

Hemorrhagic Necrosis of the Right Uterine Tube and Ovary

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History

Newborn with prenatal diagnosis of cystic abdominal mass.

Diagnosis

Hemorrhagic Necrosis of the Right Uterine Tube and Ovary

Additional Clinical

Diagnosis confirmed at surgery/pathology.

Discussion

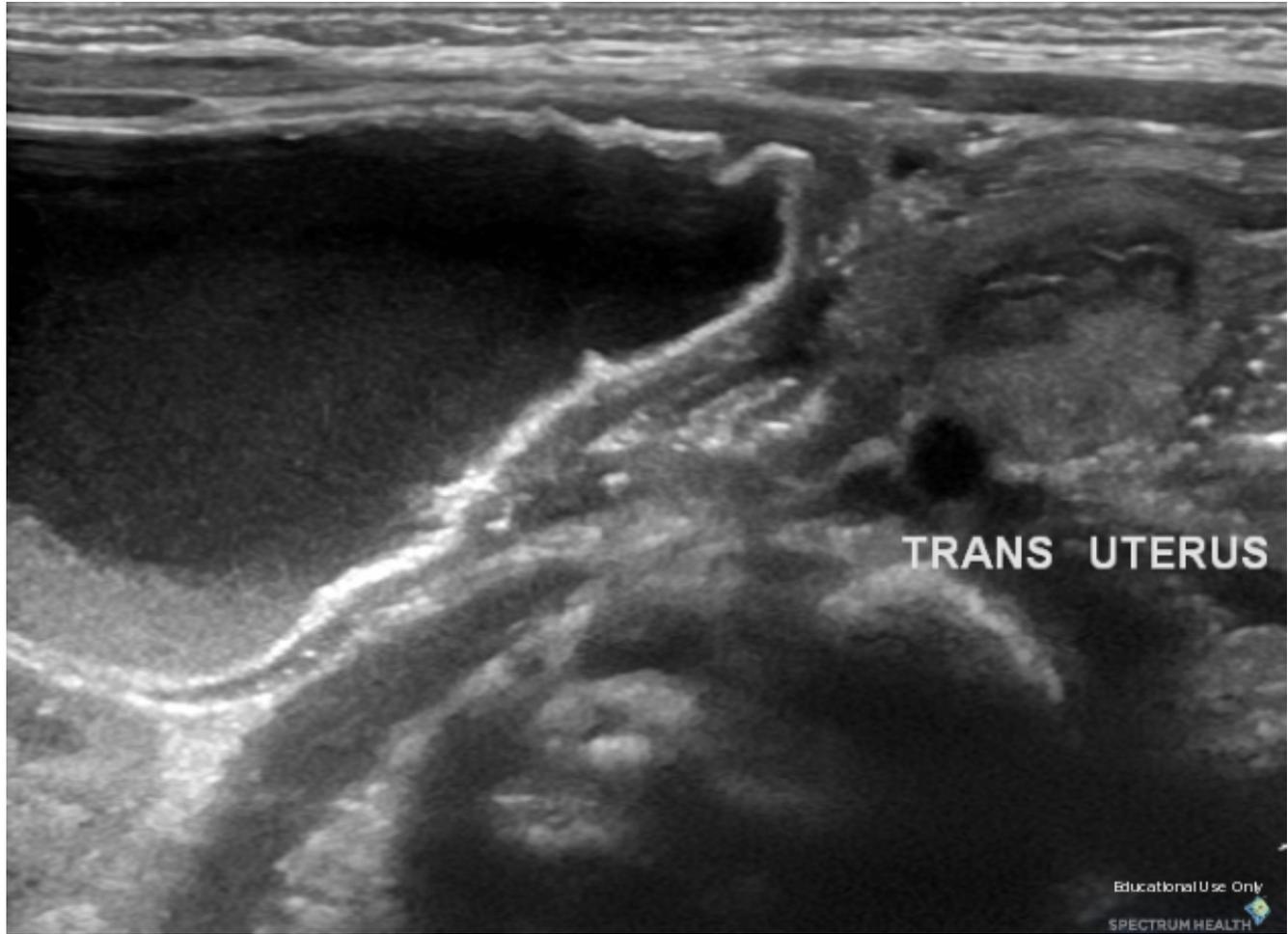
This case at first glance is difficult: 1) extrapelvic location of the mass, 2) laminar mural differentiation, 3) patient age, and 4) fluid-debris level. The right uterine tube and ovary are more mobile; the left uterine tube and ovary are partially stabilized by the sigmoid mesentery. Laminar mural differentiation is commonly attributed to bowel and bowel duplications but the uterine tube also has laminar differentiation. Ovaries can be difficult to visualize in the newborn but usually because of bowel gas or an extra-pelvic location. Ovarian volume is fairly constant prior to puberty, usually 1 cc. Functional cysts occur in neonates related to maternal stimulation; the limited space of the pelvis and "mobility" of the adnexa contribute to abdominal migration. Fluid-debris level is fairly specific for ovarian torsion but should also include duplication cyst because of the abdominal location.

