

## Coexisting pathology of unruptured ectopic pregnancy with concurrent ipsilateral dermoid cyst: A rare occurrence

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### ABSTRACT

**Case Description:** A 29-year-old, Gravida 1 Para 0 presented at the hospital with a 5-week history of amenorrhea, abdominal pain, and vaginal bleeding. Transvaginal ultrasound revealed 3 pathologic findings: Tubo-ovarian complex on the right adnexa, a complex mass indicative of an unruptured ectopic pregnancy, and right ovarian new growth probably endometrioma. A pelvic laparotomy was done and histopathologic findings revealed a tubal pregnancy and mature cystic teratoma of the right ovary. **Discussion:** This case report demonstrates the importance of considering the coexistence of different gynecologic pathologies in the same patient and the clinical importance of an accurate diagnostic evaluation.

## Atypical presentation and delayed diagnosis of Herlyn-Werner-Wunderlich syndrome: A case report and literature review

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### ABSTRACT

**Background:** Mullerian duct abnormalities are not uncommon. However, Herlyn-Werner-Wunderlich syndrome (HWWS) is a rare and complex abnormality that proves to be a diagnostic challenge. It is characterized by the classical triad of uterine didelphys, obstructed hemivagina, and ipsilateral renal anomaly, also known as OHVIRA syndrome. **Case Description:** A 25-year-old lady presented with prolonged foul-smelling vaginal discharge. Menses was regular with normal flow. A vaginal examination revealed fullness in the left adnexa. The cervix was normal. Ultrasound showed a left adnexal mass. Computed tomography imaging of the abdomen and pelvis revealed two uterine cavities. There was a large cystic lesion at the level of the cervix with communication to the uterine cavity, raising the possibility of obstruction. A single right kidney was present. HWWS was diagnosed. The patient underwent diagnostic laparoscopy, examination under anaesthesia and excision of vaginal septum. She was well at 6 weeks and 3 months follow-up. **Discussion:** HWWS is due to the absence or injury to one of the mesonephric ducts during embryogenesis. The inducing function of the normal mesonephric duct is responsible for uterine fusion, development of the vagina, and formation of the upper urinary tract. Patients present after menarche with diverse symptoms. Consequently, diagnosis and treatment are often delayed. Awareness of Mullerian duct abnormalities and a high index of suspicion are vital. Magnetic resonance imaging is the gold standard for the evaluation of HWWS. Surgical excision of the septum is the mainstay of treatment. Timely treatment reduces complications that can impair fertility.