

Case History

- We present a case of ovarian torsion which persisted for 3 weeks.
- 26yo lady referred from GP with history of menorrhagia, chronic mild abdominal discomfort & recurrent UTIs. She has previous normal smear tests & a negative STI screen.
- On examination her abdomen was soft and non-tender & bimanual examination revealed no adnexal tenderness or cervical excitation.
- She had USS showing a heterogenous mass measuring 88x60x50mm (**Figure 1**)
- She attended Gynaecology clinic 2 weeks later & was booked for MRI which revealed R ovarian torsion. (**Figure 2**)
- She underwent diagnostic laparoscopy 2 days later & R ovary was detorted, underlying cyst & no abnormal findings. (**Figure 3**)
- She was discharged when pain free and followed up in outpatient gynaecology clinic, where she was found to be pain-free but still had recurrent UTIs.
- Post-op USS revealed normal R ovary appearances & good perfusion on doppler. She subsequently moved out of the area for ongoing management.

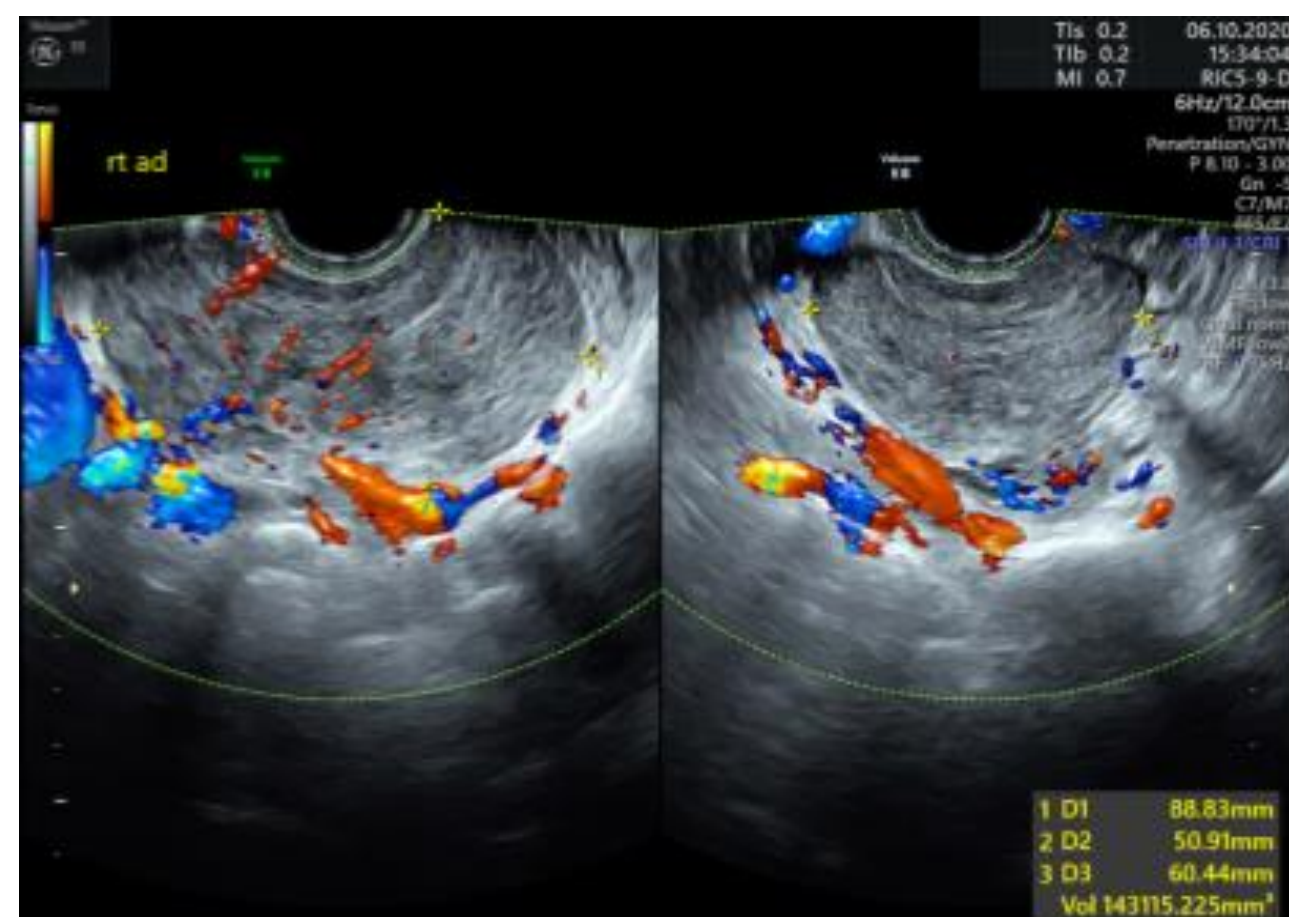


Figure 1: TV USS pelvis: longitudinal and transverse with colour doppler. Right adnexa shows a heterogeneous mass measuring 88 x 60 x 50 mm = 143.1 ml, right ovary not visualised separately

