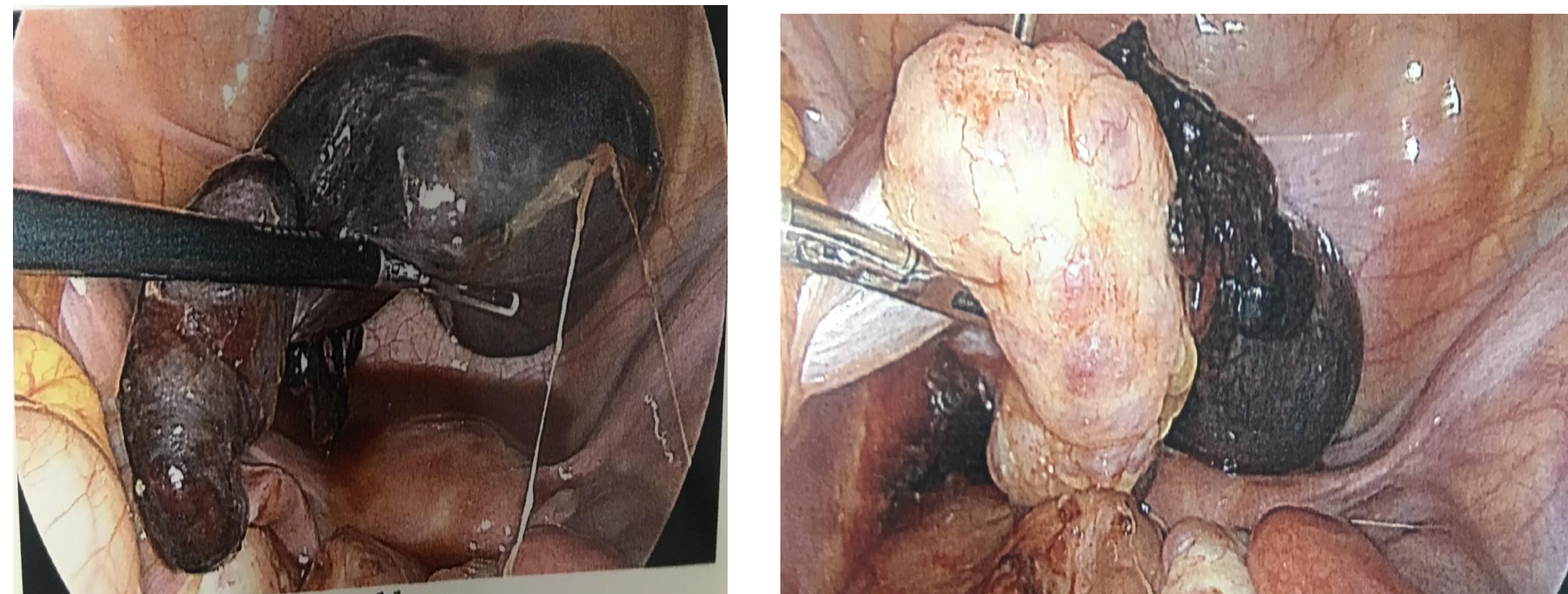
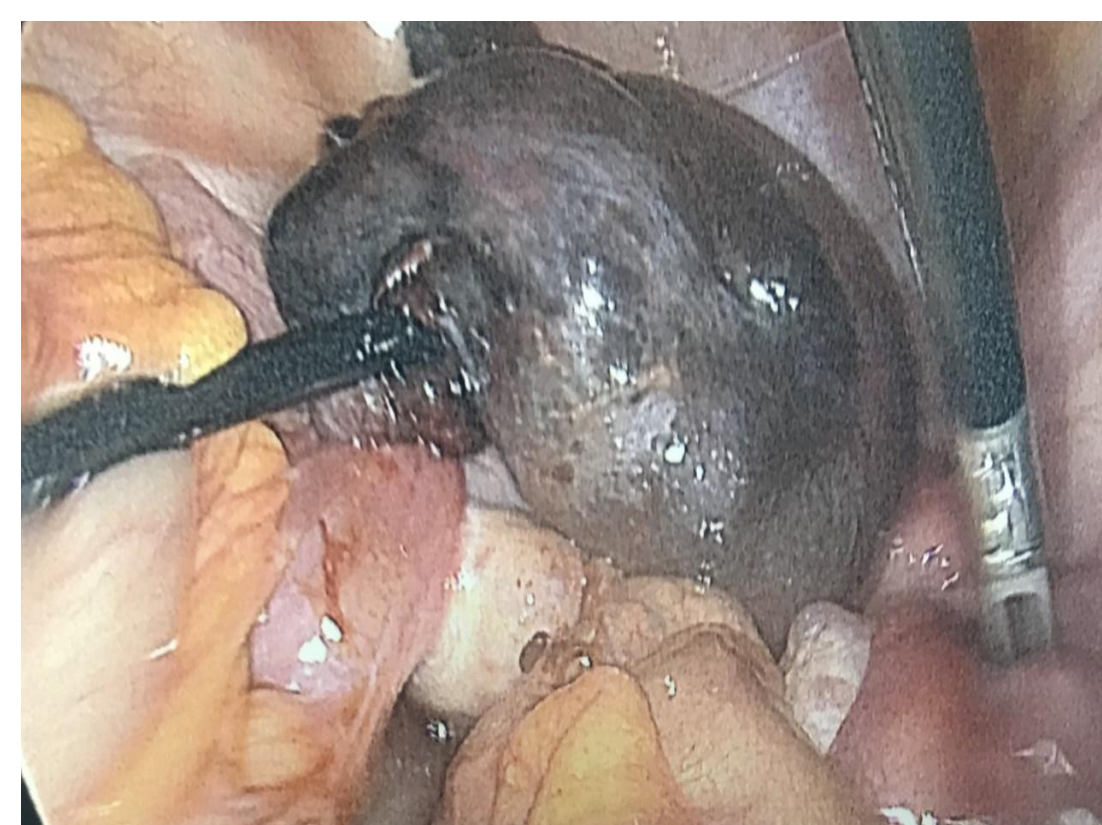


