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Case Report

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Double Adnexal Twist

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A 48-year-old, gravida 3 paras 3, female presented in ER for acute abdominal pain. The ultrasound revealed a left 5 cm - 6 cm complex adnexal mass; Doppler showed evidence of blood supply occlusion.

PE with pain on the left lower abdominal quadrant, vaginal bimanual examination with Chandelier´s sign positive. Blood work with Lymphocytosis of > 14,000 cells/microL, D-dimer by ELISA testing was 1,500 ng/mL. Laparoscopic surgery was performed (Figure 1), showing double left adnexal torsion (Figure 2). The evidence of necrotic tissue was visualized (Figure 3), and a left salpingo-oophorectomy was performed. The patient's recovery was unremarkable, without any complicated issues.

Ovarian twist refers to the complete or partial rotation of the ovary, often resulting in partial or complete obstruction of its blood supply and may affect females of all ages [1]. It is one of the most common gynecologic surgical emergencies. It is uncommon to find a double twist on the same side.

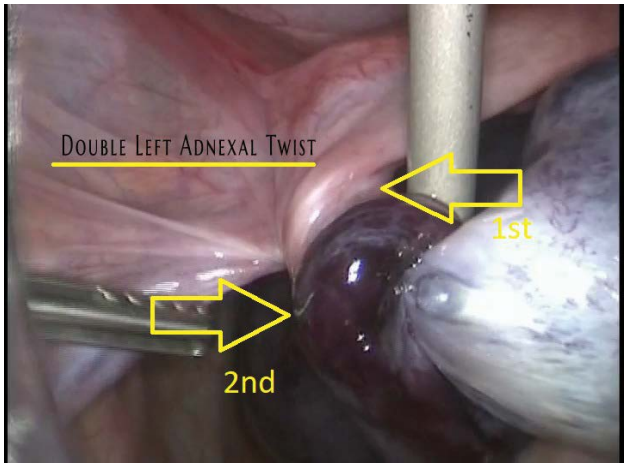

Figure 1: Initial anatomical laparoscopic inspection.

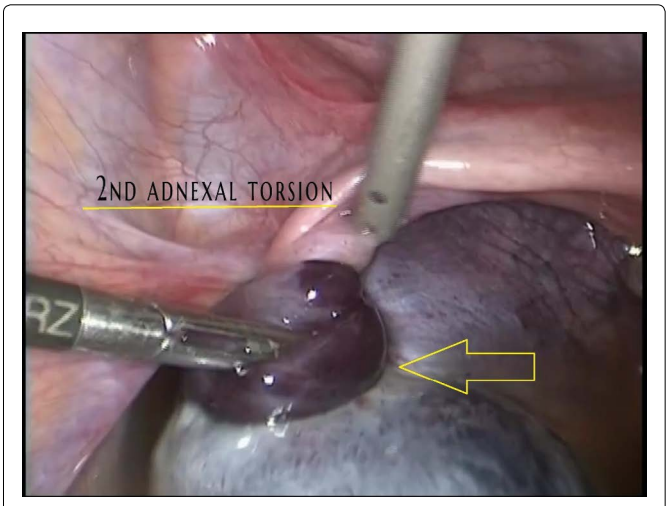

Figure 2: Laparoscopic view of a Double Left Adnexal Torsion.

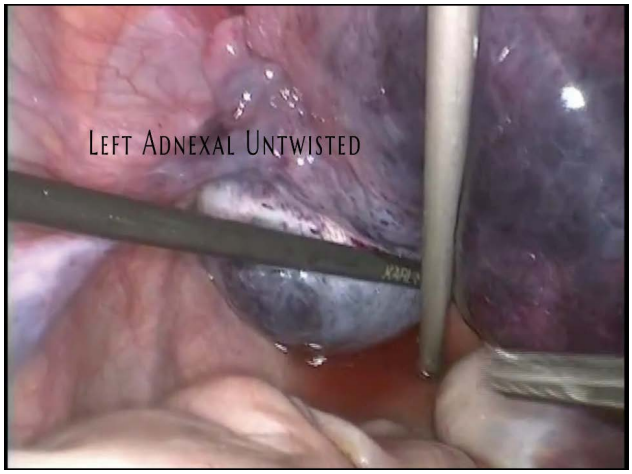

Figure 3: Laparoscopic surgery untwisting the left adnexal tissue.

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Chronic adnexal torsion with complete occlusion of the ovarian blood supply will ultimately result in necrosis of the torted tissues and loss of ovarian function [2].

The incidence of adnexal torsion is unknown. In a report of a 10-year review of patients at a women's hospital, ovarian torsion accounted for 2.7 percent of emergency surgeries [3]. Torsion was the fifth most common surgical emergency [4].

Over 85 percent of patients with ovarian torsion have an ovarian mass. Large size, which increases the risk of torsion. Torsion is most likely to occur when the ovary is 5 cm in diameter or larger [5,6].

In 90 percent of the cases, the onset of the pain is suddenly and usually moderate to severe [7]. The character of the pain may be sharp, dull, stabbing, colicky, or crampy, and it may radiate to the flank, back, or groin.

A torted ovary should be considered potentially viable as ovarian necrosis is rare. Salpingo-oophorectomy is indicated in a nonviable ovary that is clearly necrotic [8,9].

The pelvic anatomy is mandatory to do laparoscopic surgical excision of a necrotic pelvic tissue [10].

Disclosure Statement

The authors declare that they have no conflicts of interest and nothing to disclose.

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