

Title: Torsion of Large Ovarian Cyst during Pregnancy- A Case Report

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INTRODUCTION

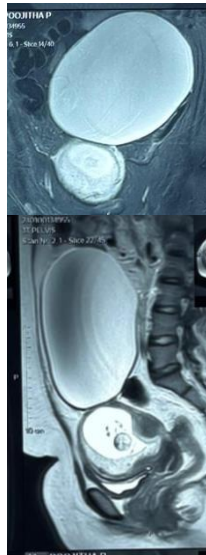
Ovarian torsion accounts for approximately 2-5% of acute gynecological emergencies. The incidence of adnexal torsion during pregnancy is around 1 in 5,000 pregnancies and is most commonly observed in the first and early second trimesters of pregnancy.

OBJECTIVES

The objective of this poster is to present a case study focusing on the torsion of a large ovarian cyst during pregnancy. It aims to describe the presentation, diagnosis, and detail the management approach and share insights on managing similar cases to improve understanding and outcomes.

CASE REPORT

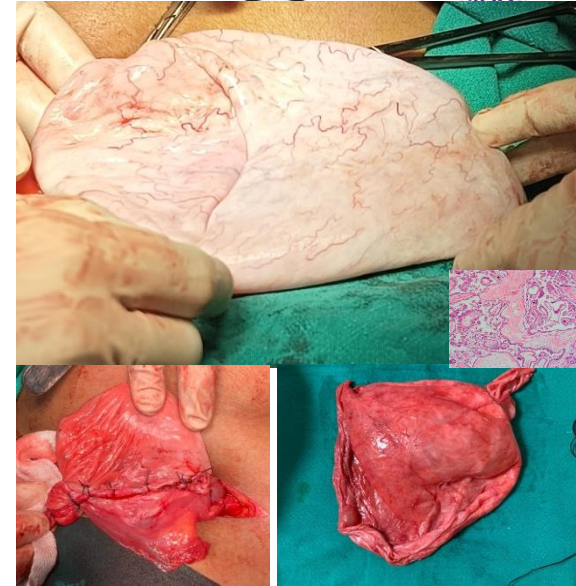
A 22-year-old unbooked primigravida with 15 weeks of gestational age came to OPD with c/o pain abdomen on and off since 2 days. MRI done showed Left ovarian cyst of size 85x170x158 mm. O/E-. Abdomen distended to 20-22 weeks size, occupying the epigastric, right hypochondriac, lumbar, umbilical, b/l iliac, hypogastric regions, cystic in consistency, borders easily made out, regular, uterus not felt separately. FHR +



CASE OPERATIVE PROCEDURE

Patient underwent Open Laparotomy + Detorsion + Left Ovarian Cystectomy under Spinal Anesthesia
-Gravid uterus corresponding to 14 weeks noted
-A 20x20 cm left ovarian simple cyst noted with one turn of torsion. Detorsion done. Cyst wall punctured and straw coloured clear liquid of around 1300cc aspirated. Complete cyst wall excision done, redundant ovarian tissue approximated with interrupted sutures
-Left tube and ovary healthy, Right adnexa healthy.
Patient is currently continuing her pregnancy with regular antenatal visits, and is now 35 weeks of gestation

HPE report – Benign Serous Cystadenoma of Left Ovary



DISCUSSION

This case highlights the importance of early recognition and prompt management of ovarian torsion during pregnancy. In this case, the presence of a large ovarian cyst (20 cm) significantly increased the risk of torsion. Prompt surgical intervention is crucial to restore blood flow, prevent necrosis, and avoid complications like peritonitis or preterm labor. During surgery, Detorsion is the first step. In this case, detorsion was successful, and ovarian function was preserved, underscoring the importance of conservative management whenever feasible.

- ❑ To conclude, Torsion of a large ovarian cyst during pregnancy presents a unique clinical challenge, requiring a balance between maternal and fetal safety. The primary goal in managing such cases is to prevent complications like ovarian necrosis, rupture, or adverse pregnancy outcomes while preserving ovarian function whenever possible.

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