FUNGAL GRANULOMA AROUND FALOPE RING—A RARE COMPLICATION OF LAPAROSCOPIC STERILIZATION

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SUMMARY

A rare case of fungal granuloma following laparoscopic sterilization in a rural camp is presented. The importance of attention to asepsis in these camps is reiterated.

Introduction

Surgical complications following laparoscopic sterilization are rare. However, those complications which lead to readmission of patients are generally serious and they should be taken into consideration in the future evaluation of the risk-benefit balance of laparoscopic sterilization technique (Chi *et al* 1984). While pelvic inflammatory disease is a recognized complication, no case of fungal granuloma around Falope ring has so far been reported.

Case Report

Mrs. S., aged 38 years, was admitted for menorrhagia of 2 years duration. She had undergone laparoscopic tubal sterilization 2 years earlier in a rural sterilization camp. Following sterilization she had developed acute pain in the right iliac fossa, and high fever during the first 48 hours of the post-operative period. The fever had subsided with antibiotics but the pain persisted. Later, she developed menorrhagia. She had 3 FTND and LCB was 6 years ago. There was no history of abortion. Her periods prior to sterilization were normal.

On examination, there was tenderness in the right iliac fossa. Uterus was retroverted, fornices were free and the cervix was normal. Total and differential leucocyte counts were within normal limits. E.S.R. was 20 mm at end of first hour.

Total abdominal hysterectomy with bilateral salpingo-oophorectomy was done under general anaesthesia. At operation, no abnormalities were detected, except for flimsy adhesions to anterior abdominal wall.

Gross examination of the specimen showed a normal appearing uterus and cervix. The left fallopian tube was of normal thickness except at the site of occlusion in the middle, where the blind ends were separated by a narrow fiblous gap. The ovary was normal and contained a corpus luteum. On the right side the ovary was normal. A nodule, 1.5 cm in diameter, was found attached to the blind end of the distal segment of the fallopian tube, the fimbrial end being normal. The proximal segment of the tube was normal and ended blindly medial to the nodule. Sectioning of the nodule exposed the Falope ring, the lumen of which was filled with black material (Fig. 1). Thick, yellowish white tissue formed a capsule around the ring.

Microscopic examination of the nodule showed a thick fibrous capsule around the central space which had been occupied by the Falope ring. The fibrous tissue was infiltrated by chronic inflammatory cells including lymphoid aggregates and foreign body type of giant cells. The space contained masses of septate fungal, hyphae surrounded by neutrophils (Figs. 2 and 3). Sections from all other parts of the hysterectomy specimen showed no abnormality.

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See Figs. on Art Paper VII