

Title: Spontaneous torsion with auto amputation of ovary presenting in first trimester as adnexal mass

INTRODUCTION

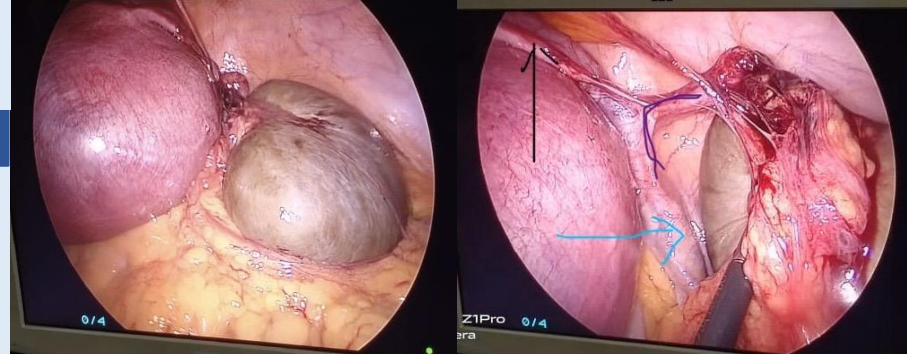
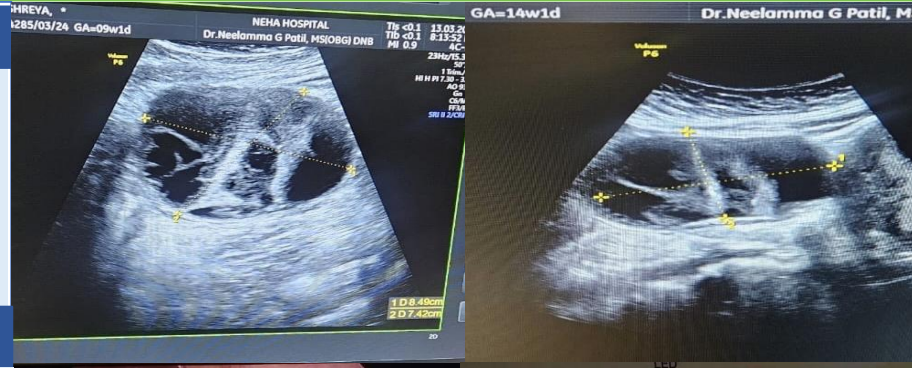
- The exact prevalence of ovarian autoamputation is unknown and the incidence has been reported to be as rare as 1 in 11,421
- It can occur due to torsion, inflammation or other unknown causes

OBJECTIVES

To explore the complications of adnexal masses in first trimester of pregnancy

CASE REPORT

A 28 year old, G2P1L1 previous IVF conception and delivered at 30 weeks presented in her second pregnancy with ovarian cyst found in dating scan. But as there was no resolution of the cyst she was posted for laparoscopic cerclage with cystectomy in view of previous preterm delivery at 12 weeks of gestation. Intraoperatively dusky looking enlarged right ovary was found away from the uterus, ovarian ligament was absent and there was communication with the omentum. Ovarian removal was not done in view of ? omental neovascularization. Patient continued the pregnancy till term and underwent caesarean section for CPD. Intraoperatively right ovary was found to be atrophic, removed and sent for HPR which showed old haemorrhagic cyst.



- USG - Ovarian mass at 7 weeks and 14 weeks**
- Laparoscopic view of auto amputated right ovary**
- Intraoperative image of atrophic right ovary during caesarean section**

DISCUSSION

- There are no articles published that showed auto amputation of ovary in pregnant women
- Torsion with auto amputation of ovary is a very rare condition and can easily be confused with corpus luteal cyst or dermoid cyst in first trimester of pregnancy
- Diagnostic-scope will help in diagnosis and needly intervention for this condition

CONCLUSION

Early diagnosis of torsion ovary by considering clinical symptoms and ultrasound features, followed by diagnostic-scope will help to intervene and help save the ovary and preserve fertility

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