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Case Report

Adnexal Torsion in a Pregnant Woman A Case Report

Authors:
Lounas BENGHANEM⁎, Lydia FAÏD, Mounir BISKER, Kamel HAïL
Professor, Head of the Gynecology and Obstetrics Department, Mustapha University Hospital Center, Faculty of Algiers I. Algeria.
Obstetrician Gynecologist Gynecology and Obstetrics Department, Mustapha University Hospital Center, Faculty of Algiers I. Algeria.
Obstetrician Gynecologist Gynecology and Obstetrics Department, Mustapha University Hospital Center, Faculty of Algiers I. Algeria.
Professor in General Surgery, Mustapha University Hospital Center, Faculty of Algiers I. Algeria.
⁎**Corresponding Author**:
Lounas Benghanem
Professor, Head of the Gynecology and Obstetrics Department, Mustapha University Hospital Center, Faculty of Algiers I. Algeria.

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ABSTRACT:
Ovarian torsion during pregnancy is a rare emergency. It poses a real diagnostic and therapeutic challenge. Torsion usually occurs on a tumorous ovary, rarely on a healthy ovary. Adnexal torsion is an emergency to be suspected in the presence of any acute pelvic pain in a pregnant woman, and its management must be rapid in order to avoid any maternal or foetal complications.

Keywords : Pregnancy, Adnexal torsion, Laparoscopy, A case report.

INTRODUCTION:

Adnexal torsion is a rare pathology due to rotation of the adnexa around its vascular axis, usually in the presence of an adnexal mass which is often benign, and exceptionally in a healthy ovary. However, diagnosis remains difficult, due to the ascension of the ovary in advanced pregnancies, which may mimic other surgical emergencies such as acute appendicitis, cholecystitis or acute pyelonephritis. Adnexal torsion during pregnancy can occur during all three trimesters of pregnancy, most often during the first trimester, rarely during the third trimester, but generally during the first two trimesters of pregnancy (70 to 90%) [1] [2]. The proportion of adnexal torsion occurring during pregnancy varies from 13 to 28%, and its frequency is estimated at 1/5000 pregnancies [3][4][5].

Patient and Observation:

Patient Information:

We report the case of a 28 year old G2P1 patient with no particular pathological history, pregnant at 18 weeks of amenorrhoea, who consulted for an acute pelvic pain syndrome in the right iliac fossa; the clinical examination ruled out a threat of abortion. Pelvic ultrasound showed torsion of the right ovary.

Therapeutic Intervention:

The patient was operated on by laparoscopy, exploration revealed a totally necrotic right adnexa, adnexectomy was performed by coagulation section using bipolar forceps, and the operative specimen was placed in an endobag and extracted through a 25 mm incision at the level of the left false iliac.

Follow-up and Results:

DISCUSSION:

During pregnancy, the clinical symptomatology of ovarian torsion during adnexa is not specific. It is unilateral, intense, paroxysmal, recurrent pelvic pain, with a sudden onset, as in all acute visceral ischaemia, with abdominal defence, often accompanied by nausea and vomiting. The pain may also be confused with uterine contractions, and may pose a diagnostic problem with miscarriage or premature delivery, especially as torsion also generates uterine contractions.

Clinical examination is not easy during pregnancy, and palpation of the mass can be difficult. In fact, as the pregnancy progresses, the adnexa will rise. This can lead to a delay in diagnosis and therefore to poor management.

Adnexal torsion predominates on the right side in 60% of cases, and is favoured by benign lesions of the ovary in 60-90% of cases. Torsion of a neoplastic ovary is estimated to occur in 2% of cases [6] [7], which allows conservative treatment. Ovarian torsion generally occurs on a pathological ovary, most often a teratoma or serous cystadenoma [8].

The laparoscopic management of adnexal torsion during pregnancy is no longer debated [9]. It has been proven that laparoscopy does not increase the risk of spontaneous miscarriage, premature delivery, intrauterine growth retardation or foetal malformation. It is associated with faster post-operative recovery than laparotomy. The laparoscopic approach is feasible even in the 3rd trimester of pregnancy [10] [11].

We decided to tocolysate the patient postoperatively even in the absence of uterine contractions, as Mathevet's team did [12].

Laparoscopy in pregnant women requires a number of safety precautions: it is preferable to use open laparoscopy and to avoid using the Veress needle, intra-abdominal pressure should not exceed 8 to 12 mmHg, work should be performed away from the uterus with a minimum of mobilisation to avoid its excitation, triangulation is different in pregnant women and must be adapted to the volume of the uterus and the location of the lesion.

CONCLUSION:

Adnexal torsion is a genuine surgical emergency. It is difficult to diagnose during pregnancy, the clinical picture is not very specific, and management is particularly surgical in pregnant women, preferably by laparoscopy. The prognosis in pregnancy is generally favourable.

Conflicts of Interest:

The authors declare no conflicts of interest.

Authors' Contributions:

- Lounas BENGHANEM: data collection, bibliographic research and writing of the article.
- Lydia FAÏD: proofreading and supervision of the writing of the article.
- Mounir BISKER: proofreading and supervision of the writing of the article.
- Kamel HAÏL: proofreading and supervision of the writing of the article.

Figures:

Figure 1 : Severe irreversible necrosis

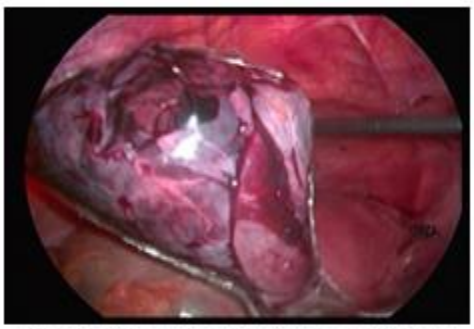

Figure 2 : Extraction in an endobag

Figure 3 : removal of the surgical part through a small incision

Figure 4 : Open under the left rib

Figure 5 : Operator trocars on the same side

Figure 6 : Operator trocars at umbilical level

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