Olgu Sunumu / Case Report

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Isolated Tubal Torsion with a Paratubal Cyst: Case Report

Paratubal Kist ile Birlikte İzole Tuba Torsiyonu: Olgu Sunumu

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ABSTRACT

Although adnexal torsion is a common condition, isolated tubal torsion is rather rare. It must be considered in differential diagnosis because delays in making the diagnosis may lead to fertility problems. Our case presented to our clinic with pelvic pain. The transvaginal ultrasonography (USG) revealed a cyst approximately the size of 8 cm in the left adnexal region that did not exhibit blood flow on Doppler USG. The patient underwent laparoscopy with a preliminary diagnosis of adnexal torsion. The patient who had a left paratubal cyst and associated isolated tubal torsion underwent simple cystectomy.

Keywords: isolated tubal torsion, pelvic pain, cystectomy

ÖZ

Adneksial torsiyon nispeten yaygın olmasına rağmen izole tuba torsiyonu nadir olarak görülmektedir.Ttanıda gecikme fertilite problemlerine neden olabileceği için ayırıcı tanıda tubal torsiyonda olmalıdır. Olgu kliniğimize pelvik ağrı ile başvurdu. Doppler ultrasonografi (USG) ile akımın izlenmediği transvajinal USG'de sol adneksiyal alanda yaklaşık 8 cm boyutlarında bir kist saptandı. Hastaya adneksiyal torsiyon ön tanısı ile laparoskopi yapıldı. Sol paratubal kisti olan hastaya basit kistektomi uygulandı.

Anahtar Kelimeler: izole tubal torsiyon, pelvik ağrı, kistektomi

INTRODUCTION

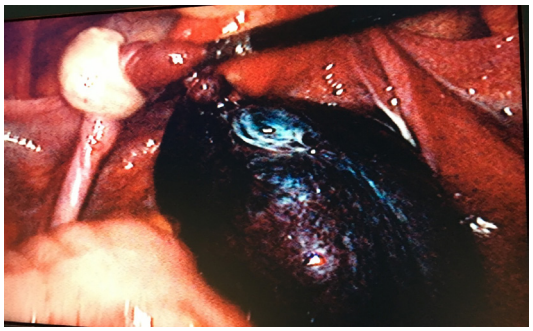
Isolated tubal torsion is an uncommon cause of acute abdomen with an incidence of 1/1500000 among gynecological emergencies (1). It was first described by Bland-Sutton in 1980 (2). Hydrosalpinx, previous tubal surgeries, pelvic congestion, ovarian-paraovarian masses, trauma and long fallopian tubes are predisposing factors (3). Among 201 cases with tubal torsion that were examined the fallopian tube was normal in 24% (4). Most of the cases are women of reproductive age. It must be considered in differential diagnosis because delays in making the diagnosis may lead to fertility problems. The definitive diagnosis is made by surgical exploration. Less than 20% of the cases reported were diagnosed preoperatively (5,6).

In this case report, the 32-year-old multiparous patient with a paratubal cyst and isolated tubal torsion that was operated with a preliminary diagnosis of ovarian cyst torsion has been discussed in light of literature.

THE CASE

The 32-year-old patient with a history of two spontaneous births and no history of previous surgeries presented to our clinic with gradually intensifying pelvic pain and nausea that started two days ago. The patient's temperature was 36.6°C, blood pressure was 110/70 mmHg, pulse was 88/min, and physical examination revealed significant tenderness in the left lower quadrant, and rebound and defense. On speculum examination, the cervix appeared multiparous, and a tender mobile mass was detected on bimanual examination. The left adnexal region was particularly tender with cervical movements. The results of the laboratory tests performed (complete blood count, complete urine analysis, biochemical parameters, coagulation parameters) were within normal ranges, and the beta-hCG value was negative. The transvaginal ultrasound revealed an 80 x 56 x 50 mm anechoic cyst with regular walls and no septationsin the left adnexal region. No free fluid was observed in the abdomen. According to these findings, ovarian cyst torsion was considered as the diagnosis and laparoscopy was scheduled. Patient consent was obtained, and laparoscopy was performed. On laparoscopy, the right ovary/tube and left ovary appeared normal. A cystic mass with a gangrenous appearance the size of approximately 8 cm was observed in the left paratubal region. At the same time, the left tube had twisted around itself twice from the fimbrial end (figure 1). A cystectomy was performed to remove the paratubal cyst. Salpingectomy was not performed because there were no gangrenous appearances in the tube. The patient had no complications in the postoperative period and was discharged on day two.

Fig 1: Isolated tubal torsion with left paratubal cyst



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DISCUSSION

One of the uncommon causes of acute pelvic pain, isolated tubal torsion, must be considered in differential diagnosis because it affects fertility. While most of the cases are women of reproductive age, rarely it can also be seen in premenarchal and postmenopausal women (5). It must not be forgotten that tubal pathologies (hydrosalpinx, paratubal cysts, neoplasms, tube ligation, ectopic pregnancy, congenital anomalies) ovarian masses, infections, altered tube functions (abnormal peristalsis, spasms) or intrinsic lesions (adhesion, endometriosis) are among the risk factors for isolated tubal torsion (7-9).

The most common symptom of isolated tubal torsion is sudden onset pelvic pain. Sometimes this pain may radiate to the hips and even the legs. It may be an intermittent or cramping pain like menstrual pain. Nausea and vomiting are very common with a high frequency of 41%. The ratio of urinary system complaints has been reported as 24%, and the ratio of tenderness with cervical movements during bimanual examination as 18% (10). Vaginal discharge and bleeding may also be seen in some cases (11).

In patients with pelvic pain with suspicion of an adnexal mass and torsion, ultrasonography is the imaging method of choice because it is non-invasive and does not expose the patient to radiation. In cases that are reported as torsion, radiologic imaging may reveal thickening and edema in the fallopian tubes, a twisted appearance, an elongated tubular cystic mass together with wall echogenicities separated from the ovary beside the uterine cornua (13). On Doppler ultrasonography, reversed diastolic flow and high-impedance waveforms in the affected tube may be diagnostic (14). These specific Doppler findings may not be observed in late-presenting cases in which circulation has probably ceased entirely. Normal flow on Doppler ultrasonography does not rule out the presence of torsion (15). The definitive diagnosis is made by surgical exploration.

In conclusion, isolated tubal torsion must be remembered in young patients that present with pelvic pain. Because it is more frequent in women, failing to make the diagnosis can lead to fertility problems.

CONFLICT OF INTEREST

Authors declare no conflict of interest

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