

LETTERS TO DIRECTOR/EDITOR

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The study of vasa deferentia is important.

Dear Director,

This letter wants to stress some questions about the histological study of vasa deferentia after vasectomy. Sometimes, histological diagnosis differs from surgical criteria driving to unpleasant situations that can be avoided by having the tissues obtained evaluated by the pathologist (1-2).

We can show multiple examples, as the double vas deferens already illustrated in this section. Now, we report a case of supposed double vas deferens not confirmed in the histological study.

The surgeon found two firm cords in the left side, compatible with two vasa deferens, one of them shorter and thinner. They converged in the deferential bulb, parallel to the spermatic cord (Figures 1-2). Both of them were tied, excised and remitted for histologic study.

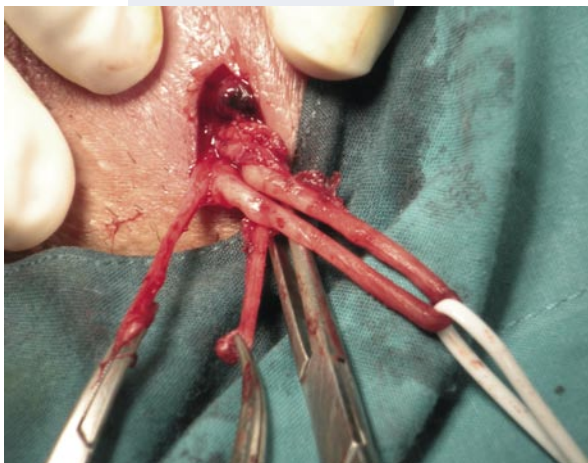


FIGURE 1. False duplication of vas deferens.
Macroscopy.

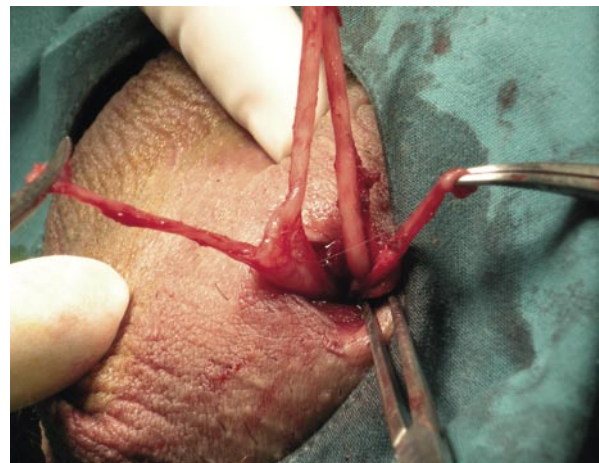


FIGURE 2. False duplication of vas deferens.
Macroscopy.

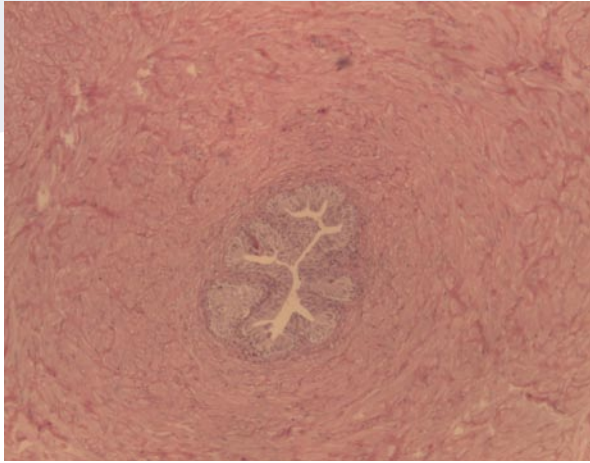


FIGURE 3. Vas deferens without histological alterations. HE 20x

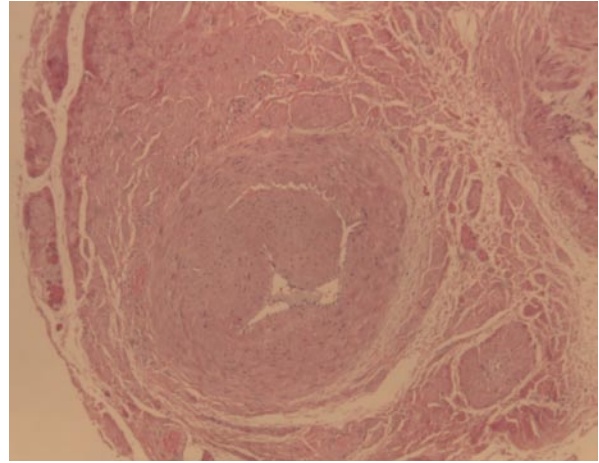


FIGURE 4. Venous vas (supposed third vas deferens). Histological image. HE. 20x

Diagnosis: two vasa deferens and one venous vas (supposed third vas deferens) all of them without significant histological alterations (Figures 3-4).

Nowdays we must avoid the risk in clinical actions with legal implications. Not remitting vasa deferetia after vasectomy for histological confirmation has high risk. Histological confirmation of vas deferens is simple and permits us doing an easy differential diagnosis limiting the mentioned risk.

REFERENCES

1. Damle S, Corten CC, Moore EE. Double trouble: duplication of vas deferens encountered during inguinal hernia repair. *J Am Coll Surg* 2005; 201(1): 141.
2. Binderow SR, Shah KD, Dolgin SE. True duplication of the vas deferens. *J Pediatr Surg* 1993; 28(2): 269-70.

NOTA DEL EDITOR:

Coincido totalmente con los autores y creo que TODOS deberíamos seguir su prudente consejo.

E. Pérez-Castro Ellendt.