



Case Report on: Adnexal Torsion

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ABSTRACT

Ovarian torsion refers to the rotation of the ovary to such a degree as to occlude the ovarian artery or vein. It is an infrequent but significant cause of acute lower abdominal pain in women. This condition is usually associated with reduced venous return from the ovary. The ovary and fallopian tubes are typically involved. A 27-year-old female was admitted in A.V.B.R.H with the chief complaints of pain in the abdomen in the left lumbar region with radiation to the groin on the date of 29/02/2020 along with this she has vomited 5-7 episodes on that day. She was on her periods during that time, she had pain and she thought that it was due to her periods but the pain was more severe. So, she came to AVBRH for further investigation, according to ultrasonography investigation, the uterus was enlarged as well as Ovarian Torsion. On that day, Total Abdominal Hysterectomy was done. She was admitted to ANC ward for further management. There is no medical management for ovarian torsion but the various type of surgery is available for ovarian torsion. Two surgical procedures for untwist ovary first is laparoscopy and laparotomy. Other surgical procedures are oophorectomy, salpingo-oophorectomy & total abdominal hysterectomy. Early diagnosis and surgery are essential to protect ovarian and tubal function and prevent severe morbidity. The case report concludes that there is no any medicine to untwist the ovary only surgical management is effective for ovarian torsion and after total abdominal hysterectomy patient condition was normal.

Keywords – ovarian torsion, total abdominal hysterectomy, ultrasonography

INTRODUCTION:

The total or partial rotation of the ovary on its ligamentous supports is referred to as ovarian torsion. As a result, its blood supply is frequently obstructed. Ovarian torsion is a gynecologic emergency that can strike women of all ages. When the fallopian tube bends with the ovary, this is known as adnexal torsion. Complete blockage of the ovarian blood supply causes ovarian failure and necrosis of the torn tissues, which can lead to haemorrhage, peritonitis, pelvic pain, and infertility. An ovarian mass, especially one that is 5 cm in diameter or bigger, is the greatest risk factor for ovarian torsion.¹

Ovarian torsion is a rare yet life-threatening illness that affects women. Early detection is critical for preserving the ovaries' and tubes' function and avoiding serious morbidity. With ischemia, ovarian torsion refers to the total or partial rotation of the adnexal supporting organ. It can affect women of any age group. Ovarian torsion affects approximately 2%–15% of women who had adnexal tumours surgically removed. Acute onset of pelvic discomfort is the most prevalent sign of ovarian torsion, followed by nausea and vomiting. Ovarian cysts can be detected via pelvic ultrasonography. The basis of diagnosis and treatment for ovarian torsion is surgery or detorsion.²

PATIENT CASE REPORT:

A 27-year-old female complained of pain in the abdomen in left lumbar region with radiation to groin on the date of 29/02/2020 along with this she has vomited 5-7 episodes on that day. She was on her periods during that time, she had pain and she thought that it was due to her periods but the pain was more severe. So, she came to AVBRH for further investigation, according to ultrasonography investigation, the uterus was enlarged as well as Ovarian Torsion. On that day itself, Total Abdominal Hysterectomy (TAH) was done. She was admitted to ANC ward for further management. she has a past history of ovarian cyst (chocolate cyst) in 2013, where she has undergone an operation on 'Rt. Side unilateral salpingo– oophorectomy' at AVBRH, after 1 month when she came for follow-up, ultrasonography has done again, 1½ mm of ovarian cyst was detecting again in left side where she had taken 1-month continuous treatment, along with this she has taken homeopathic treatment also. Rather than this she does not have any complaints like DM, HTN, Tuberculosis etc. she has undergone Total Abdominal Hysterectomy (TAH) on 29/02/2020 during this admission. she has a past surgical history of 'Rt. Side unilateral salpingo - oophorectomy' in 2013, rather than this she had undergone LSCS in 2011. She belongs to a nuclear family, after her husband died, she is the breadwinner of her family. Now, she's living with her son. She does not have any complaints regarding her sleeping and diet pattern, her bowel and bladder pattern is abnormal. She does not have any bad habits like chewing tobacco, smoking, drinking alcohol, etc. She is the breadwinner in their family, her family income is 15000/- per month. They are living in a concrete building, they have good and proper ventilation in their house, all the facilities like electricity, water supply are available in their house.

