



Laparoscopic Management of 15 cm Torted Parafallopian Tube Cyst in Adolescent

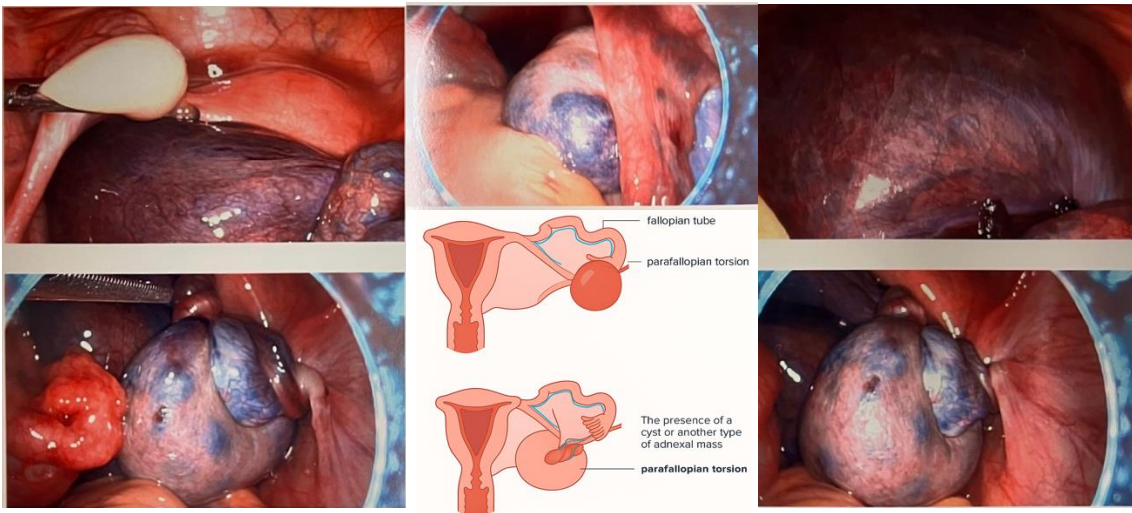
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Objective

This case highlights the importance of early and decisive surgical intervention in adolescents presenting with **persistent pelvic pain and adnexal masses**. It underscores the value of minimally invasive surgery in this age group and emphasises the need for developing guidelines on managing large parafallopian tube cysts

Case study

A 13-year-old presented with severe pelvic pain and was found on ultrasound to have a **haemorrhagic ovarian cyst**. Given her age, an initial conservative approach was adopted, including **hospitalisation** and **symptomatic management**. However, over the three days, her pain progressively worsened, and she became less responsive to analgesia.



Laparoscopic surgery was performed to avoid the morbidity of open surgery, given the patient's young age and parental concerns about scarring, pain and recovery. Intraoperatively, a **15cm haemorrhagic parafallopian tube cyst** was identified with seven twists of tuboovarian pedicle. The cyst was filled with blood, and the right fallopian tube appeared non viable with no active perfusion. The ovary initially showed areas of ischaemia but showed signs of recovery once the torsion was corrected.

Presentation

➤ Acute pelvic pain +/- fever in adolescent female

Initial assessment

➤ Clinical exam
➤ Bloods (WBC/CRP)
➤ Pain control trial (NSAIDs/ opioids)

Imaging

➤ Pelvic ultrasound
▪ If normal -> monitor & conservative management
▪ If cystic adnexal mass seen >5cm -> proceed to next step

Progression or Worsening symptoms

➤ Increased pain, vomiting, fever, analgesia ineffective

Surgical Consideration

➤ Laparoscopy indicated for:
• Diagnostic clarification
• Suspected torsion
• Pain non-responsive to conservative therapy
➤ Torted parafallopian cyst
➤ Possible tube/ ovarian necrosis



Discussion

This case highlights several clinical considerations. Initially believed to be an ovarian cyst, the large parafallopian tube cyst presented diagnostic and management challenges, particularly given the patient's young age and the preference for conservative management. However the **rapid worsening of pain and lack of response to analgesia justified surgical intervention**. Laparoscopy proved ideal, offering a minimally invasive approach with reduced post operative pain, faster recovery and minimal scarring - critical factors for any patient but more so for adolescents. The extensive torsion likely contributed to the irreversible damage to the fallopian tube, **raising questions about whether earlier intervention could have preserved it**. Literature suggests that the parafallopian tube cysts although rare, can present similarly to ovarian cysts, making **accurate diagnosis and timely intervention crucial**. This case emphasises the need for clinical guidelines and policy recommendations regarding the management of adnexal masses in adolescents to **minimise organ loss and long term reproductive implications**.

Conclusion

This case demonstrates the benefit of laparoscopic management in adolescents with large parafallopian cysts. It calls for **further research** into the optimal timing of surgical intervention in adnexal masses., the **role of imaging** in differentiating cyst types and the **development of protocols** aimed at improving outcomes while **preserving fertility**.