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Uterus with Huge Uterine Fibroids: Is there an Alternative to the Use of Power Morcellation in Laparoscopic Surgeries?

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ABSTRACT

Introduction: Power morcellation is used to fragment uterine tissue in laparoscopic hysterectomy and myomectomy. However, uncontained morcellation spreads tissue which can lead to parasitic leiomyomata and upstaging of leiomyosarcoma. It has caused controversy in the United States which led to medical litigation; an undiagnosed sarcoma was morcellated causing dissemination to the peritoneal cavity. It has led to the FDA issuing a warning on its usage in laparoscopic surgeries. **Case Report:** 49-year-old woman, presented with abdominal distension and menorrhagia for four years. She had 28 weeks size fibroid whereas ultrasound showed multiple uterine fibroids, largest measuring 10cm. We downsized the fibroids to 22 weeks size using GnRH analogue. TLHBSO performed and due to the sheer size of the uterus, we were forced to remove it in smaller fragments. We developed a technique, 'powerless morcellation', where an incision is made over the suprapubic region and a blade with long handle is introduced into peritoneal cavity under direct visualization. Uterus brought towards the blade and cut into three spiral fragments which were removed through the vault opening. **Discussion:** Power morcellation works in rotating movement where specimen could spin 'violently' if not done correctly, risking the possibility of dissemination. This could be prevented with the usage of the cost-effective, powerless morcellator where the cutting is controlled by the operator; with the downfall of slower learning curve, like any other laparoscopy skill. **Conclusion:** Hence, powerless morcellation is still feasible for a uterus with huge fibroids as it is more cost effective and minimises the risk of dissemination.

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Not all Phenotypic Males have XY Karyotype: A Case Report of 46 XX Male with Primary Infertility

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ABSTRACT

Introduction: The main factor regulating sex determination of an embryo is the sex-determining region Y (SRY), a master regulatory gene located on the Y-chromosome. The presence of SRY causes the bipotential gonads to differentiate into testes. 46 XX in male is rare (1:20,000 males) and SRY positivity is responsible for their condition in approximately 90% of subjects. External genitalia of 46 XX-SRY+ve males appear as normal male genitalia and such cases are diagnosed when they present with small testes and/or infertility after puberty. **Method/Case Presentation:** We report a case of a 32-year-old man presented as a couple being referred for primary infertility. His semen analysis showed azoospermia. He has normal male phenotype with complete masculinization. He had low testicular volume 3cc bilaterally. His hormones level consistent with primary testicular failure. Chromosome studies reported 46XX with SRY translocation at distal end of P arm of one X. **Discussion/Conclusion:** This case if one of the rare cases reported in the literature. It hopes to highlight the value of genetic screening in male with non-obstructive azoospermia whose phenotype does not always concur with the genotype.