

SUPERNUMERARY OVARY

(A Case Report)

by

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SUMMARY

An interesting case of supernumerary ovary which is one of the rarest gynaecological condition is reported here.

Introduction

Supernumerary ovary is one of the rarest of gynaecological conditions. This rarity is emphasized by the fact that in the entire medical literature of the world, there have been only 9 cases reported since 1890.

CASE REPORT

A 50 years old widow was admitted. Her complaints were, irregular vaginal bleeding for 1 year, white vaginal discharge for 1 year and foul smelling discharge since 3 months. On examination patient was anaemic. Rest general and systemic examination was NAD. On speculum examination blood mixed pus discharge was coming out of os. Uterus was +, retroverted and 18-20 weeks pregnant size, irregular and fixed.

Under anaesthesia dilatation of cervix was done. Length of uterus and cervix was 9 cms.

Crystalline penicillin, Chloromycetin, Ampicillin and Septran were given for 22 days. As the pus discharge continued, total hysterectomy

with bilateral salpingo-oophorectomy with removal of soft cystic mass occupying the pouch of Douglas, was carried out.

Gross—Panhistrectomy specimen with attached tumour measuring 10 x 10 x 8 cms. uterus measuring 9 x 5 x 3 cms.

Adnexa unremarkable. At the junction of the cervix with the body of uterus a tumour 5 x 4 x 3 cms. was identified. Outer surface was pinkish grey and fleshy. Attached at the same site, there was another big tumour measuring 10 x 9 x 6 cms. identified. On cutting it was pinkish grey with a central necrotic cavity, 6 cms. in greatest diameter. The cavity was communicating with uterocervical canal through an opening. The cavity was filled with chocolate coloured foul smelling fluid (Fig. 1).

Microscopic: An ovarian sclerosing stromal tumour (a variety of ovarian fibroma) was present in the retroperitoneum, outside the broad ligament, attached to isthmus of the uterus. This was obviously an ovarian tumour arising from a supernumerary ovary (Fig. 2).

Discussion

There have been 9 reported cases of supernumerary ovary. First case was reported by Winckel in 1890.

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TABLE I
Cases of Supernumerary Ovary

Author	Year	Age of patient	Situation of diagnosis	Anatomic location
Winckel	1890	77	Autopsy	Posterior wall of bladder
Falk	1891	37	Pelvic pain menstrual irregularity	Omentum
Wharton	1956	37	Pelvic pain, inter-menstrual bleeding	Right pelvic wall retroperitoneal
	1958	37	Pelvic mass	Mesentery of sigmoid retroperitoneal
Burnett	1961	—	Pelvic pain	Retroperitoneal
Pearl	1961	34	Menses after bilateral oophorectomy	Cul-de-sac
Hogan	1963	21	Left quadrant pain	Omental cyst
Pearl	1963	34	Menstrual irregularity	Cul-de-sac
Kosasa	1976	31	Menses after bilateral adrenalectomy and oophorectomy	Retroperitoneal

Various authors have attempted to classify these anomalies.

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See Figs. on Art Paper VI