



Ovarian Torsion in Pediatric Patients: Case Presentation

Shawky Z Badawy*

Department of Obstetrics and Gynecology, Division of Reproductive Endocrinology, Upstate Medical University, Syracuse, New York, USA

***Corresponding Author:** Shawky Z Badawy, Department of Obstetrics and Gynecology, Division of Reproductive Endocrinology, Upstate Medical University, Syracuse, New York, USA.

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Abstract

Ovarian Torsion is considered an acute abdominal emergency. Patients present to emergency rooms for evaluation. The pain may be associated with nausea and vomiting.

This is a case of a 12 year old female child with normal pubertal changes. She presented to the emergency room because of severe right lower quadrant pain. Ultrasound of the pelvic cavity showed enlarged oedematous right ovary with absent blood flow by Doppler. The patient was taken to the operating room. Open laparoscopy was done under anesthesia, and the ovary was detorsed resulting in normal blood flow. One week later, the patient had a sonogram study of the pelvic cavity which documented normal ovaries with normal blood flow.

Keywords: Ovarian Torsion; Fallopian Tube; Ovary

Introduction

Ovarian torsion is more common in the adult population. However, it has been recognized in female children and adults. Early diagnosis and management is essential to save the affected ovary and fallopian tube [1].

Ovarian torsion is responsible for 2 - 3% of pediatric population who present to the Emergency room with lower abdominal pain [2].

In these patients, we have to evaluate other causes of abdominal pain including appendicitis, gastroenteritis and urinary tract infection. Ultrasound study of the pelvis, using Doppler is an important investigation - usually, the affected ovary is eodematous and enlarged with absent blood flow. There might be a simple cyst or dermoid cyst in the affected ovary that predisposed to the torsion, but in many cases this is not the case.

Pathology

Ovarian torsion occurs more in the right ovary than the left ovary. This may be due presence of the pelvic colon thus limiting the mobility of the left ovary. The right ovarian ligament may be somewhat longer allowing for more mobility of the right ovary. Ovarian torsion is usually associated with torsion of the fallopian tube. As a result of the torsion, the venous blood flow will be limited leading the venous congestion, oedema, and hemorrhage into the affected ovarian tissue [3].

Ovarian torsion occurs with masses present in the ovary or parasubal in 80% of cases. This may be a simple cyst or a dermoid cyst [4].

Case Presentation

A 12 year old female patient presented to the Emergency room with right lower quadrant pain of 2 days duration. There was no evidence of gastro intestinal or urinary problems. She has normal thelarche, adrenarche and menarche. CBC showed increased WBC 18.7. Electrolytes were normal. Pelvic sonogram revealed enlarged, edematous right ovary measuring 8 cm - Doppler study revealed absent blood flow to the right ovary.

The patient was taken to the operating room, and had open laparoscopy under general anesthesia. Inspection of the pelvic structures revealed normal uterus, and normal left ovary and left fallopian tube. The right ovary and fallopian tube were torsed 3 times. This was detorsed. The blood flow returned to the ovary and tube. The pelvic organs were then irrigated with lactated ringers, and the procedure was completed. The patient did well post operatively. One week later, she presented to our office for post-operative check. She was pain free and a pelvic sonogram revealed normal uterus and normal ovaries with blood flow.

Discussion and Conclusion

Ovarian torsion in pediatric age should be considered in patients presenting with acute lower abdominal pain. These cases must be diagnosed early enough to allow for quick treatment, thus preserving the ovary involved in this condition [1].

The surgical treatment includes detorsion with immediate good results. In the presence of ovarian cyst, detorsion is done first, followed by excision of the cyst thus preventing reoccurrence of torsion. The use of ultrasound with Doppler should be the first evaluation test to reach the diagnosis [3].

Bibliography

1. Huchon C and Fauconnier A. "Adnexal torsion: A literature review". *European Journal of Obstetrics and Gynecology and Reproductive Biology* 150.1 (2010): 8-12.
2. Agentia PA., et al. "Torsion of the uterine adnexa - pathologic correlations and current management trends". *Journal of Reproductive Medicine* 45.10 (2000): 831-836.
3. Serveas S., et al. "Sonographic findings of ovarian torsion in children". *Pediatric Radiology* 37.5 (2007): 446-451.
4. Pansky M., et al. "Torsion of normal adnexa in post menarchal women and risk of recurrence". *Obstetrics and Gynecology* 109 (2007): 355-359.
5. Gelsner G., et al. "Minimal surgery for the twisted ischaemic adnexa can preserve ovarian function". *Human Reproduction* 18.12 (2003): 2599-2602.

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