

ISOLATED FALLOPIAN TUBE TORSION: A RARE CAUSE OF ACUTE ABDOMEN - A CASE REPORT

Pandey A, Mechery J, Akhtar N, Ogunbiyi B.
Presenting Author: Pandey A.
Ysbyty Glan Clwyd, Betsi Cadwaladr University Health Board.

Aim: We present a rare case of acute abdominal pain in a nulliparous woman : Isolated Fallopian tube torsion.

Background: Isolated torsion of the fallopian tube (IFTT) is an extremely rare finding in a female patient presenting with acute lower abdominal pain. It has no classical clinical features and there are no reliable radiological investigations that would prompt the clinician to suspect this rare condition. Diagnosis is therefore often delayed until laparoscopy after which time it is often too late to salvage the tube from irreversible ischaemic damage.

Methods Used: A 39 years old nulliparous woman with subfertility presented to A&E department with a 2-day history of acute, constant left lower abdominal pain. She denied any urinary, bowel symptoms, fevers or any vaginal discharge. She had a prior admission two months back with similar complains, and pelvic ultrasound was suggestive of left sided hydrosalpinx. She was treated as per PID protocol and was discharged later after her symptoms resolved. Since, she was trying to conceive for last 18 months, was seen in fertility clinic and planned for salpingectomy prior to IVF.

Investigations: On admission, she was afebrile, tender in the left iliac fossa with guarding. Inflammatory markers were normal. The pelvic ultrasound was suggestive of 58*17*47mm tubo-ovarian complex/abscess(a). The provisional diagnosis was suspected left tubo-ovarian abscess.

Treatment: With the provisional diagnosis of left tubo-ovarian abscess, she was consented for hystero-laparoscopy and proceed. Hysteroscopy was s/o of a small 3*2 cm type 1 sub-mucosal fibroid. Laparoscopic findings revealed minimal haemoperitoneum-50 ml, and a large blue-black gangrenous left fallopian tube, which appeared to be tortd at the cornual end, and distended with blood(b),(c). There was no associated ipsilateral ovarian involvement and the right tube was blocked with no evidence of hydrosalpinx. The right ovary and the rest of the pelvis appeared normal.

Outcome: Postoperatively the patient recovered uneventfully and was discharged home the following day. The histology was suggestive of salpingitis isthmica nodosa with infarction secondary to torsion of fallopian tube A follow up was planned in GOPD to discuss further management prior to referral for IVF.



FIGURE (a)-Large tubo-ovarian mass on transvaginal USS



FIGURE (b): Tortd Fallopian tube with normal ovary

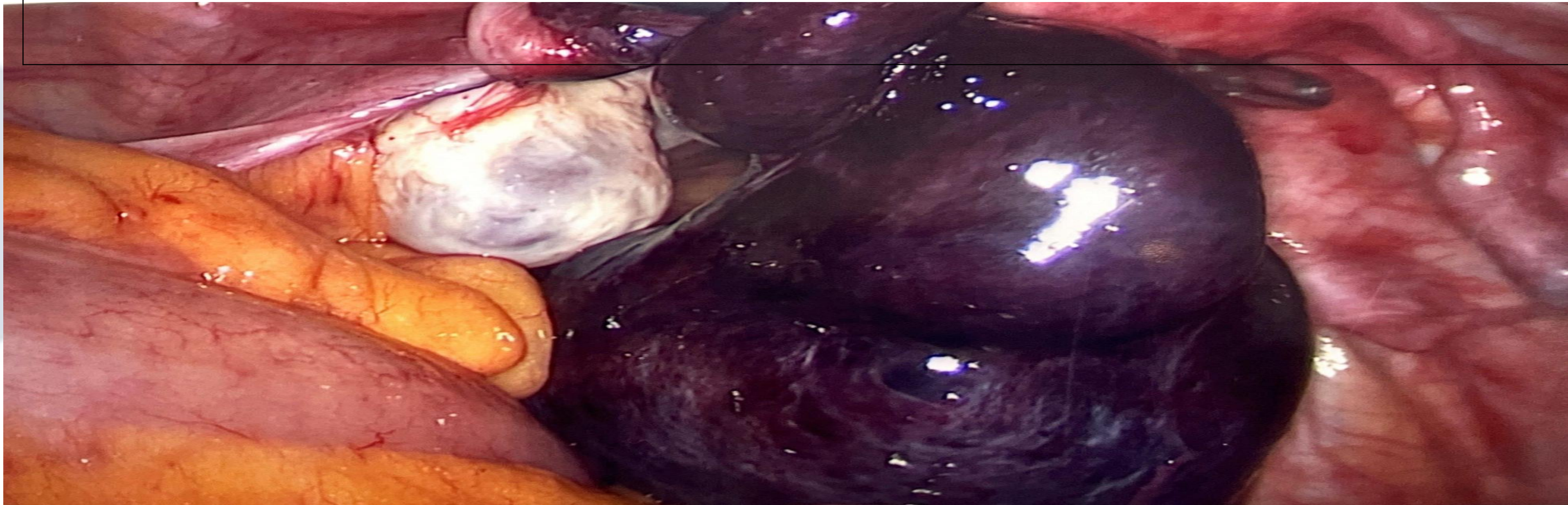


FIGURE (c): Dilated and gangrenous tortd fallopian tube.

Discussion: IFTT is an uncommon cause of lower abdominal pain in women of reproductive age with a reported incidence of 1/1.5 million. It may occur due to intrinsic factors such as congenital anomalies, long or spiral tube, hydrosalpinx, PID or extrinsic factors such as adhesions and ovarian or para ovarian masses. Laparoscopy is the gold standard for accurate diagnosis and management. However, the diagnosis is rarely made and surgery often delayed due to extremely difficult preoperative diagnosis. Laparoscopic de-torsion of the tube is the treatment of choice whenever feasible to preserve the fertility. Complete or partial salpingectomy is indicated if the tube is irreversibly ischemic

Learning points:

- Isolated torsion of the fallopian tube remains a rare finding with no specific clinical signs or symptoms. A prior history of an adnexal mass or any risk factors may prompt to suspect this rare condition.
- Laboratory findings are usually non-specific. Necrosis can cause leukocytosis or raised CRP.
- Complications include tube necrosis and gangrenous transformation leading to superinfection and peritonitis.
- Prompt consideration of the diagnosis and surgical de-torsion may prevent irreversible vascular changes.

References

- Krissi H, Shalev J, Bar-Hava I, et al. Fallopian tube torsion: laparoscopic evaluation and treatment of a rare gynecological entity. *J Am Board Fam Pract* 2001;14:274–7
- Antoniou N, Varras M, Akrivis C, et al. Isolated torsion of the fallopian tube: a case report and review of the literature. *Clin Exp Obstet Gynecol* 2004;31:235–8



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board