

Bilateral herniation of tubes & ovaries in inguinal canal in a case of mullerian agenesis

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Primary amenorrhoea due to Mullerian agenesis is seen in gynaecological OPDs. Though the vagina and uterus are absent in these cases, normal ovaries and fallopian tubes can be demonstrated inside abdominal cavity in their proper position. But bilateral herniation of both tubes and ovaries in the inguinal canal, presenting as oval swellings near mons pubis is extremely rare. Herewith, we are reporting one such rare case.



Fig 1 : Two bilateral oval swellings near superficial inguinal rings

agnosis - Testicular feminisation syndrome. Investigations: Routine - within normal, limits.

Buccal smear for Barr body - Present in less than 16% cells; diagnostic laparoscopy - only a horizontal ridge present in between urinary bladder and rectum. No uterus, tubes or ovaries seen.

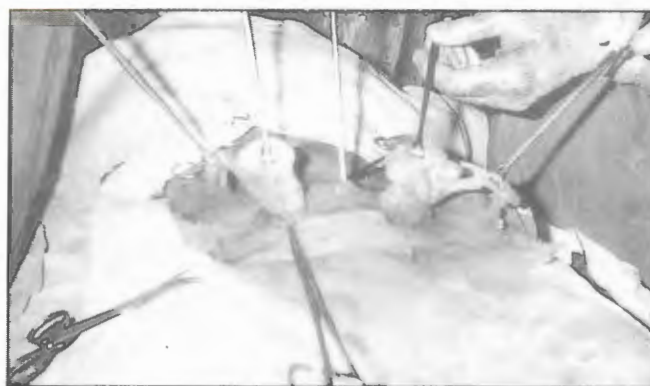


Fig 2 : Whitish gonads and fallopian tubes seen after dissection on both sides.

Case Report

Smt. Sasthi Bouri, 24 Yrs., H, M/F-1 yr., attended Gynaecological OPD of BSMCH. with C/o. primary amenorrhoea and coital difficulty. on examination - Ht-5 ft. 2 inches; Breasts - well developed; Axillary & pubic hair - normal; external genitalia - female type with only a depression of ½ inch at the site of vagina. Two bilateral oval swellings were observed in both inguinal canals near superficial inguinal rings (Fig. 1). The swellings were not tender and had restricted mobility. P/R - no uterus felt; Provisional Di-

Treatment: As the inguinal canal swelling were presumed to be male gonads, removal of them were decided first and reconstruction of vagina at a later date.

Operation note: Under G.A., transverse incision was made over the swelling on left side. After dissecting the canal one normal sized whitish gonad with fallopian tube was seen adherent with the wall and both were slightly inflamed. Then dissection of the swelling at right side by a separate incision revealed the same finding, but the structures were not adherent & inflamed (Fig. 2). So, the abdominal cavity was opened. The tube and the gonad

on right side could be mobilised and pushed through the deep inguinal ring into the abdominal cavity. They were fixed inside and the opening near deep ring was closed. The tube & gonad of left side could not be mobilised and so excised & sent for histopathology examination. Abdomen was closed in layers.

Histopathology report : Normal structure of ovary & fallopian tube.

Follow up : She had uneventful post operative period and for the last 1½ yrs., she had no complaints and no evidence of hormonal deficiency. As the patient refused to

undergo another operation, vaginal reconstruction could not be done. She was advised to use graduated glass dilators with unsatisfactory result.

Conclusion

The testes are more commonly seen undescended and lying in the inguinal canal due to failure of gubernaculum to bring it down. But the ovaries at this site are very very rarely observed, though it is theoretically possible by the pull of gubernaculum. Therefore such herniation particularly in a case of mullerian agenesis is astonishing and worth reporting.