

A Rare Case of Patent Canal of Nuck: Case Report

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Citation: Mehreen Altaf, Saira Waheed. A Rare Case of Patent Canal of Nuck: Case Report. *Int Clin Med Case Rep Jour.* 2023;2(17):1-2.

Received Date: 19 November, 2023; **Accepted Date:** 21 November, 2023; **Published Date:** 23 November, 2023

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INTRODUCTION

The canal of Nuck is an abnormal patent open pouch of the peritoneum extending into the labia majora of women.

Keywords: Pregnancy; Female; Baby

CASE REPORT

30 -year-old, female in her 3rd pregnancy , previously had 1 normal vagina delivery& 2nd delivery by caesarean section was very keen for VBAC in her 3rd pregnancy. Overall, pregnancy was uncomplicated apart from macrosomic baby. At 36+4 weeks attended obstetrics triage with spontaneous rupture of membrane, she was admitted for observations & foetal monitoring, antibiotics were commenced & bloods done which were normal. Vaginal examination after 24hr showed cervical dilation of 2cm so planned to augment with syntocinon, epidural opted for pain relief. Instrumental vaginal delivery done due to maternal exhaustion, had 1st degree perineal tear which was sutured with vicryl rapide with estimated blood loss of 1 litre, indwelling catheter inserted. However, within 24hr , the patient reported severe discomfort in vulval area. On examination, bilateral grossly labial swelling which was exquisitely tender. However, hematoma was not excluded due to severe pain. A plan was made for EUA to exclude hematoma / no surgical intervention required. EUA was unremarkable But, the patient had persistent complaints of severe vulval pain due to which she was unable to mobilise well. Further examinations revealed increase in extensive dependent vulva, severely tender to touch. Observations & bloods remained normal during that time along with continuation of analgesia & antibiotics but no improvement in swelling & pain noted. However, a senior consultant reviewed & concluded that it was collection of fluid in the labia majora & minora around vagina which suggested Patent Canal Of Nuck which had allowed normal tissue fluid to collect in labia majora & minora. Treatment suggested regular analgesia, with firm support of undergarment & elevation of pelvis with firm pillow/ towels above her head, sudocrem was prescribed to decrease friction between labia & thighs. With these simple measures, swelling started to resolve within 48 hr.

DISCUSSION

Now this is the case of a patient, who presented with extensive vulval swelling which was extremely tender to touch after forcep delivery. Delay in diagnosis & treatment can not only effect psychological well being of a women but also women may experience severe distress due to pain, immobilisation due to pain & anxiety due to unable to care of new born baby.

This case was highly emphasise that after excluding other cause of vulval swelling, important to consider about rare diagnosis of patent canal of nuck.

Here, I would like to focus upon the exclusion of other causes of vulval swelling, important to advise simple measurements including pelvic elevation helps the women to reduce swelling.

CONCLUSION

It is vital for obstetrics physician to have a sound knowledge of different presentations of vulval swelling, as clinical presentation is the basis of diagnosis.

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