

Recurrent Ovarian Torsion in 12-year-old Child – A Case Study

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BACKGROUND

Ovarian or adnexal torsion accounts for 2.5-5% of gynecological emergencies

It is twisting of the ovary and/or fallopian tube on its vascular and ligamentous supports, potentially blocking adequate blood flow to the ovary.

A high index of clinical suspicion and prompt surgical management ensures protection of future ovarian function and preserve fertility.

Symptoms : abdominal pain, nausea, vomiting with or without palpable abdominal mass.

More common on the right side due to longer infundibulopelvic ligament; and protection effect of sigmoid colon on the left, preventing the twisting of the left ovary.

Doppler ultra-sonography is useful investigation as reduced or absent blood flow in the ovary can be an evidence of torsion

Laparoscopy is the gold standard for diagnosis.

Various surgical techniques are described for ovarian fixation but efficacy and safety is not well established

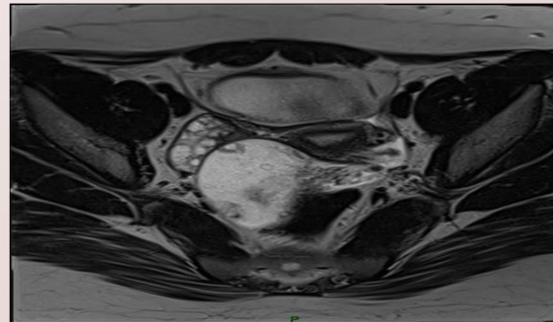
Laparoscopic detorsion and oopheropexy by “Hotdog in a Bun Technique” is an effective method to prevent recurrent adnexal torsion.

We present a case of 12 year old who presented with ovarian torsion twice within 2 months.

CASE PRESENTATION

First presentation: 24-hour history of left flank pain associated with tenderness and guarding.

- WCC marginally raised, other blood results including tumour markers were normal.
- **Pelvic Imaging:** 6X6cm soft tissue abnormality in POD with cystic component and “swirled” appearance of left adnexa.



MRI Image Of Ovarian Cyst With Torsion

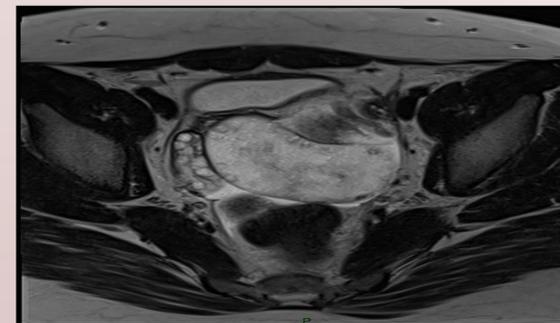


Laparoscopic View Of Torsion Of Ovarian Cyst

Subsequently, she underwent laparoscopic detorsion of the left ovary with drainage of cyst

Second Presentation: Patient represented 3 weeks post-surgery with similar complaints.

- Repeat blood investigations unremarkable.
- **MRI pelvis** - enlarged left ovary 7x5cm with twisting of ovarian pedicle suggestive of recurrent ovarian torsion.



MRI Image Of Recurrent Ovarian Torsion



Laparoscopic View Of Recurrent Ovarian Torsion

Repeat diagnostic laparoscopy with Detorsion, Ovarian cystectomy and Oopheropexy using “Hotdog in a Bun Technique” was done to prevent recurrence.

REFERENCES

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ACKNOWLEDGMENTS

Special thanks to the girl who underwent this procedure and her parents, who consented for this case study.

SURGICAL TECHNIQUE



Step 1 : De-torsion of Ovary

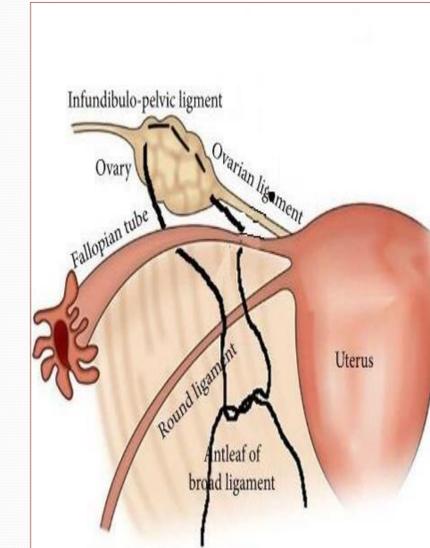


Step 2 : Ovarian Cystectomy



Step 3: Oopheropexy “Hot Dog in a Bun Technique”

“HOT DOG IN A BUN” TECHNIQUE



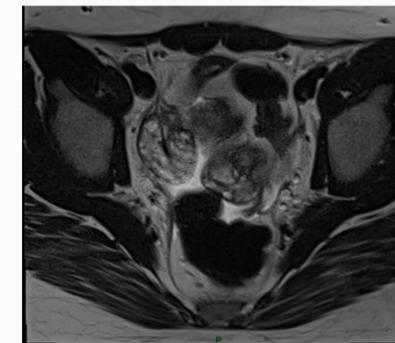
In this method, the round ligament and utero-ovarian ligaments act as the “bun”, while the fallopian tube serves as the “hotdog”. The fallopian tube is cushioned in between the two ligaments.

A lateral mattress suture is passed from the round ligament, the clear space of the mesosalpinx and the Ovarian tissue.

This decreases the mobility of the long ligament pedicles while avoiding excessive crushing of the tube.

FOLLOW UP

- Post-operatively she was commenced on Monophasic combined OC pills for 6-12 months to prevent ovarian cysts recurrence.
- A follow up MRI after 6 weeks showed normal ovarian morphology with no evidence of ovarian torsion.



Follow Up MRI Image With No Evidence Of Torsion

CONCLUSION

- Prompt management and laparoscopic detorsion is treatment of choice for ovarian torsion with oopheropexy for prevention of recurrence.
- Close follow up with ovarian surveillance to ensure resolution of ovarian enlargement.