

A RARE CASE OF OVARIAN TORSION IN PREGNANCY.

Dr K.SHRAVYA SRI ,Department of obstetrics & gynaecology, Kakatiya medical college. ABSTRACT NUMBER:EP 142



INTRODUCTION

Adnexal torsion is uncommon but emergent condition in pregnancy which is manifested with non specific symptoms. Adnexal torsion is an emergency in which ovary sometimes fallopian tubes twists upon its ligaments supports which comprise adnexal blood supply resulting in tissue ischaemia and ovarian necrosis . It is often misdiagnosed with other genital tract emergencies like PID, ectopic pregnancy, ruptured ovarian cysts and extra genital tract emergencies like appendicitis, renal colic, cholecystitis, intestinal obstruction .Early diagnosis and prompt treatment is required to preserve adnexa.

CASE REPORT

A 24 yr old Primigravida with 12 wks 4 days of gestational age (ML-6 months)presented with chief complaints of sudden onset of pain in right iliac fossa sharp nonradiating type with no aggravating and relieving factors associated with 3 episodes vomiting.On examination, she was afebrile with vitals within normal range.Abdomen is soft with localised tenderness present in right iliac fossa.On per speculum examination,cervix closed with no bleeding noted.On per vaginal examination uterus is midposition ~ 12wks, soft , mobile and tenderness noted in right fornix. On ultrasound, a single intrauterine gestation of 12wks noted .An enlarged right ovary of size 6*5*3 cm with no visible arterial or venous flow noted suggestive of right ovarian torsion Management : Exploratory laparotomy with right sided oophorectomy done and specimen sent for histopathological examination.Patient was discharged on postoperative day 4 and further antenatal checkup was done. She delivered a term female baby with good APGAR score.

AIMS & OBJECTIVES

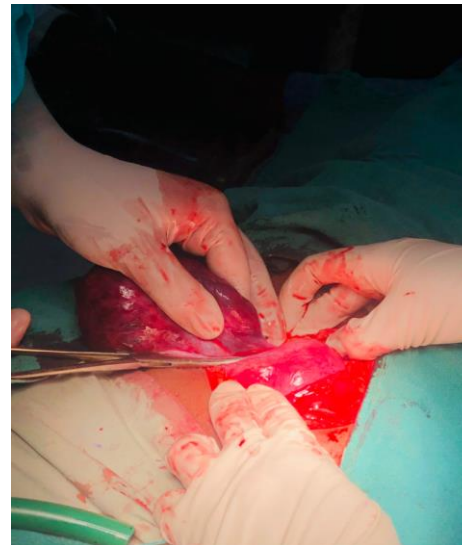
To investigate clinical presentation, findings , predisposing factors, surgical procedures and complications of ovarian torsion in pregnant women

DISCUSSION

Existing literature in AT suggest that AT M/c in 28 to 38wks of gestational age. Pain appears to be the predominant symptom and is often sudden, constant and sharp m/c on right sides and usually unilateral associated with nausea and vomiting. Raised WBC present with fever in only minority of cases.US imaging performed and adnexal enlargement appears to be the most prevalent feature . MRI done if diagnosis is inconclusive.

CONCLUSION

Prompt diagnosis and surgical management of AT is essential to prevent adverse outcomes to both mother and fetus. Surgery should not be delayed if diagnosis is clear as this can result in irreversible damage to ovarian tissue.



REFERENCES

1. A national population-based study of the incidence of adnexal torsion in the Republic of Korea. Yuk JS, Kim LY, Shin JY, Choi DY, Kim TY, Lee JH. Int J Gynaecol Obstet. 2015;129:169–170. [PubMed] [Google Scholar]
2. Adnexal torsion in pregnancy: a systematic review of case reports and case series. Didar H, Najafiarab H, Keyvanfar A, Hajikhani B, Ghotbi E, Kazemi SN. Am J Emerg Med. 2023;65:43–52. [PubMed] [Google Scholar]