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Ultrasound diagnosis and laparoscopic management of torsion of a pedunculated uterine fibroid at 22 weeks of gestation

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Introduction

Uterine fibroids are common in pregnancy, but torsion of a pedunculated fibroid is a rare complication that may present with acute abdominal pain and mimic other surgical emergencies. Ultrasound plays a key role in suggesting the diagnosis and guiding management.

Due to persistent pain and suspicion of torsion, the patient underwent laparoscopic surgery, which confirmed torsion of the pedunculated fibroid (figure 2). Surgical management was successfully performed with favorable maternal outcome.

The pregnancy continued without further complications

Case

We report a case at 22 weeks of gestation presenting with acute pelvic pain. Ultrasound examination demonstrated a pedunculated subserosal fibroid attached to the uterus by a narrow stalk. The lesion appeared enlarged, heterogeneous, with cystic areas, suggestive of ischemic changes. Color Doppler revealed absence of intralesional vascularization, supporting the diagnosis of fibroid torsion (figure 1). No adnexal pathology was identified.

Conclusion

This case highlights the importance of recognizing key ultrasound features of fibroid torsion, including heterogeneous echotexture and absent Doppler flow. In selected cases, laparoscopic management during pregnancy is feasible and safe, allowing symptom resolution and continuation of pregnancy.

