Article published online: 2021-04-10

Embolization of Right-sided Varicocele Associated with Situs Inversus Totalis

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We present an 18-year-old male patient known case of situs inversus totalis [Figure 1] who presented with isolated right-sided varicocele. Semen analysis showed oligospermia (5 million/ml) with decreased motility 40%.

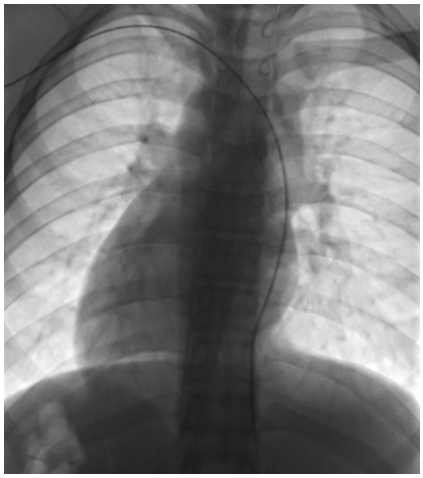

Figure 1: Chest radiograph during the embolization procedure from the right brachial access vein showing dextrocardia and a catheter traversing the left-sided superior vena cava

Through right brachial vein access, the right internal spermatic vein draining into the right renal vein [Figure 2] was cannulated and embolized with multiple coils and sodium tetradecyl sulfate (STS) 3% (1 STS: 4 air foam). Isolated right varicocele is rare representing <2% of cases and should prompt evaluation for underlying retroperitoneal pathology or anatomical variants such as situs inversus or inferior vena cava anomalies. In patients with situs inversus, the "right" internal spermatic vein anatomy is mirror of the left in normal population, and the "left" vein drains directly into the vena cava. Infertile patients with isolated right varicocele and situs inversus should be screened for cilia motility disorders such as Kartagener syndrome before attributing infertility to varicocele.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

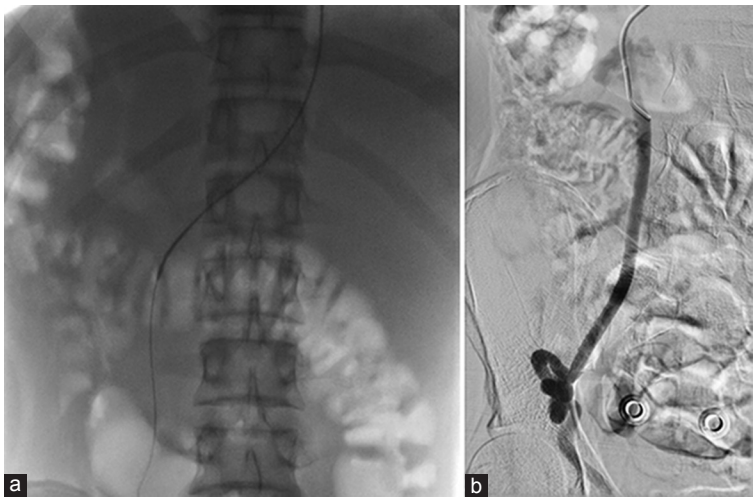

Figure 2: (a) Abdominal radiograph showing a catheter and wire engaged into the right renal vein and the variant course of the right internal spermatic vein. (b) Digital subtraction venography showing prominent tortuous right internal spermatic vein before embolization

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Access this article online

Website: www.arabjir.com

DOI: 10.4103/AJIR.AJIR_18_17

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How to cite this article: Alrehaili BM, Almoaiqel M. Embolization of right-sided varicocele associated with situs inversus totalis. Arab J Intervent Radiol 2017;1:83.