Management of Ovarian Torsion in Moderately Preterm Pregnancy with Suspected PPROM

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Objective: Ovarian cysts in pregnancy and subsequent complications are uncommon. Treating this complication in the third trimester poses a management dilemma and requires patient's informed consent and a multidisciplinary approach. A literature review identified no other cases of iatrogenic delivery and tubal ligation at this gestation in conjunction with management of ovarian torsion, on a background of suspected PPROM (preterm prelabour rupture of membranes).

Case: A 31-year-old multigravida at 33+2 weeks gestation presented with back pain, a history of suspected PPROM and limited antenatal care until 26 weeks pregnant. On admission for observation for suspected preterm labour, she developed sudden onset right iliac fossa and flank pain, with rebound tenderness. The general surgery team was consulted for a differential diagnosis of early appendicitis. Ultrasound revealed a well-defined ovoid adnexal lesion with no internal vascularity on dopplers, suspicious for ovarian torsion. The appendix was not visualised. Steroids were administered for fetal lung maturation prior to surgical management. The options of caesarean section and therefore preterm delivery, at ovarian de-torsion and cystectomy versus midline laparotomy for detorsion and cystectomy, with an aim for pregnancy preservation/continuation were discussed with the patient. Considerations included risk of preterm delivery in PPROM, increased chance of preterm labour with midline laparotomy, difficulty in managing labour with a recent abdominal incision if wanting to continue with pregnancy postoperatively.

The patient opted for Caesarean section via Pfannenstiel incision, bilateral tubal ligation, and ovarian cystectomy and detorsion. Post operative course was unremarkable. Histology confirmed a 72mm mature cystic teratoma.

Discussion: The risks of preterm delivery are well documented, and without a clinical indication for earlier delivery, the desired outcome is for a term delivery. A non-obstetric emergency poses a management dilemma during the preterm stage especially in the third trimester when abdominal approach may be difficult. This case shows the importance of involving the patient at every stage of care, and continuing to raise awareness of the benefits of early and routine antenatal care even when pregnancy is deemed low risk. Late presentation for antenatal care was a missed opportunity for earlier intervention and potentially for pregnancy preservation until full-term.

Conclusion: This case highlights the management challenges/considerations involved with a non-obstetric emergency in the third trimester of pregnancy. A multidisciplinary team approach with shared patient-informed decision making were required to navigate an uncommon case.