

# Ovarian Torsion: Detorsion and Interval Ovarian Cystectomy, A Case Report.

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INTRODUCTION

To discuss the management of ovarian Torsion in a Premenopausal, young Nulliparous woman.

Miss C. M Presented in A/E on 17/6/21 at 0530 with acute onset severe LIF pain for 7 hours. She was 32year old, G0P0. She was amenorrheic on the Progesterone Only Pill for contraception. She was nauseous and had an episode of vomiting. She reported no history of fever, vaginal discharge or urinary symptoms, Her bowels were opened normally. She had no history of previous abdominal surgeries. On examination, she was alert and responsive, in pain. Her Observations were normal. Her Abdomen was soft, with lower abdominal tenderness, more in the left lower quadrant. There was guarding but no rebound tenderness, She was unable to tolerate a vaginal examination due to pain.

CASE RPORT

Her investigations revealed: a lactate level of 1.2, Hb 127 Wcc 8.4,CRP <5, HCG <1.

An assessment of acute abdominal pain? Cause. A Surgical review was requested, She was advised Nill by mouth, and provided with some analgesia.

A CT Scan of the Abdomen and Pelvis showed a Lesion on the left ovary, 7.5cm presumably a dermoid cyst which may induce torsion but the torsion is not identified nor excluded. Normal appendix.

A Transvaginal ultrasound scan showed a Normal Uterus and Endometrium. The Right ovary was not seen. The Left ovary showed a large anechoic avascular cyst 52x45x50mm, with septations, the thickest septation measuring 3mm. There was no free fluid seen in the pelvis.

She was counselled on the findings, consented to laparoscopy and left Ovarian detorsion, within 4 hours after admission.

The procedure was uncomplicated, and she was discharged home the following day with a plan for a review +/- interval ovarian cystectomy in 4 weeks’ time.

She remained well and underwent an uncomplicated Laparoscopic left ovarian cystectomy. The Histology revealed Left ovarian cyst: - Mature cystic teratoma, Negative for immature elements, or somatic malignancy.

She had a follow-up visit to the Gynae clinic, she remained well and was discharged to her GP.

DISCUSSION

The Clinical appearances of torsed adnexa do not correlate well with the likelihood of residual ovarian function and recovery. Conservative management with laparoscopic de-torsion, even if the ovary appears dark purple or black should be considered.

CONCLUSION

Prompt intervention to preserve ovarian function should be laparoscopic wherever possible and de-torsion in women of reproductive age regardless of the colour of the ovary at the time of surgery.