

Rare Case of Isolated Fallopian Tube Torsion with Hydrosalpinx.

Misbah Malik¹, Androniks Mumdzjans²

ST6 Obstetrics and Gynaecology¹, Consultant Obstetrics and Gynaecology², Hull Royal Infirmary

OBJECTIVE: Case report of rare isolated fallopian tube torsion.

CASE REPORT: 28 years, para 2, presented with intermittent right iliac fossa pain and vomiting. On examination right iliac fossa tenderness.



Her blood results showed white cell count of $12 \times 10^9/L$, CA 125 of 35U/mL and CRP was not done. Ultrasound showed left ovarian simple cyst 7.1 X 5.8 X 5.4cm. Torsion cannot be excluded. CT scan reported by the registrar initially commented the same findings as on ultrasound but consultant commented that the apparent left ovarian cyst is a dilated right fallopian tube which is twisted and lies across the uterus onto the left.

Based on the CT findings and patients clinical condition, decision of laparoscopy was made. Per-operatively in laparoscopy found to have torted right hydrosalpinx and had right salpingectomy. Histology confirmed hydrosalpinx and partial infarction in keeping with torsion.

DISCUSSION: Isolated fallopian tube torsion is a rare diagnosis with incidence of 1/1.5 million in reproductive age women¹. The diagnosis is very challenging and can be difficult to differentiate from ovarian cyst torsion. A step wise approach on ultrasound and CT scan to evaluate the adnexa and look for whirlpool sign but with worsening torsion, the venous circulation gets compromised and the whirlpool may disappear but twists can still be identified².

Management options to be considered are detorsion, salpingectomy or neo-salpingostomy. The potential benefits and risks with both options to be considered before making the decision. With the restoration surgery, there is risk of infection, non-viability of the tube and ectopic pregnancy³

CONCLUSION: Isolated fallopian tube torsion is a very rare condition and that poses a challenge in the diagnosis and also when deciding on the management options. This should be taken ideally on case to case basis depending on the condition of the tube, weighing the risks and benefits of management options and fertility requirements.

REFERENCES:

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