

Torsion adnexa

Adnexal torsion is the second most common Sudden abdominal events in gynecology after ectopic pregnancy. Torsion of a movable ovarian tumor or pedunculated myoma occurs (but torsion of a healthy fallopian tube can also occur).

Clinical picture

It takes place suddenly or gradually (it depends on how big the strangulation is). If there is a partial rotation, the veins are compressed, the arterial inflow remains preserved - there is congestion in the cyst, swelling or bleeding . If there is also strangulation of the arteries, necrosis and an inflammatory reaction of the peritoneum develops . With multiple torsion - severe pain, often with the development of shock .

Objective finding

- Nausea, vomiting, stoppage of gas and stool, persistent pain;
- pulse rapid, thready, skin cold, covered with sweat.

Diagnosis

Anamnesis and physical examination alert us to a possible torsion - the abdomen is distended, diffusely painful (maximum in the lower abdomen), muscular defense . By palpation per vaginam - extremely painful resistance next to the uterus. Definitive diagnosis will be determined by USG and laparoscopy . But the finding on the abdomen is more often an indication for an acute **laparotomy** .

Therapy

The extent of the operation is governed by the vitality of the adnexa after blood supply is restored. In favorable cases, we perform only cystectomy or partial resection of the ovary after derotation. Adnexectomy is the solution in an unfavorable condition with necrosis.

Links

References

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