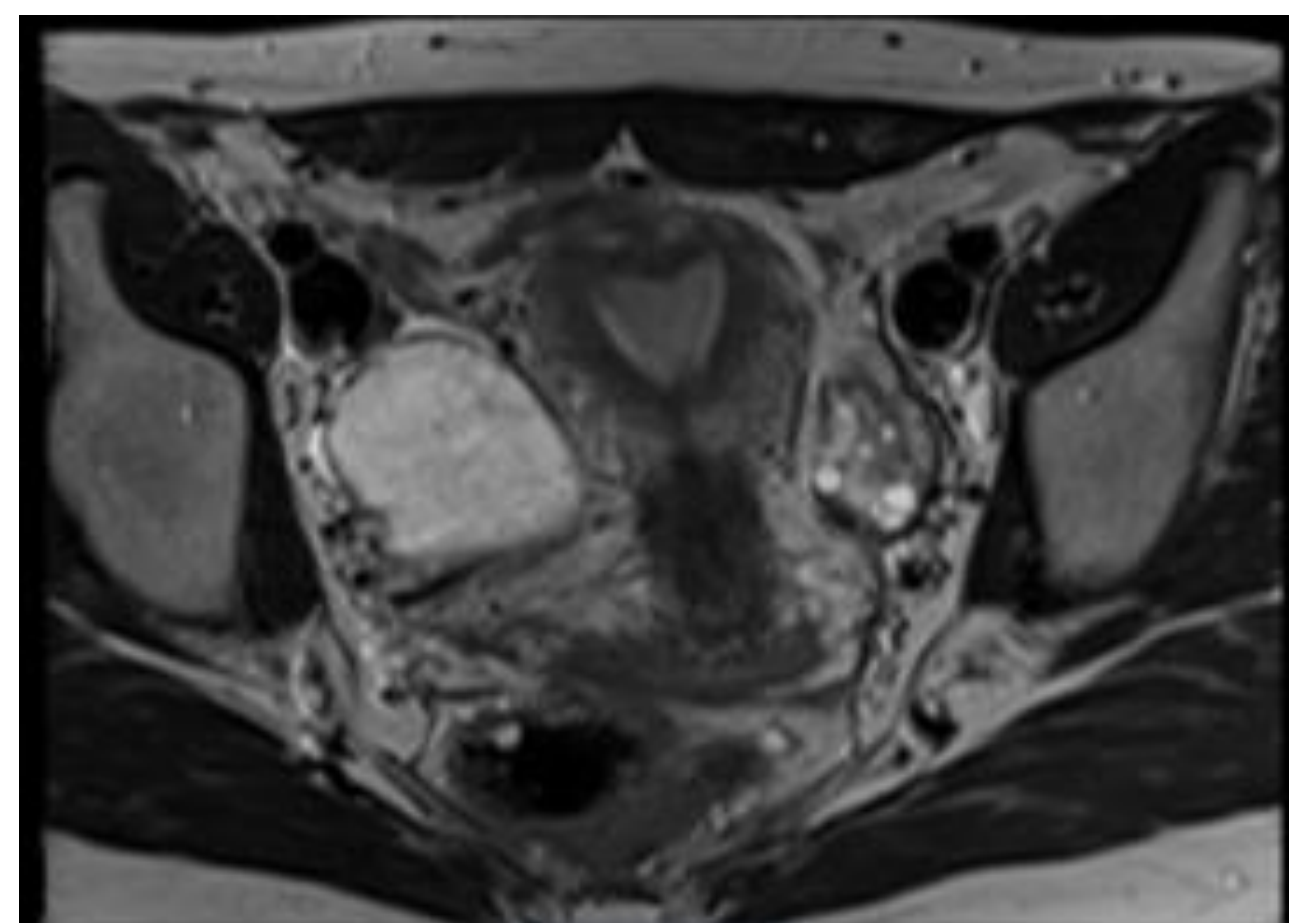


Figure 2: MRI pelvis: The right ovary is enlarged and appears oedematous measuring 79mm (AP) x 50mm (TV) mm x 43mm (CC). Small follicles are seen peripherally within the right ovary with some low T2 signal seen. Impression: twisting of the vascular pedicle suggesting a right ovarian torsion.