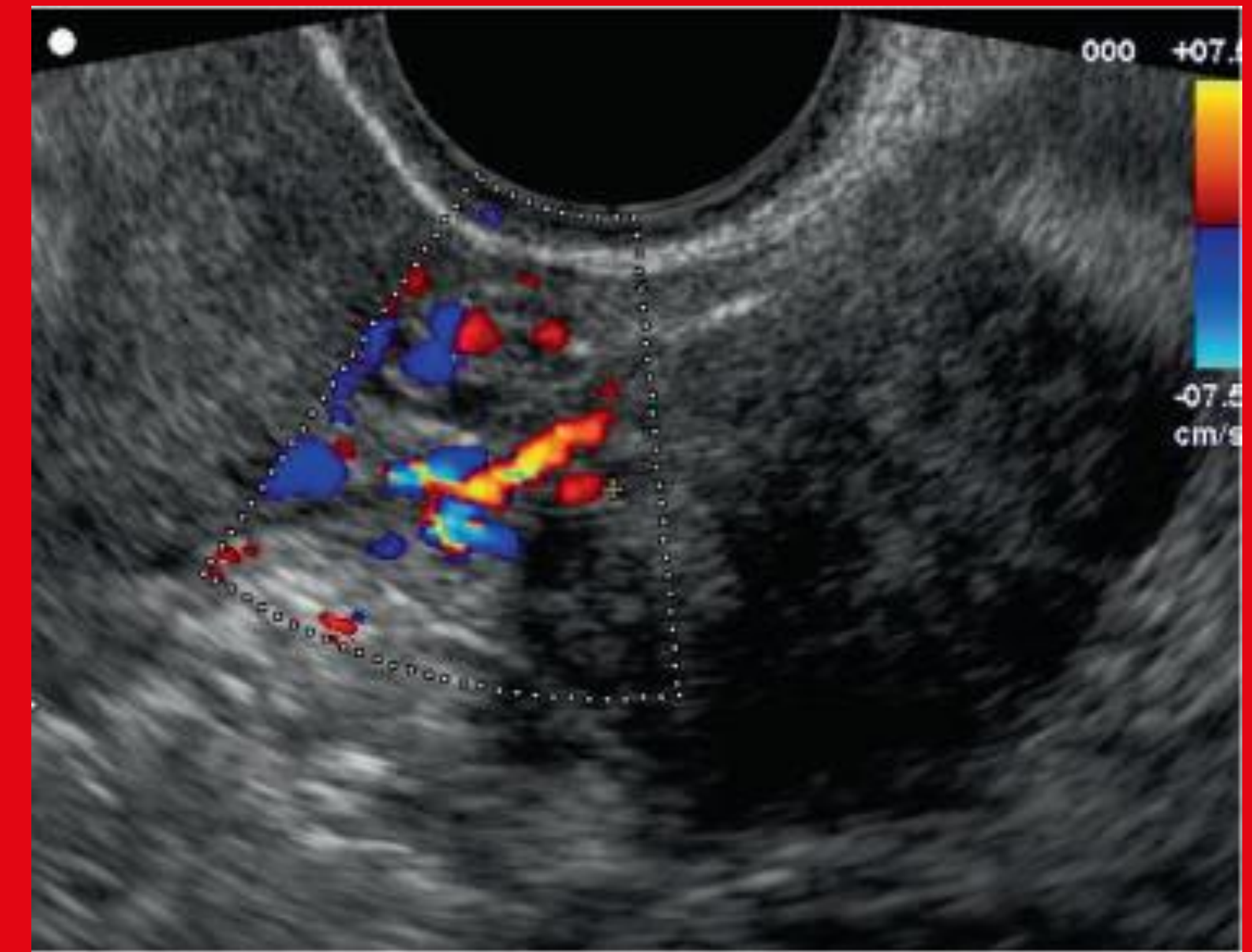


Figure 1 : ultrasound

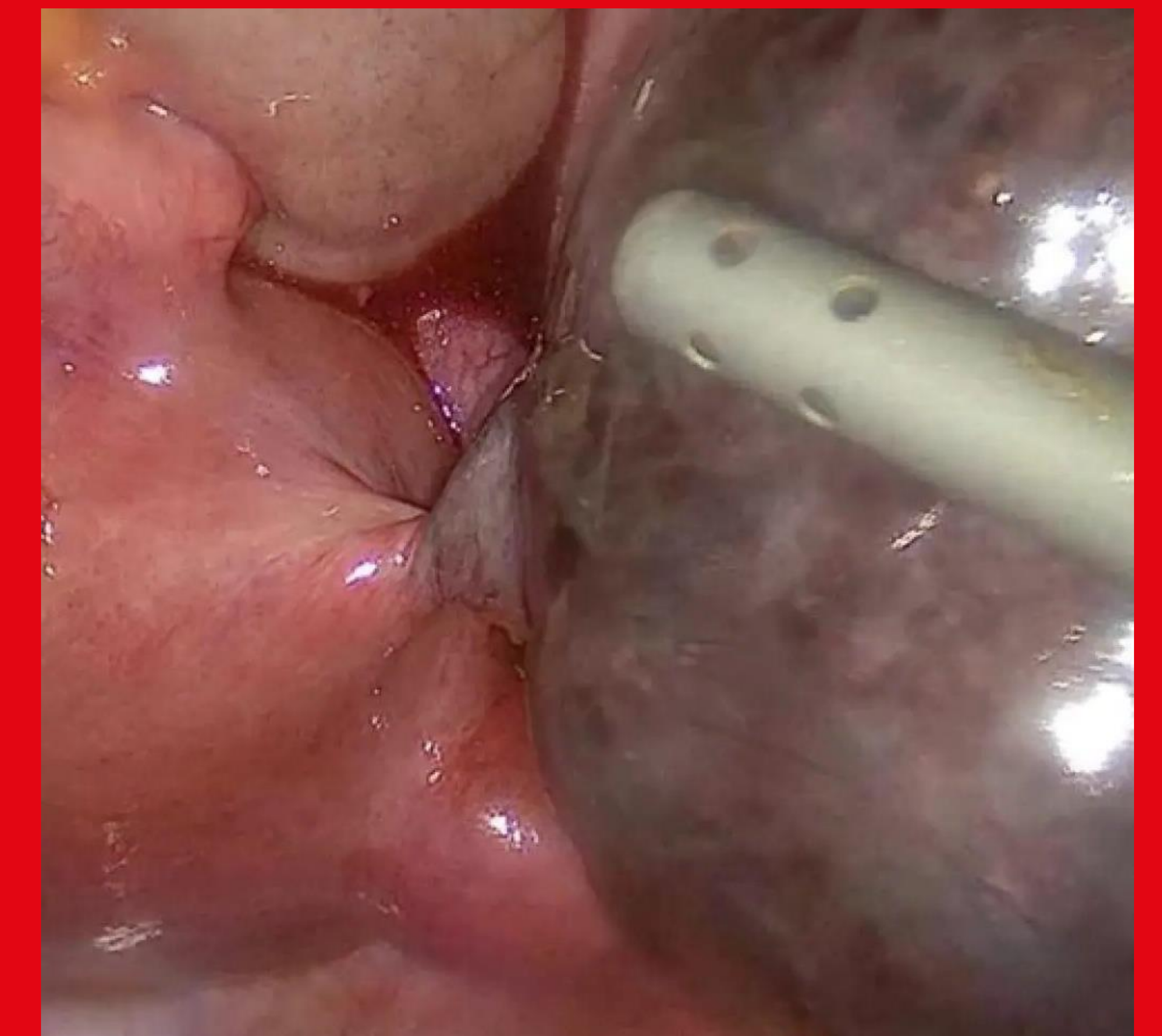


Figure 2: laparoscopic view