwent emergent caesarean section owing to persistent headache, blurred vision, and general edema. After peritoneal incision, a thin rectangular-shaped tissue was seen in front of the uterus (Figure 1); it formed a connection between the two ovaries (Figure 2). We displaced it, incised the uterus, and delivered the fetus. After the delivery, margins of both ovaries are identified to avoid injuring the normal ovaries. Both ends of extra tissue were ligated and excised. Then the extra tissue was removed; no other abnormal findings were seen in both the ovaries and uterus.

We explore the lower abdomen as detailed as possible to check for extra ovary tissues, but there were no specific findings. Pathology results of the removed tissue disclosed a well-vascularized loose stromal tissue with few follicles and scattered luteinized cells (Figure 3).

- Outcome and follow-up
After surgery, the patient recovered and was discharged on the third postoperative day. During an outpatient follow-up after one month, the patient had no abdominal symptom and ultrasonography revealed no abnormal finding on both adnexa.

Discussion

- Several studies have reported numerous cases of ovarian anomalies including bilateral and unilateral ovary absence, accessory and supernumerary ovary. But there are no reports on cases of connected ovaries, and to the best of our knowledge, this would be the first case report.
- A tissue connection between both ovaries was discovered by chance. The extra tissue attached to an ovary may be asymptomatic and is not associated with infertility. In most cases, it may be left untreated with observation. But like in the present case, if both ovaries are connected and a rectangular-shaped tissue lies in the abdominal cavity, this extra tissue can cause pelvic adhesion or intestinal volvulus, strangulation, and torsion resulting in intestinal obstruction. Therefore, the extra tissue should be removed.
- Herein we report a case of a rare ovarian anomaly where both ovaries are connected with extra tissue. In this case, to prevent pelvic adhesion or intestinal obstruction resulting from volvulus, strangulation, and torsion, the extra tissue should be removed.

Figure



Figure 1.

