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Ovarian Torsion in Early Pregnancy

Navigating Diagnostic Challenges and a Cascade of Post-Cystectomy Complications

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Introduction

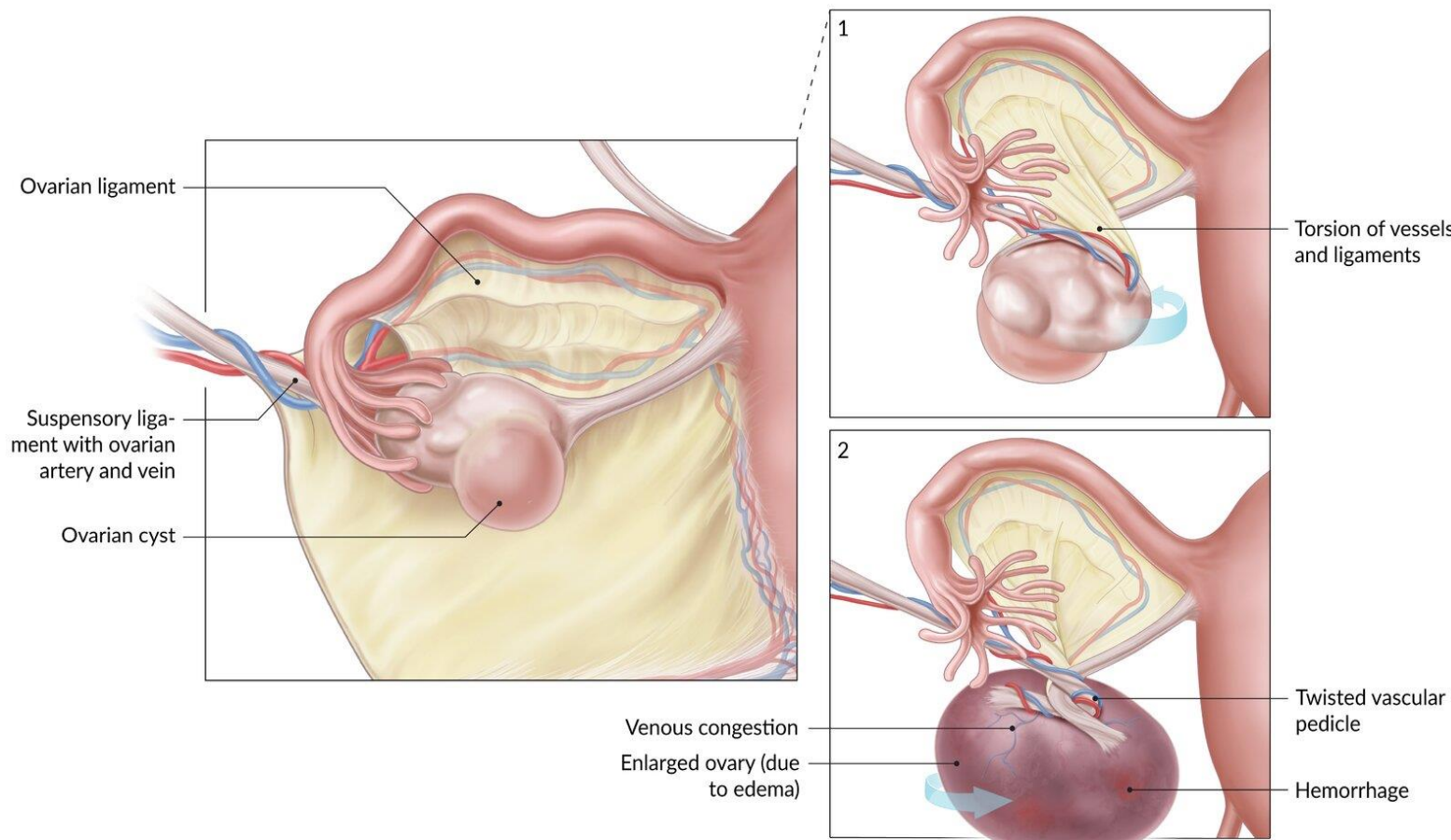
- ❖ **Ovarian torsion** is a gynaecological emergency, 5 times more common in pregnancy, posing risks of severe morbidity and potential foetal mortality.
- ❖ This case highlights significant diagnostic and management challenges in early pregnancy.
- ❖ **Learning Objective:** To underscore the complexities of managing ovarian torsion and its sequelae in pregnant patients.



Presentation

14 weeks Gestation

- ❖ **Patient:** 31-year-old, Gravida 4, Para 2+1
- ❖ **Symptoms:** Acute right lower abdominal pain, nausea and vomiting.
- ❖ **History:** Known right adnexal dermoid cyst.
- ❖ **Assessment:** Hypotension, tachycardia.



