

Case Report / Olgu Sunumu

Recurrent ovarian torsion: a case report

Tekrarlayan yumurtalık torsiyonu: olgu sunumu

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Abstract

In this case report, we present a case of recurrent ovarian torsion in the absence of ovarian mass or cyst in a young woman with loose uterine ligaments observed during surgical exposure. During first episode, left ovarian detorsion and the plication of the utero-ovarian ligament was performed. In the second episode, detorsion of the left adnexa and left oophoropexy was performed. Right oophoropexy was also added for prophylaxis. Ovarian torsion must be kept in mind during differential diagnosis in any case of an adult female patient presenting with lower quadrant abdominal pain, especially if there is a history of surgery for ovarian torsion with or without surgical fixation.

Keywords: Ovarian torsion, recurrence, oophoropexy, ovary

Özet

Bu olgu sunumunda, genç bir kadında kitle veya kist olmadan gelişen ve tekrarlayan yumurtalık torsiyonu ele alındı. Cerrahi gözlemde uterin ligamentlerin gevşek olduğu gözlemlendi. Birinci atakta, ovaryen detorsiyon ve utero-ovaryen ligament plikasyonu yapıldı. İkinci atakta, sol adneksin detorsiyonu ve sol ooforopeksi ve ilave olarak profilaksi için sağ ooforopeksi yapıldı. Yumurtalık torsiyonu, cerrahi fiksasyon yapılmış olsa da özellikle yumurtalık torsiyonu öyküsü varlığında, alt kadran karın ağrısı ile başvuran erişkin kadın hastalarda ayırıcı tanılar arasında mutlaka düşünülmelidir.

Anahtar sözcükler: Yumurtalık torsiyonu, tekrarlayıcı, ooforopeksi, yumurtalık

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Introduction

Ovarian torsion is one of the infrequent conditions causing 3% of all emergency gynecological surgeries [1]. Acute onset of lower abdominal pain, nausea, and vomiting are common symptoms. Ovarian torsion develops mostly due to ovarian mass or cyst, or prior pelvic surgery in women of reproductive age. The condition can also be diagnosed in the fetuses, infants, and adolescent girls [2, 3]. Recurrent ovarian torsion with or without torsion of adjacent tube has been reported in healthy adult women. Management should be conservative and ovarian preservation is required whenever possible, especially in patients with infertility [4]. We report here a case of a recurrent ovarian torsion in the absence of ovarian mass or cyst in a young woman with loose uterine ligaments observed during surgical exposure.

Case

A 21-years-old woman, gravida 0, was admitted to the emergency service, complaining of left lower quadrant abdominal pain for 24 hours. The clinical and ultrasonographic examinations revealed left ovarian torsion. On surgical exploration, a normal left ovary was found as twisted on its pedicle once, and a long utero-ovarian ligament was observed and detorsion of ovary and the plication of the utero-ovarian ligament was performed. The woman was presented to the emergency service with the same symptoms six months later. After gynecologic and ultrasonographic examinations, recurrent torsion of the left adnexa was diagnosed. Torsion of the left ovary and fallopian tube 3 times was observed during surgical exploration. Detorsion of the left adnexa with left oophoropexy was performed. Uterus and right adnexa were found as normal; however, right utero-ovarian ligament was also longer than normal. Right oophoropexy was also performed for prophylaxis. The patient was discharged uneventfully. During follow-up of more than one year, there was no recurrence of ovarian torsion.

Discussion

The term ovarian torsion is used to define the rotation of the ovary, in some cases, the adjacent tube can also be twisted with the affected ovary on its ligamentous support; in that case, it is termed as adnexal torsion. It causes obstruction of ovarian blood-flow that may result in edema, ischemia, and eventual necrosis of ovary with adjacent tissues. In this case, a second occurrence of ovarian torsion was presented. In first episode, only left ovarian torsion was observed and detorsion and shortening of the left utero-ovarian ligament was performed, and in second episode, left adnexal torsion was found and detorsion and oophoropexy was performed. On the right side, oophoropexy was performed as a prophylactic measure.

Although cysts and neoplasms are responsible for 90% of cases of ovarian torsion, it may occur in the normal-appearing ovary as well [5]. Some mechanisms have been proposed; however, the exact mechanism of the torsion in the absence of cysts, masses or hydrosalpinx is uncertain [6]. Hypermobility of adnexal structures due to an elongated ovarian ligament may be a contributing factor in the case of ovarian torsion with healthy

tubal and ovarian relationship [7]. According to our clinical experience, we think that the cause of recurrent ovarian torsion was related to hypermobility of adnexal structures.

Although shortening of the utero ovarian ligament and oophoropexy can be performed for prevention of further episodes of ovarian torsion, possible occurrence of recurrence must be kept in mind in patients with acute lower quadrant abdominal pain in women of reproductive age [4, 5, 8, 9].

Ovarian torsion must be kept in mind during differential diagnosis in any case of a female patient presenting with lower quadrant abdominal pain, especially if there is a history of ovarian torsion. In our case, similar to other uterine ligaments, the utero-ovarian ligaments were found as loose more than expected. We think that this is the main factor of recurrent ovarian torsion in this case. In the presence of loose utero-ovarian ligaments if their lengths are thought to be related to ovarian torsion, the shortening of utero-ovarian ligament may not be adequate to prevent recurrence, oophoropexy may be needed as a successful surgical procedure.

Conflict of interest

No competing conflicts exist.

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