

Letter to Editor

Ovarian agenesis – A rare condition

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Dear Editor

We read in this Journal the case study by Abdulkaki M and colleagues, about incidental left adnexal agenesis found at cesarean in a 23-year-old primigravida.^[1] She developed preeclampsia in 34 weeks of pregnancy, when abdominal imaging evaluation was unremarkable. Her management included dexamethasone for fetal lung maturity plus antihypertensive medicine; she left the hospital against medical advice, without recommendations for a cesarean delivery.^[1] After two days, she had hypertension (250/150 mmHg), headache, and blurring of vision, well controlled by Hydralazine and magnesium sulfate.^[1] During her cesarean procedure, the normal right ovary, fallopian tube, and broad ligament, and total agenesis of the left adnexa were found.^[1] The role of total pelvic structures evaluations by routine pelvic ultrasonography in nonpregnant and pregnant women to discard a case of adnexal agenesis was commented on.^[1] The following comments on novel literature data aim to highlight the role of the first reference.^[2,3] A 31-year-old G3P1+1 patient at near 5 weeks of gestation presented with pain in the left iliac fossa, and the diagnoses based on ultrasound were heterotopic pregnancy and a left hematosalpinx; the laparoscopy confirmed the incidental absence of the left ovary and fallopian tube, besides an anembryonic pregnancy that was managed by the evacuation.^[2] After three months of specialized follow-up, she had a normal conception with an unremarkable gestational course, confirming the good outcome of adequate treatment.^[2] The authors emphasized the rare case that may be mistaken as a heterotopic pregnancy, mainly when normal gynecological anatomy is not confirmed by images; besides, early laparoscopic evacuation of retained products of conception is warranted.^[2] This uncommon malformation was described in a 12-year-old

patient with episodes of longstanding cyclic pelvic pain, and presenting a recent exacerbation.^[3] The images of pelvic Digital 3D computed tomography (CT) showed unilateral absence of the ovary and fallopian tube, and a rudimentary horn uterus.^[3] She underwent a laparoscopic resection of the left rudimentary horn uterus and left fallopian tube, with a total resolution of her cyclic lower abdominal pain.^[3] The case study focused on the role of Digital 3D CT in the diagnosis of Müllerian malformations, revealing the anatomical findings utilized for surgical planning, besides the patient's counseling.^[3]

In conclusion, even single case reports can contribute to enhancing the suspicion index of healthcare workers about uncommon entities, favoring early diagnosis and prompt management.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation: The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

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