

Ovarian torsion

Ovarian torsion (adnexal torsion) is the second most common acute abdomen in gynecology after ectopic pregnancy. Torsion of a mobile ovarian tumor or pedunculated fibroid occurs (but torsion of a healthy fallopian tube can also occur).

Clinical presentation

It proceeds rapidly or slowly (depending on how large the torsion is). If there is partial rotation, the veins become constricted, but the arterial inflow is preserved - causing congestion, swelling or bleeding. If the arteries are also constricted, necrosis and inflammatory reaction of the peritoneum develop. With multiple torsion there is severe pain and often the development of shock.

Objective evidence

- nausea, vomiting, delayed passage of gas and stool, persistent pain;
- fast heart rate, cold skin, covered with sweat.

Diagnosis

History and physical examination point to possible torsion - abdomen is distended, diffusely painful (most in the lower abdomen), defense musculaire. Palpation per vaginam - extremely painful resistance next to the uterus. Definitive diagnosis is determined by ultrasound and laparoscopy. However, the finding on the abdomen is more often an indication for acute laparotomy.

Treatment

The extent of surgery is determined by the viability of the adnexa after restoration of blood supply. In good cases, we perform only cystectomy or partial resection of the ovary after derotation. In unfavorable condition with necrosis, adnexectomy is the solution.

References

Used literature

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