Patient general examination was state of health was unhealthy, conscious, Body built normal, Posture erect, hygiene was good. general parameter height was 154 cm, weight 55 kg. Vital sign is Temperature 98°C, Pulse 80 b/m, Respiration – 20 b/m, BP – 110/70 mmHg. In abdomen scar present due to LSCS, Normal Bowel sound heard, No any fluid collection, no any enlargement of organ. vaginal scanty bleeding present due to menstrual cycle. Haemoglobin count - 12.3 gm%, MCHC - 32.4 g/dl, MCV - 93 cub. Micron, Total RBC count - 4.11 gm%, Total WBC count - 14600/cu.mm, Total platelet count - 2.41 lacs/cu.mm, Ultrasonography - enlargement was present in left ovary, Doppler sonography - ovarian arteries blood flow is decrease. The drugs are used Inj. Metrogyl 100cc, I.V., TDS. Action – Metronidazole injection is also to prevent infection when used before, during, and after colorectal surgery. Metronidazole injection is in a class of medications called antibacterial. It works by killing bacteria and protozoa that cause infection. Inj. Pan (BD), 40mg. Action - Pantoprazole helps avoid harm to the GI (gastrointestinal) tract caused by stomach acid or infection. Inj. C - tax (BD) 1g Action - Cefotaxime works to harm the bacteria and fight the infection. Inj. Tramadol (SOS) 50mg/ml Action - Tramadol Injection works by blocking the effect of chemicals that causes pain. Suppository Zonac (TDS) 100mg. Action - It is used for treating post-operative pain and inflammation. This route is administered in cases where any other route is not possible, such as, unconscious individuals or in children.

Management for ovarian torsion is There is no medicine that can untwist the ovary. Birth control pills may be administering to stop ovulation. Stopping ovulation may prevent new cysts from forming, Secure IV line, Treat pain and nausea with IV medication. various type of surgery is available for ovarian torsion. Two surgical procedures for untwist ovary first is laparoscopy and laparotomy. Other surgical procedures are oophorectomy, salpingo-oophorectomy & total abdominal hysterectomy. Early diagnosis and surgery are essential to protect ovarian and tubal function and prevent severe morbidity. Nursing management is to observe the patient's condition, to monitor vital signs and maintain records, the health provider may want to wait for 1 to 2 months before treating to see if the cyst goes away on its own. Usually, the cyst has not caused severe symptoms but an ultrasound has confirmed its presence. Nurse will be re-examined after 1 to 2 menstrual cycles. An ultrasound may be done again to monitor the cyst. pain relief, sometimes using moist heat and over the counter pain medicine, such as inj. Tramadol, inj. Voveron can help. Read the medicine label carefully to know the right dose to take. A heating pad or a warm bath relieves pain. avoid vigorous activity if patient have a large cyst, the health care provider might ask patient to avoid vigorous activity until the cyst grows smaller and goes away. Extreme activity might cause ovarian torsion.

Discussion –

On the date of 29/02/2020, the patient complained of pain in the abdomen in the left lumbar area with radiation to the groin, as well as vomiting 5-7 episodes. She was on her periods at the time, and she was in pain, which she assumed was related to her periods, but the discomfort was much worse. As a result, she was referred to AVBRH for further evaluation. Ultrasonography revealed that the uterus was enlarged, as well as Ovarian Torsion. Total Abdominal Hysterectomy (TAH) was performed on that day. She was admitted to the ANC ward for additional treatment. She had a previous history of ovarian cyst (chocolate cyst) in 2013, when she had an operation on 'Rt. Side unilateral salpingo-oophorectomy' at AVBRH. After a month, when she returned for follow-up, ultrasonography was performed again, and 112 mm of ovarian cyst was detected again in the left side, for which she had received 1-month continuous treatment, as well as homoeopathic treatment. She does not, however, suffer from any ailments such as diabetes, hypertension, or tuberculosis. After total abdominal hysterectomy, our patient's acute stomach discomfort, nausea, and vomiting subsided, and her condition improved.