A Rare Gynaecological Cause of Acute Abdomen

Objective

This report details the clinical presentation, work up and management of a case of isolated fallopian tube torsion (IFTT), with a view to advocate for its early surgical diagnosis

Images



Intra operative findings of an isolated fallopian tube torsion

Case Report

A sexually active, nulligravid 17-year-old female with no significant surgical or medical history, presented to A&E with non-specific symptoms and a 2-day history of lower abdominal pain. Examination revealed stable vitals, a soft but diffusely tender abdomen with guarding.

Biochemistry was normal and she was discharged with oral analgesia, treated empirically for a urinary tract infection, and scheduled for transvaginal ultrasound. Re-presented less than 24hrs later with the pain radiating to the right iliac fossa, urinary hesitancy, raised CRP and leucocytosis. TVUSS identified an inflamed appendix, pelvic free fluid but normal uterus and ovaries bilaterally. Laparoscopy showed a torted and infarcted left fallopian tube without ipsilateral ovarian involvement. Appendicectomy, detorsion and left salpingectomy were performed with good postoperative recovery. Histology confirmed tubal ischaemic changes in line with IFTT but failed to confirm the initial diagnosis of acute appendicitis.

Discussion

With an annual incidence of 1:1,500,000, IFTT is a rare gynaecological emergency mostly seen in adolescent females. Its lack of pathognomonic features and vague clinical profile contribute significantly to patient morbidity by delaying early intervention. The gold standard in both investigation and management of IFTT is laparoscopy. Unfortunately, in many cases, as in ours, due to diagnostic delays, tubal detorsion is not deemed viable due to suspected ischaemic damage. However, controversy exists, since in cases of ovarian torsion conservative detorsion is favoured over oophorectomy even in ovarian necrosis. The same consensus is yet to be reached in IFTT, perhaps due to the rarity of the diagnosis and there being little data exploring the long term function of revascularized fallopian tubes.

Conclusion

IFTT is an important differential to exclude in any female presenting with an acute abdomen and an absence of useful clinico-radiological findings. A low threshold for prompt laparoscopy is vital, in order to prevent irreversible damage to the patient's reproductive architecture and maintain fertility.

Citations

1. Kardakis S, et al. Isolated Fallopian Tube Torsion. Case Reports in Obstetrics and Gynaecology[Internet]. 2013 Jul [cited 2022 Jan]; 2013:1-3. DOI:<https://doi.org/10.1155/2013/479698>
2. Bertozzi M, et al. Isolated fallopian tube torsion in paediatric age: An Italian multicentre retrospective study. Journal of Paediatric Surgery [Internet]. 2020 April [cited 2022 Jan]; 55(4):711-714. DOI:<https://doi.org/10.1016/j.jpedsurg.2019.04.032>