

Supernumerary Ovary Imitating Inguinal Mass: A Case Report

INGUINAL KİTLEYİ TAKLİT EDEN SÜPERNÜMERİK ÖVER

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SUMMARY

Back ground: The supernumerary ovary is a rare gynecologic anomaly. We present a patient who has been operated for inguinal mass.

Case: A 22 year old woman was found to have palpable left inguinal mass and tenderness during her physical examination. The patient underwent the operation with the diagnosis of inguinal hernia. After the operation, the pathologic examination result was ovarian tissue.

Conclusion: This anomaly is rare. They can also undergo neoplastic transformation. It's diagnosis is difficult and if suspected, pathologic examination must be made.

Key Words: Supernumerary ovary, Ectopic ovary

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The supernumerary ovary is a rare gynecologic anomaly, in 1: 29000-700.000 gynecologic admission (1). Ovarian tissue is found distant from the normally located ovaries and is capable of normal ovarian function. There have been 15 reported cases of supernumerary ovaries since the first description in 1890 (2). Five of these cases were associated with neoplasms arising in the ectopic ovaries.

CASE REPORT

During examination, A 22 year old women, gravida 0, was found to have a palpable left inguinal mass approximately 2x1 cm in size and tenderness she had been treated by gynecologist with antibiotics and analgesics as she suffered from inguinal lymphadenitis. But there was no response to the medication in ten days. We investigated because of her inguinal mass. The internal genital organs were found to be normal during routine gynecologic examination. The patient re-

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ÖZET

Tanım: Supernumerik över nadir bir jinekolojik anomalidir. Biz inguinal kitlesi için opere edilen bir vaka sunduk.

Vaka: 22 yaşında kadın hastada fizik muayenesi sırasında sol inguinalde kitle ve hassasiyet bulundu. Hasta inguinal herni teşhisi ile opere edildi. Operasyondan sonra patolojik incelemede över dokusu tespit edildi.

Sonuç: Bu anomali nadirdir. Neoplastik transformasyon ile sonuçlanabilir. Teşhisi güçtür. Eğer şüphe edilirse patolojik tetkik yapılmalıdır.

Anahtar Kelimeler: Supernumerik over, Ektopik over

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ported regular menses. Inguinal ultrasonography revealed a solid mass 2x1 cm in size. The remainder of physical examination was unremarkable. Routine hematologic and biochemical tests were normal (ie: complete blood count, blood glucose, hepatic and renal functional tests). The patient underwent an operation with the diagnosis of inguinal hernia. At the operation, we couldn't find any hernial sac. A smooth surfaced, white coloured 2x1 cm in size cystic mass with solid areas was noted through the anterior leaf of the broad ligament. Following the extirpation of the mass, as a result of the pathologic examination there was ovarian tissue which contains primary and secondary follicles and the ovarian stroma. After this, pelvic USG revealed that both the ovaries were normally localized. Thus supernumerary ovary was diagnosed she had normal menstrual function and the secondary sex characteristic were female in type. Therefore cytogenetic and endocrinologic examination were not performed.

DISCUSSION

Ectopic ovarian tissue is classified as either supernumerary or accessory. In 1959 Whorton, after a through review of the literature and embryology, established criteria for differentiating accessory ovaries from

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supernumerary ones (1). An accessory ovary is situated near or direct communication with a normally located ovary, whereas a supernumerary ovary is entirely separated from the normal ovary. Both types of ovarian anomalies contain the functional ovarian tissue.

The embryologic origins of accessory and supernumerary ovaries are also different. Normal ovary develops due to gonadocytes migration from the yolk sac endoderm to the germinal ridge via the dorsal mesentery (3,4). Accessory ovaries arise from a splitting of the developing ovarian primordium on the germinal ridge and are supplied by vessels continuous with those of the normally located ovaries, appearing as a web of vessels along the mesovarium. The supernumerary ovary, unlike the accessory ovary, arises from an anlage separate from that of the normally located ovary. It probably develops from a transplantation of germinal ridge tissue (s) or an early disruption of gonadocyte migration through the dorsal mesentery, accounting for its location in the greater omentum (1,5,6). As a consequence of arise from a separate anlage, the supernumerary ovary will have a blood supply independent of the normally placed ovaries.

In 1890 Winchel published the first case report on a supernumerary ovary, noted on incidental autopsy finding (1). Since that report there have been a total of 14 additional reported cases (2).

Supernumerary ovaries are capable of normal ovarian function. They can also undergo neoplastic transformation. In the five previously published cases of neoplasia arising in a supernumerary ovary, benign cystic teratomata were found in three, and a mucinous cystadenoma in the fourth and a serous cystadenoma in the fifth (6-9). A tumor arising in a supernumerary ovary is rare and therefore presents a diagnostic dilemma when encountered. There are no reported cases of malignancy. That routine removal is unwarranted. The management of the supernumerary ovary with or without neoplastic transformation should not differ from that of normally located ovarian tissue.

The differential diagnosis must include hydrosalpinx, ectopic pregnancy, paraovarian cyst, pedunculated leiomyomata uteri and parasitic tumors of the internal genitalia or inguinal hernia as in our case. Pelvic

examination may be helpful but not enough. In 1990 D H. Reed et al. published a report on an ectopic ovary associated with absent uterus and pelvic kidney (9). In this case she had an irreducible left inguinal hernia. At the operation the left ovary and the tubal were found adjacent to the hernial sac and remnant placed in the abdominal cavity. Ultrasound didn't exhibit the position of the left ovary. Pelvic CT showed a small soft tissue mass in the left iliac fossa. Therefore ultrasound can distinguish a mass other than the normal ovary. It cannot differentiate between a supernumerary ovary and other conditions with similar sonographic findings. Laparoscopy can be used to establish the diagnosis of supernumerary ovary, if suspected (2). It must be concluded that supernumerary ovaries remain undiagnosed at a higher incidence than those recognized.

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