

Symptomatic Mullerian Duct Anomaly:

Case Report Dr Sean T.R. Adcock, M.D.

39 yo ♀ G0 first presented to the department with a concern of a complex right ovarian mass with elevated pre-ROMA (28.1%) with known Mullerian duct abnormality. A planned laparoscopic cystectomy for USS diagnosis of 4cm right adnexal mass found no ovarian pathology but noted a right uterine bud ~5cm size and an atrophic left uterine bud. Further detail from an MRI revealed a Mullerian duct anomaly with two widely spaced uterine buds. The right uterine bud, which is located adjacent to the right ovary, contained a 40mm fibroid. A 2nd stage operative approach included a left salpingectomy, right salpingo-oophorectomy and Excision of Right Uterine Horn.

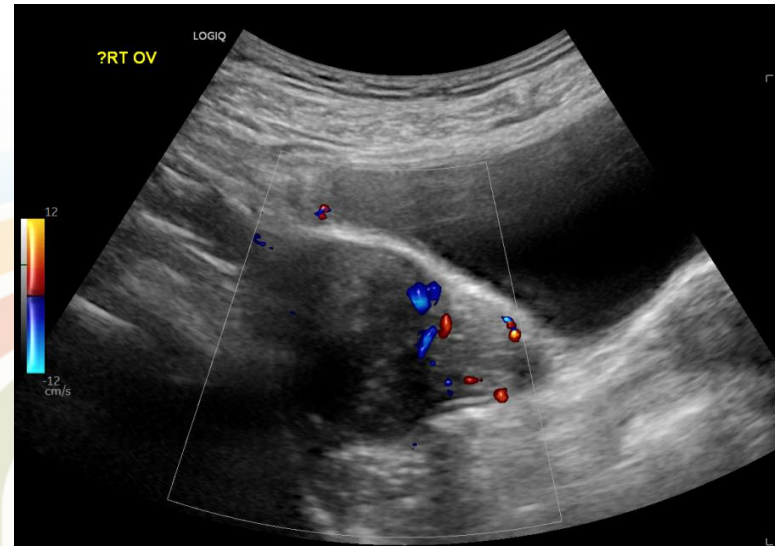


Image 1: Left Adnexal with left ovary and appearance of a left ovarian remnant



Image 2: Intra-operative photo capturing right ovary with uterine remnant.

Take Home Messages

- Müllerian anomalies are prevalent in 5.5 percent of the community.
- Large variations which are classified by American Society for Reproductive Medicine.
- High rates of concurrent renal anomalies

People suffering with Müllerian agenesis may present with pain, abnormal vaginal bleeding, and/or infection. This may also include a history of haematometra, haematocolpos, or recurrent miscarriage if female anatomy is relatively developed. The gold standard of diagnosis is MRI but ultrasound can be used as a cheaper and relatively available alternative. The American Society for Reproductive Medicine's created the Müllerian Anomalies Classification 2021 [1]. Using this system, the patient was suffering with Müllerian Agnesis with right and left atrophic uterine remnant. The prevalence of congenital uterine anomalies is 5.5 percent [2]. And an occurrence of renal anomalies with congenital uterine anomalies is common with 20 to 30 percent of people with a Müllerian anomaly suffering from a renal anomaly.[3]

References;

- [1] The American Fertility Society classifications of adnexal adhesions, distal tubal occlusion, tubal occlusion secondary to tubal ligation, tubal pregnancies, müllerian anomalies and intrauterine adhesions. Fertil Steril 1988; 49:944.
- [2] Chan YY, Jayaprakasan K, Zamora J, et al. The prevalence of congenital uterine anomalies in unselected and high-risk populations: a systematic review. Hum Reprod Update 2011; 17:761.
- [3] Lin PC, Bhatnagar KP, Nettleton GS, Nakajima ST. Female genital anomalies affecting reproduction. Fertil Steril 2002; 78:899.