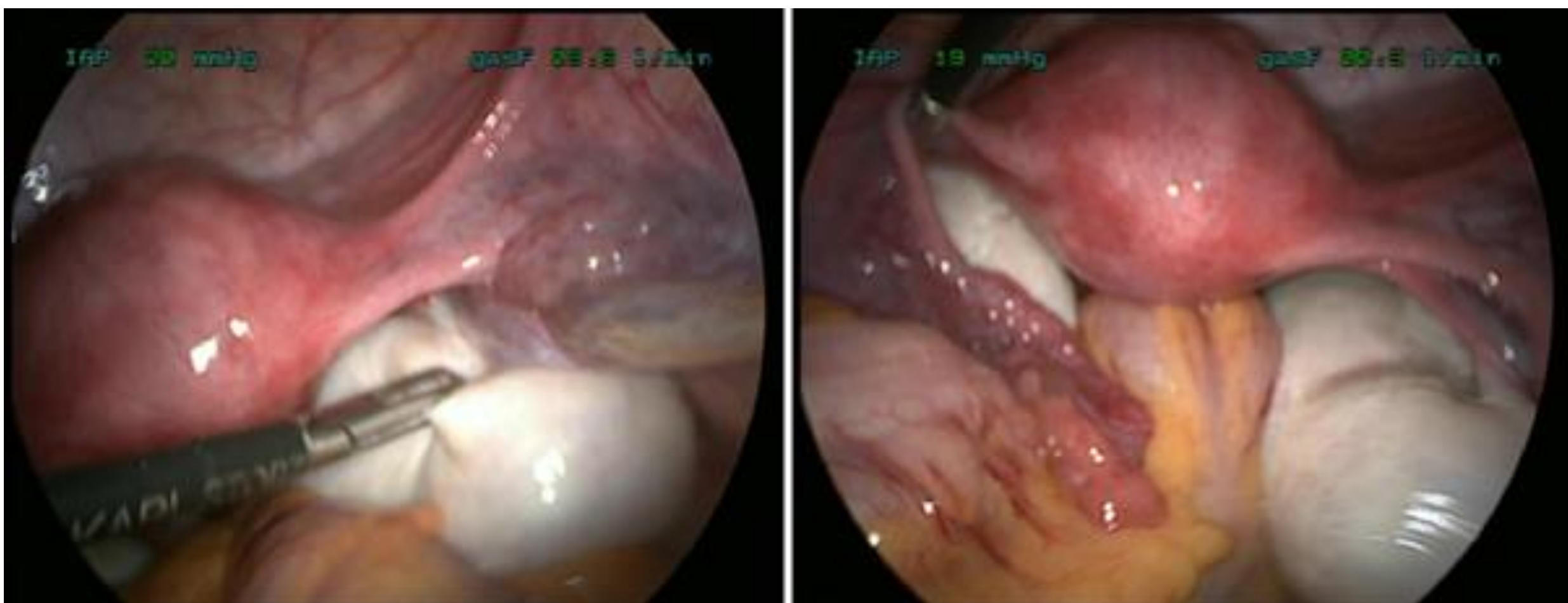


Figure 3: Laparoscopic findings: A loosely torsed non necrotic right ovary. B detorted ovary