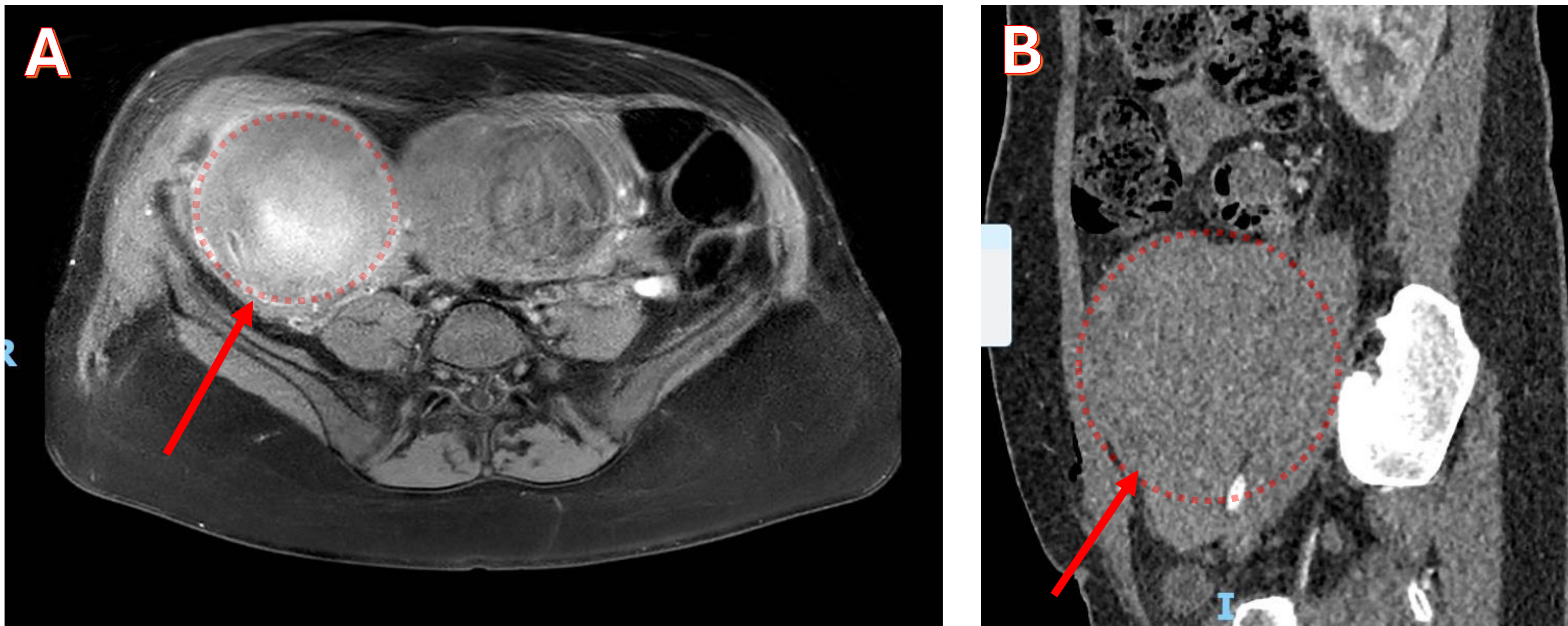
Initial Diagnosis & Management

- ❖ **Diagnostic Laparoscopy:** Confirmed torsed right ovarian cyst (13 cm).
- ❖ **Procedure:** Immediate cystectomy performed.

Post-operative Haemorrhage



- ❖ **Event:** Massive post-operative haemorrhage – causing Haemoglobin to drop to 62 g/L.
- ❖ **Investigation:** CT angiogram revealed a large right adnexal hematoma of size 10x10x11 cm.
- ❖ **Intervention:** Blood transfusions and stabilisation – discharge.



(A) : MRI Scan Image (axial) and (B) : CT Scan Image (sagittal) of intra-abdominal Hematoma formation.

Infected Hematoma & Further Major Surgery

21 weeks Gestation



- ❖ **Re-presented** with worsening abdominal pain, elevated inflammatory markers.
- ❖ **Imaging:**
 - MRI: Large, complex right adnexal chronic hematoma.
 - Ultrasound-guided Aspiration: Revealed infection *Finegoldia magna* & *Staphylococcus* species
- ❖ **Intervention:** Laparotomy confirmed **15cm infected hematoma**, with 9cm matted tubo-ovarian mass, necessitating right salpingo-oophorectomy and drainage.

Foetal Management & Delivery

27 - 33 weeks Gestation



- ❖ **27 Weeks:** 70 ml APH - Admission for stringent monitoring.
- ❖ **Intervention:** Corticosteroids administered for foetal lung maturity.
- ❖ **32 Weeks:** Preterm Premature Rupture of Membranes (PPROM).
- ❖ **Outcome:** Preterm vaginal delivery of a live baby at 33+3 weeks.

Discussion



- ❖ Dermoid cysts larger than 5cm are a key predisposing factor for ovarian torsion in pregnancy.
- ❖ Torsion is more common in the 1st trimester.
- ❖ Ultrasound and MRI are safe diagnostic tools; laparoscopy is the gold standard for management in early pregnancy.
- ❖ **Critical Need:** Meticulous postoperative monitoring and serial foetal growth scans are essential.

Conclusion & Key Learning Points



- ❖ Ovarian torsion in pregnancy demands immediate recognition and intervention to mitigate severe maternal and foetal risks.
- ❖ Heightened awareness and preparedness among healthcare professionals are crucial for managing adnexal masses in pregnancy.
- ❖ **Clinical Pearls:**
 - Prioritize considering ovarian torsion in pregnant patients with abdominal pain, especially if adnexal cysts are known.
 - Be prepared for a cascade of serious post-operative complications (internal bleeding, haematoma formation, infection).
 - Ensure multidisciplinary care and close foetal surveillance post-intervention due to risk of miscarriage, stillbirth and preterm birth.

