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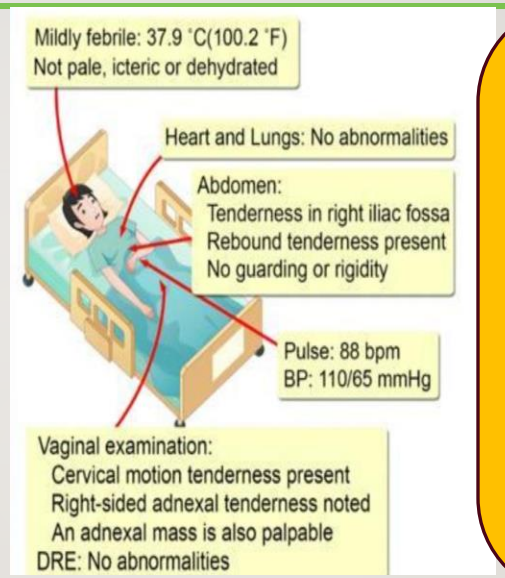
- Title: An interesting case of right ovarian cyst torsion: case report

INTRODUCTION

Fifth most common gynecological emergency.
prevalence of 2.7%
Partial or complete rotation of the adnexa around its ovarian vascular pedicle that may cause a cessation in the blood supply to the ovary leading to ischemia and may lead to subsequent necrosis of the ovary and necessitate resection. potential implications for future fertility.
clinical suspicion and timely intervention are crucial for ovarian salvage.
Frequency of ovarian torsion in patients undergoing surgery for acute pelvic pain is **2.5-7.4%**
The gold standard to confirm and treat ovarian torsion is surgery. Two surgical methods used for treatment, laparoscopy, and laparotomy

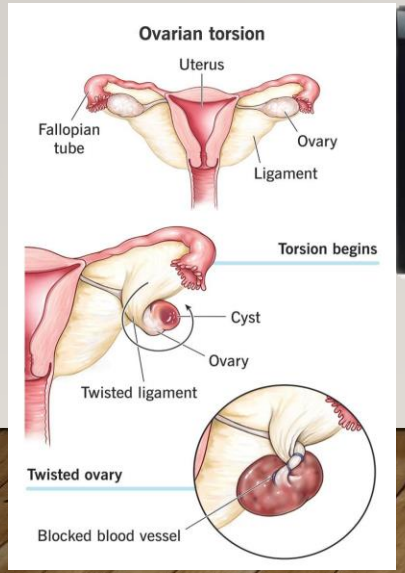


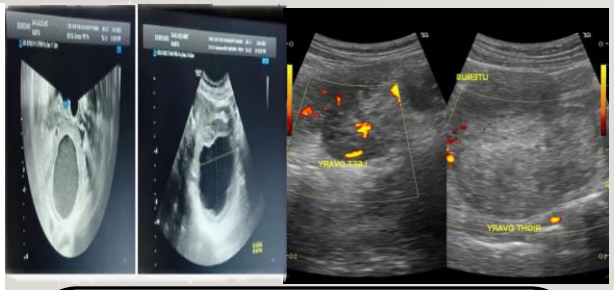
MANAGEMENT:Emergency exploratory laparotomy

Intra-operatively, 2 and a half turns of the right ovarian pedicle were seen and detorsion one. A 6x6x6 cm-sized necrosed right ovarian cystic mass was noted with a necrosed right fallopian tube. Right salpingo-oophorectomy and Left cervicopexy.The patient tolerated the procedure well and the postoperative course was uneventful.

CONCLUSION

Ovarian cyst torsion can occur at any age. Therefore, a **high index of suspicion coupled with ultrasonographic evidence and adequate clinical presentation reduces morbidity and complications of the disease**.Rapid diagnosis and surgical intervention are the keys to recovery.





USG pelvis-right-sided 7×4.5 cm sized heterogeneously hypoechoic cystic collection with dense internal echoes within, with thickened right ovarian pedicle with no internal vascularity.

CASE REPORT

A 32-year-old multiparous tubectomised patient came to OPD at LTMGH, Sion with a complaint of vague lower abdominal pain and nausea for 2 days. On examination per abdomen was soft and no guarding, rigidity, or tenderness was present.On per speculum examination, the cervix and vagina were noted healthy. On per vaginal examination,the uterus was anteverted normal size, with a mass felt in the Pouch of Douglas, bilateral fornices were free and no forniceal tanderness was noted.


Figure 2: Intraoperative picture of right ovarian torsion.

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