Findings

US-Extrapelvic avascular right-sided cystic mass with laminar mural differentiation and fluid-debris level. The uterus and left ovary were normal.

Reference

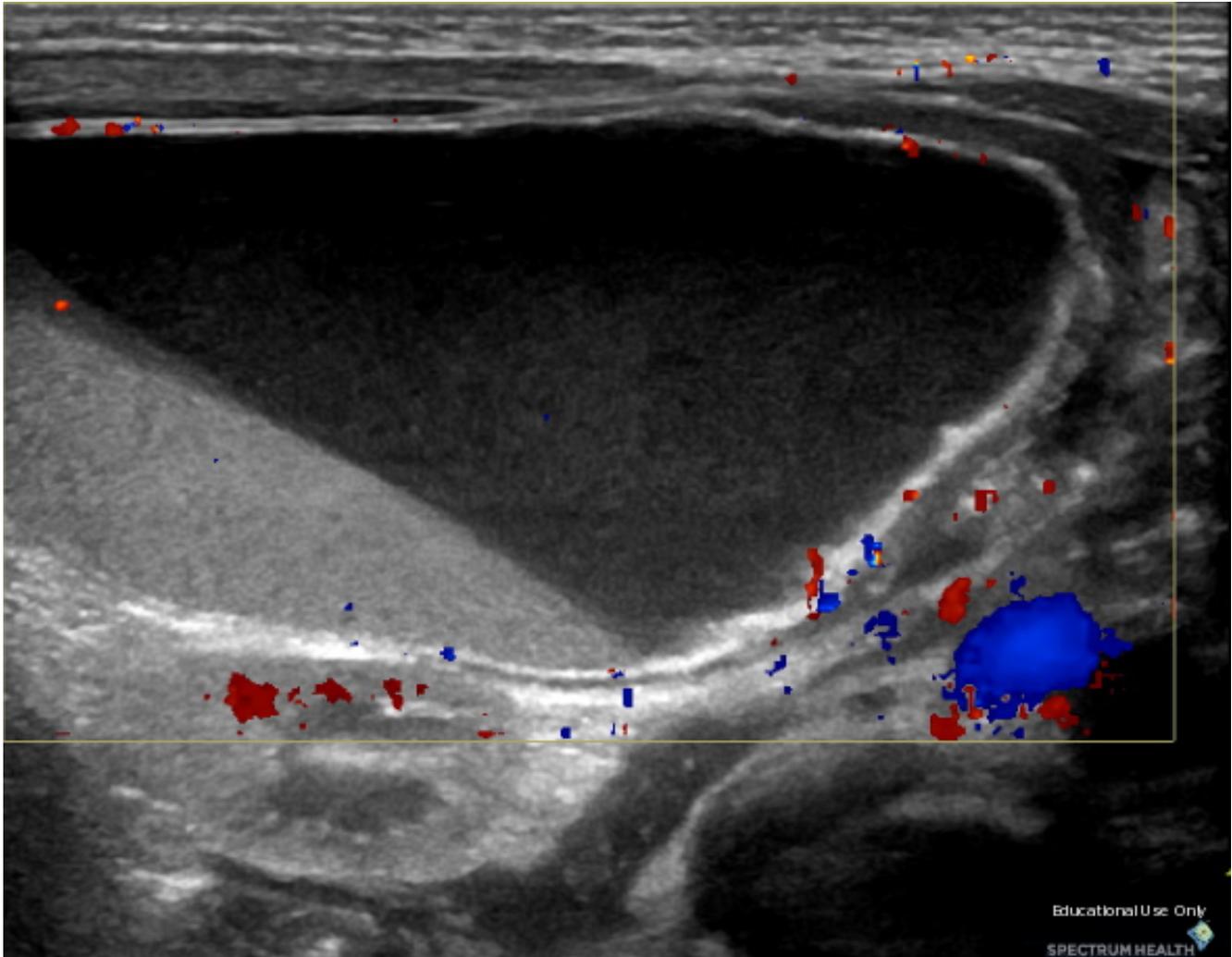
Mordehai J, Mares J, Barki Y, et al. Torsion of the uterine adnexa in neonates and children: A report of 20 cases. J Pediatric Sur (1991); 26: 1195-1199.



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