



## Isolated Congenital Bilateral Absence of Vas Deferens (CBAVD): A Diagnostic Dilemma and Rare Anomaly

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### Keywords

Congenital Bilateral Absence of Vas Deferens (CBAVD); Azoospermia; Trans Rectal Ultrasound Scan (TRUS); Scrotal exploration

### Clinical Image

Congenital Bilateral Absence of Vas Deferens (CBAVD) is an uncommon anomaly that contributes to male factor infertility. Almost all of these patients have bilaterally absent seminal vesicles. It is rare to encounter that patients were found to have bilaterally absent ejaculatory ducts and have bilaterally present seminal vesicles. Clinical examination or scrotal imaging is often unhelpful and misleading in the patients having isolated congenital bilateral absence of Vas deferens. Surgical exploration remains the only option for the diagnosis of these patients. A 39-year old male presented with an 8-month history of primary infertility. History and clinical examination were unremarkable. The physical examination had reported clinically palpable vas deferens. Seminal examination showed normal volume fructose-positive azoospermia. Hormonal profile including prolactin, LH and FSH were normal but serum testosterone was mild below the normal range (3.0 ng/ml). A Trans Rectal Ultrasound Scan (TRUS) (Figure 1) showed bilateral presence of seminal vesicle. Under the impression of obstruction in the seminal tract, scrotal exploration + vasography were planned. At exploration, left vas deferens aplasia with blindly ending tail (Figure 2) and right vas deferens totally absent were found. The testis biopsy showed numerous normally looking

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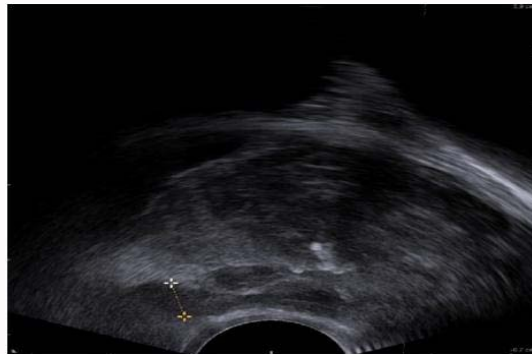


Figure 1: A Trans Rectal Ultrasound Scan (TRUS) showed bilateral presence of seminal vesicle.

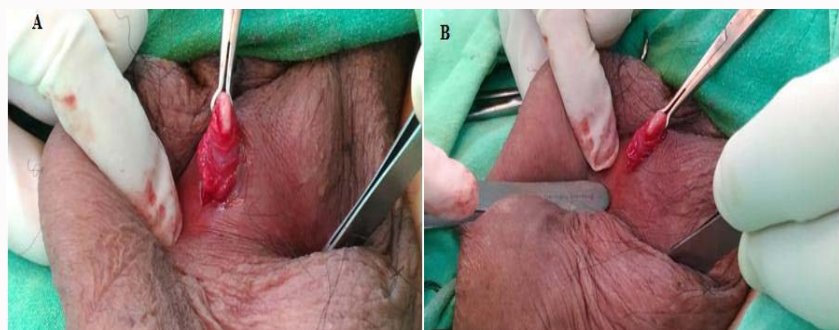


Figure 2: A) Aplasia of vas deferens with blindly ending tail (front view) and B) Aplasia of vas deferens with blindly ending tail (lateral view).

sperms. Subsequently the patient was offered intra-cytoplasmic sperm insemination. Isolated Congenital Bilateral Absence of Vas Deferens (CBAVD) is a rare anomaly that contributes to male factor infertility.

Clinical examination and scrotal imaging are often misleading in these patients. Still, surgical exploration remains the only option for the diagnosis of these patients.