

## **ULTRASONOGRAPHIC APPEARANCE OF FALLOPIAN TUBE IN A TRUE HERMAPHRODITE**

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The authors describe the case of a 10-years-old boy with left cryptorchidism, tricuspidal atresia, inter-atrial defect, pulmonary outlet obstruction. He underwent surgical correction of the cardiac defect at the age of 2 1/2 years and his growth and development had been otherwise unremarkable.

Inguinal and scrotal ultrasound performed elsewhere before admission showed a normal right scrotal testis (26 x 9 mm) and the left testis (20 x 9 mm) located at the inguinal region.

At left orchidopexy the testis showed an abnormal contour: a yellowish protrusion, harder than the testis was present at its upper pole. It was 2 x 2 mm in diameter, with irregular margins; biopsies were taken from the lesion. The epididymis was normal and no other abnormal findings were noticed neither müllerian structures were found at exploration.

The histological examination of this structure revealed ovarian tissue.

Karyotype showed 46,XX complement; pelvic ultrasound and micturating cystourethrogram were normal and no müllerian remnants were identified at retrograde urethrogram. Renal ultrasound revealed normal findings.

Ultrasound examination of the contralateral gonad was performed before surgical exploration: adjacent to the gonad another striped solid structure was evidenced with curved shape, and decreasing caliber. A small amount of fluid was present between the two structures.

Two months later the patient underwent complete excision of the ovarian portion of the left ovotestis and exploration of the right hemiscrotum. At surgery another ovotestis was found on the right with the same characteristics as the left one except for the epididymis which was separated from the testis. Moreover the structure adjacent to the testis proved a fallopian tube and was excised together with the ovarian portion of the right ovotestis.

One year after surgery physical examination was unremarkable and scrotal ultrasound showed a 20 x 12,7 mm gonad on the right side and a 13 x 9,6 mm gonad on the left. The follow up extended for 5 years was unremarkable.

The diagnosis of true hermaphroditism can be obtained only by histology of the gonads. The condition can be suspected at birth in the presence of ambiguous and asymmetrical genitalia associated to 46,XX karyotype, which is the most commonly found.

When a normal male genital phenotype is present at birth, true hermaphroditism must be suspected if bilateral gynaecomastia or cyclic haematuria are observed at puberty.

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