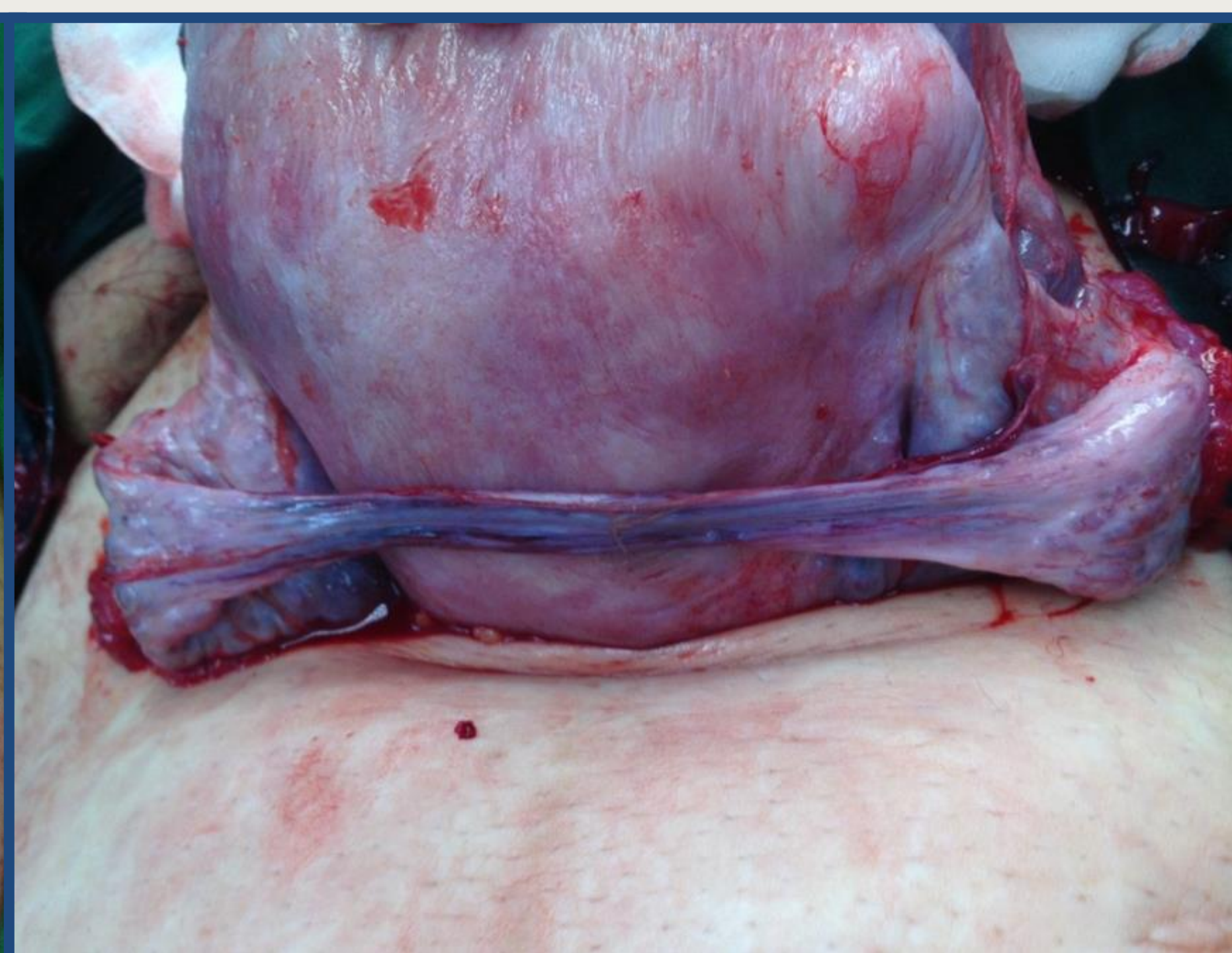


Figure 2.

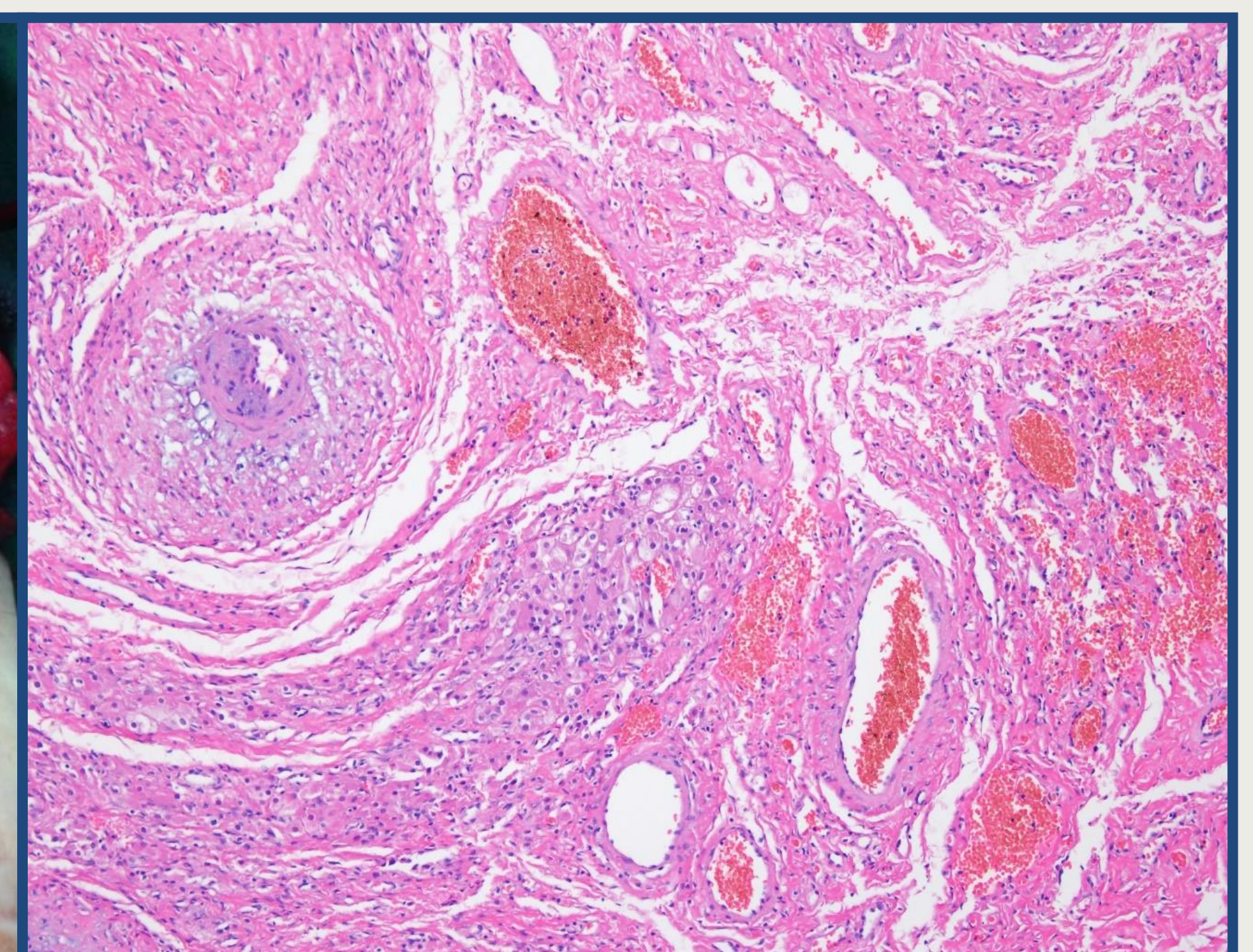


Figure 3.