Letter to the Editor

# Inevitable Removal of Left Accessory Ovary

Dear Editor,

We read the article published in the *Gynecology and Minimally Invasive Therapy* journal entitled, "Inevitable removal of left accessory ovary," by Tantitamit *et al*.[1] with great interest. The article by Tantitamit *et al*.[1] is an interesting, well-designed article, discussing an important subject.

Tantitamit *et al*.[1] mentioned that the accessory ovary is an extremely rare gynecologic condition, with a reported incidence of 1/93,000. Tantitamit *et al*.[1] defined the supernumerary ovary as entirely separated from the normal ovary, and is located at a different position, whereas the accessory ovary is defined as excess ovarian tissue that is situated near the normal ovary, which may or may not connect to it.[2,3]

We agree with Tantitamit *et al*.[1] that the supernumerary and accessory ovaries are rare gynecologic conditions, but we presume that the incidence is somewhat different than that mentioned by Tantitamit *et al*.[1] In addition, it is better to define the ectopic, accessory, and supernumerary ovaries separately, according to the number and location of ovaries.

Nishio *et al*. reported that the supernumerary and accessory ovaries are rare conditions that occur in 1 in 29,000 and 1 in 700,000 gynecologic hospital admissions.[3]

In addition, it is better to define the ectopic, accessory, and supernumerary ovaries separately, according to the number and location of ovaries as follows:

Ectopic ovary was suggested by Lachman and Berman,[4] to replace both the terms supernumerary and accessory ovaries. It describes any ovarian tissue additional to the normal ovaries. Lachman and Berman[4] suggested that ectopic ovary may be further subclassified as follows: (a) postsurgical implants; (b) postinflammatory implants; or (c) true (ectopic) ovarian tissue.[4]

Supernumerary ovary is defined as an ovarian tissue entirely separated from the normally placed ovary. There is no ligamentous or direct connection with the ovaries, the broad ligament, the utero-ovarian ligament, or the infundibulopelvic ligament, and it arises from a separate primordial remnant.[2]

Accessory ovary is defined as an excess ovarian tissue that is situated near the normally placed ovary. It may be connected to the normally placed ovary, and it seems to have developed from it, possibly from the tissue that was split from the embryonic ovary during its development.[2]

In addition, autoamputation of the ovary was first reported by Sebastian *et al*. in 1973.[5] There is a consensus that autoamputation occurs after adnexal torsion.[3]

We would recommend the authors to clarify the actual incidence of the supernumerary and accessory ovaries. In addition, we would like to know the authors` opinion regarding the definition of ectopic, accessory, and supernumerary ovaries according to the number and location of ovaries.

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## Conflicts of interest

There are no conflicts of interest.

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