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Case Report

A Case of Congenital Segmental absence of Fallopian Tube

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ABSTRACT:
Isolated congenital segmental absence of fallopian tube is very rare. We report a case where partial absence of unilateral fallopian tube was incidentally diagnosed during cesarean delivery. It was not associated with any other abnormality in uterus, adnexa or genital system. Developmental mechanism could be torsion or vascular event, or a developmental defect in mullerian or mesonephric ducts.
Key words: Caesarean; fallopian tube; segmental; torsion.

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INTRODUCTION:

Congenital missing segment of fallopian tube is a very rare entity with few cases reported in literature so far. We report a case of segmental absence of fallopian tube with no associated malformations in urogenital system.

CASE REPORT:

30 yr old Gravida 4 with history of three first trimester abortions presented to our institute with uncomplicated pregnancy of 36 weeks gestation. She had a married life of 9 years with no previous viable birth but she had not been evaluated for infertility or recurrent abortions. She had premature rupture of membranes at 39 weeks gestation. Labour was induced with prostaglandins and female baby weighing 3.0kg was delivered by cesarean section done for fetal distress. During cesarean, right sided fallopian tube was found to be absent in its medial 1/3 segment while lateral segment was normal (fig 1). Uterus, left fallopian tube and both ovaries were normal. Both kidneys were normal. There were some adhesions on posterior surface of uterus, possibly related to previous pelvic infection. There was no evidence of endometriosis. Patient recovered well and was discharged on third postoperative day.

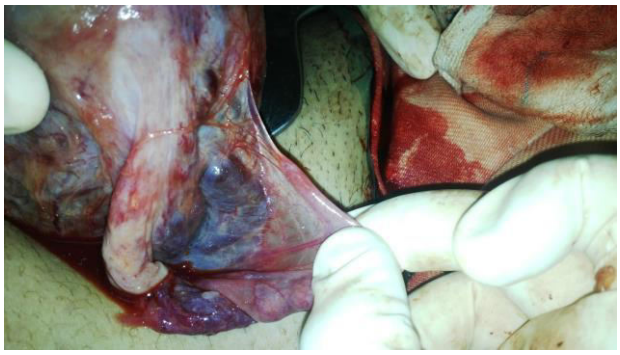

Figure 1: Photograph showing absent medial segment of fallopian tube with normal uterus, ovary and rest of fallopian tube.

DISCUSSION:

Congenital fallopian tube anomalies include accessary ostia, multiple lumina, accessory tube, duplication and complete or segmental deletion. Mullerian anomalies have been estimated to have a prevalence varying from 1-15% of which tubal anomalies constitute a rare minority. Two developmental mechanisms have been suggested for tubal anomalies[1]:

1. Torsion and subsequent absorption of the segment or any other vascular insult.

2. Defect in the development of mullerian ducts or mesonephric system.

Torsion of mesosalpinx can lead to avascular necrosis, autoamputation and subsequent absorption of the concerned segment. A vascular event can also lead to similar symptoms. Adnexal torsion in adult life or childhood presents as abdominal pain, nausea and vomiting. Symptoms may be mild or absent when torsion occurs during pregnancy. Asymptomatic adnexal torsion occurring during infancy and fetal life has been reported.
Our patient did not have any history of abdominal pain with vomiting but torsion or vascular event in early life cannot be ruled out.
Unilateral fallopian tube anomalies may also originate from a segmental developmental defect in mullerian or mesonephric duct on one side. These developmental defects are more likely to be associated with uterine or renal anomalies. This mechanism is less likely in our patient because of isolated nature of anomaly.

Almost all fallopian tube abnormalities are diagnosed in patients being evaluated for primary infertility.[1,2,3] It has been suggested that abnormality in fallopian tube may interfere with motility and function of the other tube. Our patient also had subfertility, confirming previous findings. She also had recurrent early abortions whose association with this anomaly requires further investigation.

CONCLUSION:

Isolated congenital segmental absence of fallopian tube is a very rare entity. Most common association is with infertility. Developmental mechanism could be torsion or a vascular event although congenital developmental defect cannot be excluded.

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