

Incidental Unilateral Tubal Absence Detected During Caesarean Section: Report of a Case

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Unilateral tubal absence is a rare clinical condition with unknown etiology and probable causes are adnexal torsion, ischemia, birth defects and infection. In the literature there is limited data and only few case reports about this disease. Therefore we aimed to evaluate the clinical characteristics of an incidental unilateral tubal atrophy case during caesarean section that can be considered for publication.

Key Words: Tubal absence, Unilateral, Incidental, Caesarean section

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Introduction

Unilateral tubal absence is a rare clinical condition with unknown etiology and probable causes are adnexal torsion, ischemia, birth defects and infection. The incidence is reported to be about 1/11240.^{1,2} Congenital defects in the development of the Mullerian and mesonephric systems have also been reported to have a role in the etiology.³ In the literature there is limited data about this clinical condition and it is generally detected incidentally during other surgical procedures.^{2,3}

In this report, we aimed to report the clinical characteristics of an incidental unilateral tubal atrophy case detected during caesarean section that can be considered for publication.

Case Report

A 42 years old (G2, P2) women with an intrauterine 40 weeks of pregnancy admitted to our obstetrics clinic with rupture of membrane compliant. She had no previous surgery before. After hospitalization, her examination showed 3 cm of cervical dilatation and meconium stained amnion fluid. On ultrasound examination a live singleton fetus with an estimated fetal weight of 4500 grams was detected. A non stress test result was referred to fetal distress and after the informed consent of the family we performed caesarean section to the patient. Because the patient wanted family planning we also planned bilateral tubal ligation. Left tubal ligation performed

and when we investigated the right adnexa we observed a normal ovary. The right uterine tube was absent and through tubal trace there was a bullous lesion that was bleeding by hand contact and probably related to the pelvic infection. Tubal site was rudimentary (Figure 1).



Figure 1: Bullous contact hemorrhagic lesions on cornual site that is thought to be secondary to pelvic infection

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Discussion

In this current report, we evaluated our case underwent caesarean section in our clinic for fetal distress indication. During caesarean section we detected an incidental unilateral tubal absence. The exact cause and incidence is unknown and in the literature there are few case reports about this pathology. The etiologies are reported to be adnexal torsion, ischemia,

birth defects and infection with an incidence of to be about 1/11240.^{1,2} Adnexal torsion was one of the primary causes of tubal absence and reported to be both during fetal period⁴ and childhood.⁵ In another case report, Mylanos et al⁶ told that vascular accident may also be a cause of tubal absence. Muppala et al⁷ also reported that tubal and ovarian absence may be together with other organ anomalies such as renal anomalies. Our case had no previous surgery, pelvic pain history and any renal system anomaly. Different from the other cases we think that our case had a pelvic infection and due to this she had tubal atrophy.

Uckuyu et al.³ reported four cases of this anomaly and three of their cases were primary infertility and one had acute pelvic pain. The case reported by Pabuccu et al² had also no pelvic pain and detected tubal and ovarian absence during laparoscopy infertility investigation. Unlike these cases our case was a fertile woman and tubal absence was encountered during caesarean section, so unilateral tubal absence is not a unique feature for primary infertility and it can also be seen among fertile women.

In conclusion, unilateral tubal absence is a very rare condition and the possible causes may be congenital or acquired. The acquired causes are usually known to be as a consequence of adnexal torsion and vascular accidents. Furthermore, to our knowledge there is no case report on infection induced adnexal atrophy in the literature. Finally pelvic infection is a rare cause of unilateral tubal absence that can also be seen among fertile women.

Sezaryen Esnasında Tesadüfi Olarak Saptanan Unilateral Tubal Yokluk: Olgu Sunumu

Unilateral tubal atrofi nedeni bilinmeyen ve nadir görülen bir anomalidir, muhtemel nedenleri adneksiyal torsiyon, iskemi,

doğumsal defektler ve enfeksiyondur. Literatürde bu klinik durum ile ilgili kısıtlı data olmakla birlikte sadece birkaç adet olgu sunumu mevcuttur. Bu nedenle kliniğimizde sezaryen esnasında tesadüfi olarak saptanan unilateral tubal atrofi olgusunun sunumu amaçlanmaktadır.

Anahtar Kelimeler: Tubal yokluk, Tek taraflı, Tesadüfi, Sezaryen

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