Adnexal torsion: Management controversy: A case series
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Abstract

Objective: To present and analyse a case series with adnexal torsion, and to describe management options applied. Study design: A prospective analysis, over 4 years; (October 2011 to October 2015). Setting: University hospital’s Gynaecology centre.

Subjects & methodology: A total of 46 patients presenting with adnexal torsion were analysed, 22 of which were pregnant. Intervention: Laparoscopy was done for all cases, and decision for detorsion, Ovarian cystectomy, or adnexectomy was taken immediately. Main outcome measures: Ovarian structure and function conservation, in terms of restoration of normal ovarian blood flow, proven by color Doppler Ultrasonographic scan, after 1, 6 and 12 months, normal ovarian volume and follicular development, by Ultrasound scan at 1, 6 and 12 months, second look laparoscopy, recommended for the non-pregnant group, showing a normal appearance, size, and position of the ovaries, and the gross appearance of the ovaries for the pregnant who underwent a Cesarean section (CS). Results: Ovarian torsion was diagnosed in 48 ovaries (2 bilateral), All of the cases were managed by detorsion, with cystectomy (if ovarian cyst present), with or without oophoropexy. Adnexectomy was not done in any case. No complication, nor conversion to laparotomy was reported. 2 cases showed recurrence (4.43%) one pregnant, at 34 weeks, and was managed by a Caesarean section and detorsion, and one non-pregnant, managed by a second laparoscopic detorsion. Follow up by Ultrasonographic, and color Doppler scans, second look laparoscopy (done in 16/24 cases), and inspection at CS, proved complete conservation of the treated ovaries. Conclusions: Laparoscopic management of ovarian torsion - whether in pregnancy or not- seems to be the route of choice. Detorsion was adequate to preserve ovarian structure and function in all cases studied, regardless of the degree of ovarian ischemia, the surgeon found. Ovarian fixation after detorsion was not found to be necessary to decrease recurrence.