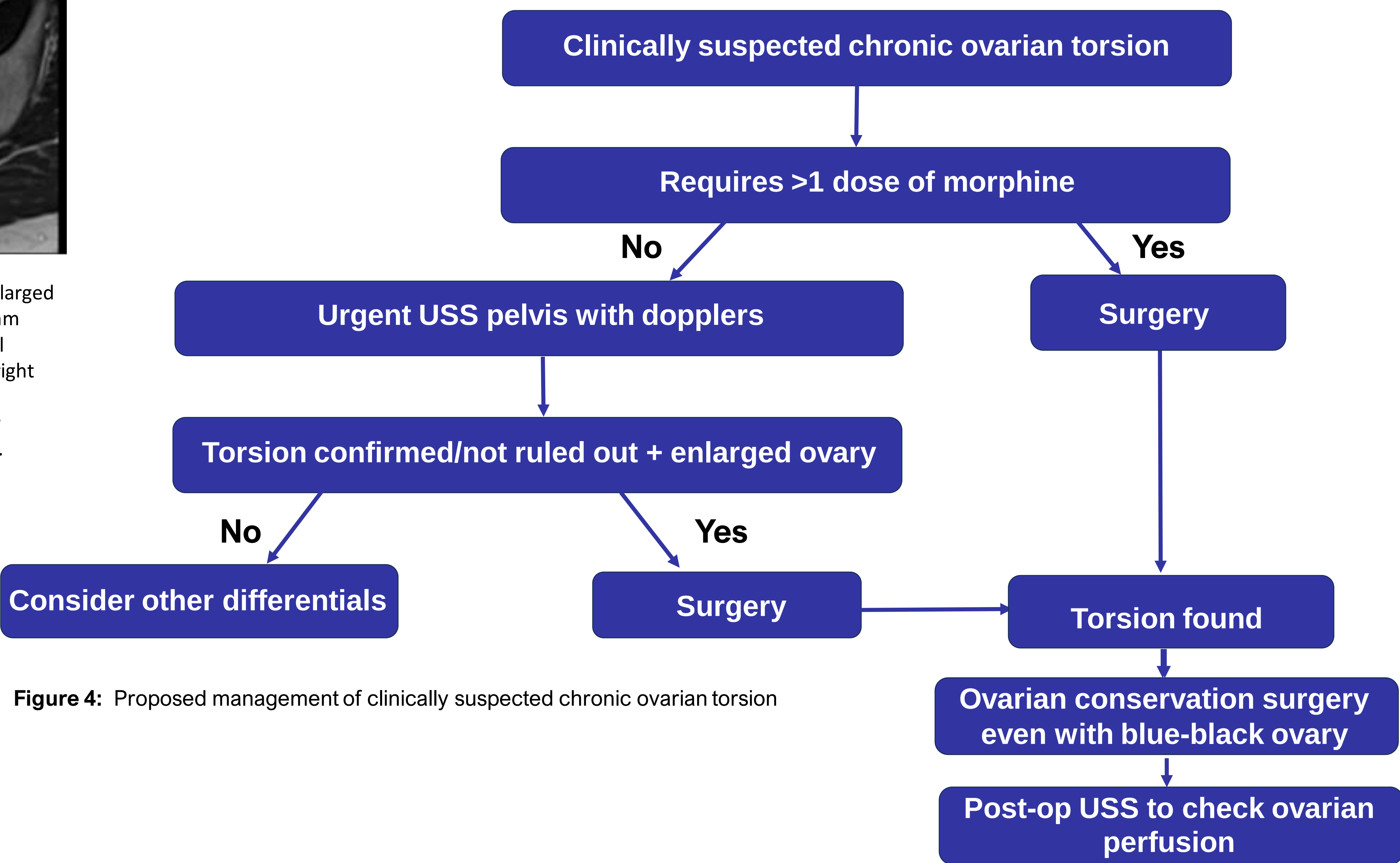


Figure 4: Proposed management of clinically suspected chronic ovarian torsion

Literature Review

- Ovarian torsion is widely accepted as a surgical emergency, to be treated without delay to prevent ischaemia, preserve ovarian function and avoid significant morbidity (1,2).
- Here we present a case of ovarian torsion over 3 months, where the ovary remained healthy at time of laparoscopy.
- Galinier et al present a study of 45 children with ovarian torsion, 7 had a history of intermittent abdominal pain, and the authors state that conservative management of ovaries found to be black-bluish ovaries after detorsion may be safe and effective (3).
- A 10-year review by White and Stella found that ovarian salvage rates are high despite diagnostic delays of over 22 hours (4).
- Madelbaum et al report that the ovary is resilient to the hypoxia and venous congestion of torsion with excellent outcomes, even in blue black torsions documented. (6)
- There is a possibility that there is a “latent” period in the pathology of torsion in which women have relatively few signs or symptoms, no noticeable mass, and only some pain. (6)
- This therefore begs the question of how urgent the definitive diagnosis and/or management of ovarian torsion is, in the absence of pain, or if pain is controlled.
- With the support of this literature we propose an algorithm for the management of chronic ovarian torsion (**Figure 4**). In the case of suspected ovarian torsion with absence of fever or raised inflammatory markers we would recommend further imaging and investigations including tumour markers for non-urgent/ emergency preoperative planning before expedited surgical exploration and treatment.

References

(1) Argenta PA et al. Torsion of the uterine adnexa. Pathologic correlations and current management trends. J Reprod Med. 2000;45:831–6. (2) Robertson et al. Myths in the evaluation and management of ovarian torsion. J Emerg Med. 2017;52:449–56. (3) Galinier, P. et al. (2009). *Ovarian torsion. Management and ovarian prognosis: a report of 45 cases. Journal of Pediatric Surgery*, 44(9), 1759–1765. doi:10.1016/j.jpedsurg.2008.11 (4) White M, Stella J. Ovarian torsion: 10-year perspective. Emergency Medicine Australasia. 2005 Jun;17(3):231-7. (5) Kives S, Gascon S, Dubuc É, et al. No. 341 - diagnosis and management of adnexal torsion in children, adolescents, and adults. J Obstet Gynaecol Can. 2017 Feb;39(2):82-90. (6) Mandelbaum RS, et al. Conservative surgery for ovarian torsion in young women: perioperative complications and national trends. BJOG. 2020;127(8):957–65.