

Inevitable Removal of Left Accessory Ovary

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A 45-year-old woman presented with a history of abnormal uterine bleeding. Transvaginal sonography and hysteroscopy demonstrated the enlarged uterus with an anterior submucosal myoma. Laparoscopic hysterectomy was scheduled. During the surgery, an enlarged uterus over pelvic brim with both normal adnexal was identified. There was a 2 cm × 3 cm structure resembling ovarian tissue located on the left side of the posterior wall of the uterus [Figure 1]. It connected to the epiploic appendices of sigmoid by a thin strand of ligamentous adhesion proximally and acquired blood supply through a ligament-like conjunction to the uterus. Although an accessory ovary was impressed, resection of which was inevitable to avoid ischemia and performed along with the uterine specimen. Final histology revealed corpus luteal cyst, confirming the diagnosis of an accessory ovary.

Accessory ovary is an extremely rare gynecologic condition, with a reported incidence of 1/93,000, and usually detected incidentally.^[1] Differentiation needs to be made from supernumerary ovary, which is entirely separated from the normal ovary and is located at a different position. However, 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] It seems to have developed from the tissue that was split from the embryonic ovary during its development. Most case reports describe the sizes of accessory ovaries are less than 1 cm.^[1,4] Our case is unique in approximate equal size and shape of a normal ovary. Congenital gynecological and renal anomalies are associated with accessory ovary in one-third of patients.^[2,5] Extragonadal ovarian tumor has been reported. Most of the cases originated from autoamputated mature cystic teratoma. Yazawa *et al.* reported a case of ovarian

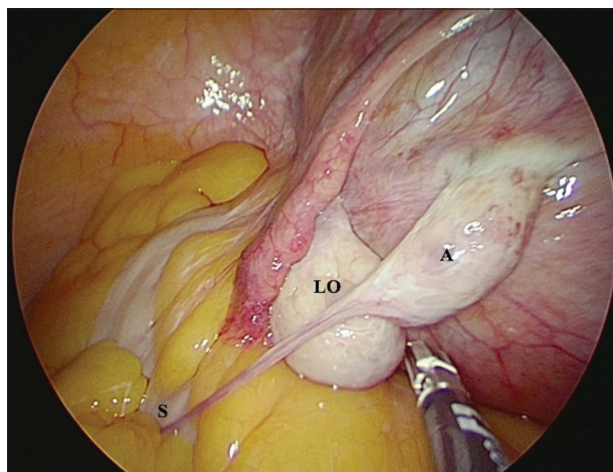


Figure 1: Laparoscopic view of the left accessory ovary with adhesion to sigmoid. A: Accessory ovary, LO: Left ovary, S: Sigmoid

fibroma adherent to the sigmoid colon originated from an autoamputated ovary.^[6]

The accessory ovary has potential to be preserved under well recognition of this anomaly and an instant frozen biopsy.

Ethical approval

This study was approved by Institutional Review Board of Chang Gung Medical Foundation (IRB number: 202000220B0). Waiver of informed consent was approved by the IRB.

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Conflicts of interest

There are no conflicts of interest.

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