Ovarian torsion does not have a medical treatment, although it can be treated with a variety of surgical procedures. Laparoscopy and laparotomy are two surgical procedures used to untwist the ovary. 3 Oophorectomy, salpingo-oophorectomy, and total abdominal hysterectomy are some of the other surgical treatments that can be performed. To preserve ovarian and tubal function and avoid severe morbidity, early diagnosis and treatment are required. 4 The fifth most common gynaecologic emergency is ovarian torsion, which causes pain in the patient. The illness is difficult to detect and necessitates surgery. 5 Acute pelvic pain is one of the most common reasons for emergency visits to Gynecology departments, and ovarian torsion, which causes pain in patients, is the fifth most common gynaecologic emergency. The twisting of an ovary on its ligamentous supports, which can result in a reduced blood supply, is known as ovarian torsion. 6 The most common victims of ovarian torsion are adolescent girls and women of childbearing age. Delays in diagnosing and treating ovarian torsion can have serious repercussions, including the loss of ovarian function. Ovarian torsion is difficult to detect and requires surgery very early to prevent irreparable ovarian damage. The wide range of imaging abnormalities and nonspecific symptoms of ovarian torsion can cause identification delays, and misinterpretation is common. Ultrasonography alone is not a viable diagnostic tool. Laparoscopy is the only reliable way to diagnose ovarian torsion. 7

Clinical and sonographic findings related with ovarian torsion have been documented in a number of investigations. Radiating pain, intermittent pain, unilateral abdominal pain, and pain that lasts shorter than 8 hours are all clinical symptoms of ovarian torsion. 8 The presence of a 5 cm ovarian cyst on sonography is linked to ovarian torsion. 5-8 The presence of simple cysts is linked to a lower incidence of ovarian torsion. When researching ovarian torsion, medical disorders such vaginal haemorrhage, leucocytosis, nausea, vomiting, and fever, as well as previous histories of pelvic surgery, ovarian cysts, and ovarian stimulation, are generally taken into account. 9 When an ovarian cyst or tumour appears, it rotates both the infundibulopelvic ligament and the utero-ovarian ligament, causing ovarian torsion. A benign lesion above 5 cm in diameter is frequently a cyst or tumour. 10 Normal ovaries can also be torn, especially in premenarchal girls with lengthened infundibulopelvic ligaments. However, because the ligament shortens as premenarchal girls age into puberty, the occurrence of ovarian torsion may decline in the future. 11 Torsion that is too severe to be treated is challenging. The oviduct and ovary hyperaemia are always present as a result of venous flow restriction. Internal bleeding may cause shock if blood vessels rupture as a result of the torsion. During the rectoabdominal examination, ovarian torsion should be highly suspected if the thickened accessories are touchable with apparent tenderness and rebound pain in the lower abdomen, as well as variable degrees of abdominal muscle tension. Lumps and soreness on one side of the appendages would be visible on a gynaecological examination. 12

Conclusion –

Although ovarian torsion is difficult to diagnose, a thorough examination of the presenting symptom, such as rapid onset lower abdomen pain, is crucial. Ultrasonography of the pelvis can reveal the presence of an ovarian cyst. Surgery is the mainstay of diagnosis and treatment if ovarian torsion is suspected. The therapy of choice may be ovarian cystectomy, oophorectomy, or conservative treatment with detorsion. After the torsion, there is a danger of recurrence, although the incidence and causes are unknown. According to recent research, numerous techniques can be utilised to reduce the risk of recurrence. Oral contraceptive suppression is one approach for ovarian cyst suppression. Oophoropexy is another way; nonetheless, both approaches require long-term monitoring and careful research.

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