

Laparoscopic marsupialization of a symptomatic infected pelvic lymphocele

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ABSTRACT

Introduction: Pelvic lymphocele is a common complication of pelvic or para-aortic lymphadenectomy. The incidence is small but 4-35% of them are symptomatic. Drainage by the Interventional Radiology team is feasible for large lymphoceles but for small, deep-seated lymphocele in the depth of the pelvis, a laparoscopic approach is more pragmatic. **Case Description:** We present a case of early-stage ovarian cancer which underwent complete surgical staging but this was complicated by a delayed infected lymphocele after the first cycle of chemotherapy. In view of the difficult location, a laparoscopic marsupialization of the lymphocele was done. **Discussion:** The method, adhesiolysis and identification of important landmarks are demonstrated in this video.

Turner syndrome with a missing uterus: A case report

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ABSTRACT

Introduction: Turner syndrome is a chromosomal anomaly affecting 1 in 2,500 of female births where one X chromosome is missing or partially missing. Primary amenorrhea in Turner syndrome is due to gonadal dysgenesis. Mullerian agenesis is a congenital malformation of the Mullerian ducts resulting in the absence or atresia of the vagina or uterus or both with an incidence of 1 in 4,500-5,000 females. Any association between the two would be an extremely rare occurrence. **Case Description:** We present a case of a now 26-year-old adult with Turner syndrome who was referred for gynaecology consultation at age 18 by the endocrine team for primary amenorrhea despite hormonal therapy since the age of 14. Initial pelvic imaging by ultrasound was inconclusive. She responded to hormonal therapy as evidenced by the maturation of the tanner staging of her breasts and pubic hair. However, never developed menstruation nor did pelvic scans show any growing uterus. Therefore, a pelvic MRI was performed due to suspicion of concomitant Mullerian anomaly which revealed the absence of the uterus and ovaries. Hence, it was concluded that she had two different pathologies resulting in her primary amenorrhea. **Discussion:** In this rare occurrence of Turner syndrome with Mullerian agenesis, hormonal therapy is beneficial for the development of secondary sexual characteristics, cardiovascular health, and bone protection. However, induction of menses and the possibility of carrying her own biological child would be impossible. Further management of her care would include managing any comorbidities and improving her quality of life.