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Title: A case study of ovarian torsion in pregnancy, it's management and pregnancy outcome.

INTRODUCTION

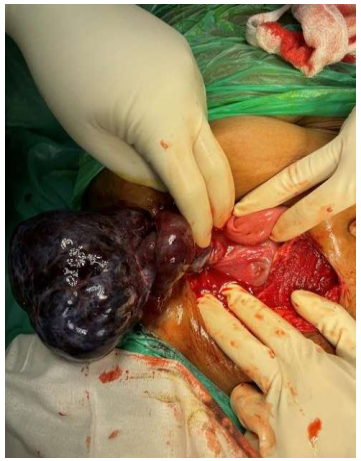
- Torsion of ovary is the total or partial rotation of the adnexa around its vascular axis or pedicle.
- It's risk rises by 5-fold during pregnancy. Incidence is 5 per 10,000 pregnancies.
- Most commonly seen are dermoid and serous cystadenomas.
- It's most common cause in pregnancy is corpus luteum cyst, which usually regresses spontaneously by the second trimester. Therefore torsion is most frequently in the first> second > third trimester.

OBJECTIVES

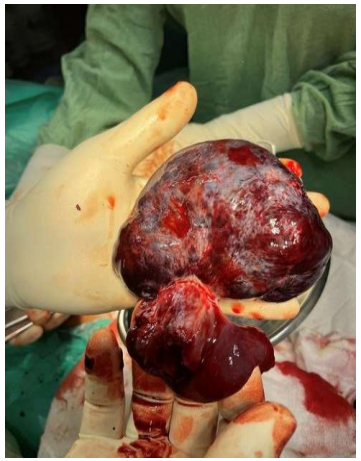
- Pregnancy is a high-risk factor for ovarian torsion with chances of necrosis and sepsis.
- The objective is to discuss a case of ovarian torsion in pregnancy and its management to improve the pregnancy outcome.

CASE

- A 25-year-old F G4P1L1A2 (previous 1 LSCS) presented with 3 months amenorrhoea and severe pain abdomen and 2 episodes of vomiting, since 2 hours. The pain was sharp, non-radiating, in the right iliac fossa with sudden onset and no relieving factors. She had right ovarian complex cyst of 5cms noted in her first trimester scan.
- Examination: Vitally stable. Fundal height corresponding to 12-14 weeks gestation. Uterus deviated to left side. Severe tenderness in right iliac fossa. Cervical Os closed, right fornix full, tender and left fornix free, non-tender.



- Investigations: USG -right ovary bulky with a cystic lesion (multilocular) measuring 9.2*5.7 cm. There is twisting of the right ovarian pedicle ($1^{1/2\ turn}$) with arterial vascularity within ovary and no venous vascularity. Minimal free fluid in Pouch of Dougles. SLIUG of 12 weeks.



- Procedure: With the provisional diagnosis of partial twisted ovarian cyst, emergency laparotomy was done under S/A. A 10 × 6 cm right ovarian cyst was found to be twisted around its pedicle by 3 rotations with necrosis and loss of vascularity. Right oophorectomy along with cyst was done.
- Result: H/P E showed hemorrhagic ovarian cyst along with a benign mucinous cystadenoma. Her pain subsided immediately in the postoperative period and recovery was uneventful. She was followed up in Antenatal OPD and given progesterone support (Injectable and oral) up to 20 weeks. Her pregnancy continued unremarkably and she delivered a live 3.34 kg baby at term gestation by caesarean section

DISCUSSION

- Torsion in pregnancy is an emergency situation presenting with severe pain and can lead to increased feto-maternal morbidity and mortality. It sometimes requires operative management with removal of the affected ovary and fallopian tube.
- Progesterone support needs to be given for continuing the pregnancy based on the gestational age at diagnosis.

CONCLUSION

Early detection and appropriate management leads to a good feto-maternal outcome.

REFERENCES: 1.Ventolini G, Hunter L, Drollinger D, Hurd WW. Ovarian torsion during pregnancy 2. Hibbard LT. Adnexal torsion. Am J Obstet Gynecol. 1985;152:456–461. doi: 10.1016/s0002-9378(85)80157-5.

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