

# Torsion of Pelvic Organs in a 10-Year Old Girl

Pages with reference to book, From 18 To 18

Nusrat H. Khan ( Unit I, Department of Obstetrics and Gynaecology, Civil Hospital, Karachi. )

## Introduction

Torsion of the normal fallopian tube with or without the ovary is not very rare<sup>1</sup>. The lesion of the tube preceding torsion is mostly a hydrosalpinx. The interference in blood- supply converts this to a haematosalpinx<sup>1</sup>. Primary tumours of the oviduct are seldom diagnosed before operation<sup>2</sup>. With early diagnosis and treatment it might be possible to conserve normal structures by untwisting the pedicle and resecting the tumours<sup>3</sup>.

## Case Report

A 10-year old Pakistani girl was admitted in emergency on July 28th, 1988, with acute abdominal pain and a noticeable swelling in the lower abdomen with the onset of three days. There was no history of onset of menarche. On admission, she was normotensive, temperature was 38°C and pulse rate was 92 per minute, regular and of good volume. Abdominal examination confirmed the presence of a mass extending from the symphysis pubis to the umbilicus which was tender on palpation. A provisional diagnosis of twisted ovarian cyst was made. The young girl was anaemic (Hb 10.0g/dl). Mid stream specimen of urine was reported normal. Urgent ultrasound examination was carried out which confirmed the presence of a solid mass 4.2 cm x 4.2 cm attached to the fundus of the uterus. There was another large cystic mass (8.9 cm x 8.5 cm) attached to the solid mass on the right of the uterus. The provisional ultrasound diagnosis was: (1) right ovarian cyst, (2) pedunculated fibroid. Diagnostic laparotomy was carried out on the same day. Twisted and haemorrhagic right tube-ovarian mass was seen. The right ovary measured 6x3.5x3 cm, filled with chocolate-coloured fluid. The big cyst was at the fimbrial end of the fallopian tube which measured 11x9x8 cm filled with watery, brown-coloured fluid (haematosalpinx). There was a small hydrosalpinx on the left side. The left ovary was normal. Right sided salpingo-oophorectomy and left-sided salpingostomy was done. Fluid was aspirated from the left hydro-salpinx and sent for AFB culture. Post-operative period was uneventful. She was discharged home on 8th post-operative day. The histopathology report confirmed haemorrhage (with necrosis) of ovary and fallopian tube; cystadenoma following torsion. Bacteriological examination of the fluid obtained from the right tubo-ovarian mass excluded the presence of mycobacterium.

## Discussion

Adnexal torsion is a well-known, poorly recognised and infrequently encountered clinical entity that can involve the tube and ovary, either separately or together<sup>2</sup>. It is mostly seen in a child or an adolescent due to physiological mobility of organs at these ages<sup>1</sup>. This was the case in the child. Clinical features are indistinguishable from those caused by tumours of the uterus or ovary<sup>2</sup>, or of acute appendicitis<sup>4</sup>. The right adnexa is more frequently involved than the left in torsion by a 3:2 ratio<sup>5</sup>. If the torsion is suspected or diagnosed, immediate laparotomy is required. If the torsion is incomplete or recent, the tissues may still be viable, it is then possible to conserve them. When the tissues are gangrenous or beyond recovery, they have to be removed<sup>1</sup>.

## References

1. Tindall, V.R., Torsion of pelvic organs, Jeffcoate's principles of gynaecology, 1987;5:287-89.
2. Tatum, Hi. Tumours of the oviducts. Current obstetric gynecologic diagnosis and treatment 1984;5:30-8.
3. Hibbard, L.T. Adnexal torsion. Am. J. Obstet., Gynecol., 1985;152:456-61.
4. Davis, A.J. and Feins, N.R. Subsequent asynchronous torsion of normal adnexa in children. J.Pediatr., Surg., 1990;25:687-89.
5. James, D.F. Barber, HX and Graber, E.A. Torsion of normal uterine adnexa in children. Report of three cases. Obstet. Gynecol., 1970;35:226-30.
6. Schultz, L.R., Newton, WA. and Clatwottby, H.W. Torsion of previously normal tube and ovary in children. N.Engl.J.Med., 1963;268:343-46.

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