

EP18.26. Case series on ovarian torsion in children and adolescents: diagnostic and management challenges

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We present 4 patients aged 13–26 years illustrating the spectrum of torsion-related presentations: Doppler-positive suspected torsion, suspected torsion in a large adnexal cyst, and recurrent torsion.

Case 1

A 26-year-old woman presented with 4 days of worsening right-sided abdominal pain. Ultrasound showed an enlarged ovary (62×43×31 mm) with surrounding fluid; Doppler flow was preserved. Laparoscopy confirmed torsion, and detorsion was performed, highlighting that normal Doppler does not exclude torsion (a).

Case 2

A 15-year-old girl presented with 7 days of pain. Imaging revealed a 7 cm adnexal cyst suspicious for torsion. Given the spontaneous resolution of pain, she was managed conservatively with hormonal therapy and follow-up. She returned 10 weeks later with the recurrence of the abdominal pain. Ultrasound showed a 5 cm cyst. Surgery confirmed torsion, managed with cystectomy.

Case 4

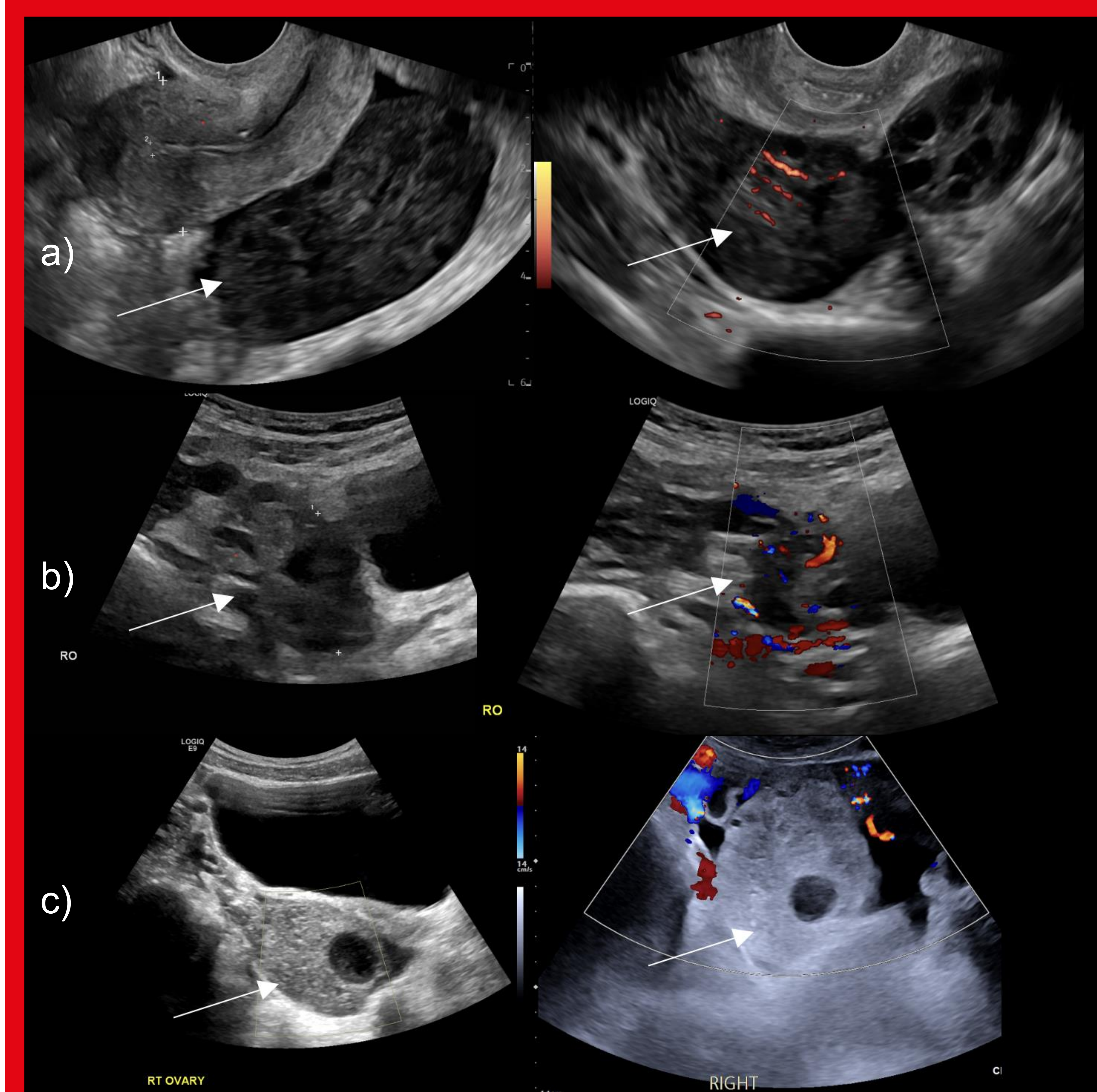
A 14-year-old with recurrent torsion despite depot medroxyprogesterone underwent repeated detorsion and eventual oophorectomy. Despite severe torsion, ovarian viability was preserved, supporting conservative management (c).

Case 3

A 13-year-old with recurrent torsion underwent multiple surgeries including oophorectomy and oophoropexies. Persistent recurrence due to ovarian mobility required ligament shortening. She remains stable with preserved ovarian function, emphasizing tailored surgical strategies (b). an adjunct and not the definitive diagnostic tool.

Conclusion

Overall, these cases highlight diagnostic challenges and limited reliability of imaging. Adolescents are particularly vulnerable due to ligamentous laxity. Ultrasound imaging, although extremely valuable in the assessment of suspected torsion should only be used as an adjunct and not the definitive diagnostic tool.



a) Arrow showing torted and enlarged right ovary with preserved Doppler flow.

b) Arrow showing torted and enlarged right ovary with preserved Doppler flow.

c) Arrow showing torted and enlarged right ovary with negative Doppler flow.