ECRONICON OPEN ACCESS

EC GYNAECOLOGY
Case Report

Attachment Torsion-Alert in the Differential Diagnosis of Acute Pelvic Pain

Rodrigo Otávio Sarraff Berger*

Departamento de Ginecologia, Hospital Marcelino Champagnat, Curitiba, Paraná, Brazil

***Corresponding Author:** Rodrigo Otávio Sarraff Berger, Departamento de Ginecologia, Hospital Marcelino Champagnat, Curitiba, Paraná, Brazil.

Received: February 08, 2019; **Published:** April 30, 2019

Abstract

Attachment torsion (fallopian tubes and or ovaries) is a rare emergency situation that is difficult to diagnose in the face of acute pelvic pain. We present two cases that were found "per operative" through diagnostic laparoscopy.

Keywords: *Ovary Torsion; Pelvic Pain*

Introduction

Attachment torsion (horn and or ovary) is part of a frame of silent manifestation that is acute and does not improve with normal clinical treatment. In this case we should always evaluate this possibility because it is difficult to diagnose early and that in the delay of the surgical approach we may have the need to make a more radical treatment such as the withdrawal of an organ If you had an early surgical [1-3].

Diagnosis difficult to be performed because in the initial phase of the torsion the laboratory exams are almost always normal. Only at a later stage can we observe image ovarian cyst with doppler changed. They are observed in cases of cysts above 6 cm of pregnant volume (Lupus chorus cyst) and or in infertility treatments with ovulation induction.

Always surgical treatment; preferably by laparoscopy and in an attempt to recover the perfusion of the trompa and ovary after untwisting the annex.

Development

The prevalence of torsion of the horn and or ovary is rare. Difficult to diagnose and are often found in diagnostic laparoscopies due to acute abdomen without definite cause.

In these situations we can face the findings of trompa and or ovary of color dark blue color due to the acute ischemia process. After treatment of untwisting the cyst and recovering the permeability of the horn and ovary-should not be opted for a conservative treatment in the non-withdrawal of the horn and ovary. As the main etiological factor are cysts in ovaries, it can be performed the cystectomy only with the removal of the capsule from the cyst. In the most severe cases where there is no perfusion and there are indications of necrosis or thrombosis of vessels the best conduct would be the removal of the affected organ.

We recently had 0_2 attachment torsion cases.

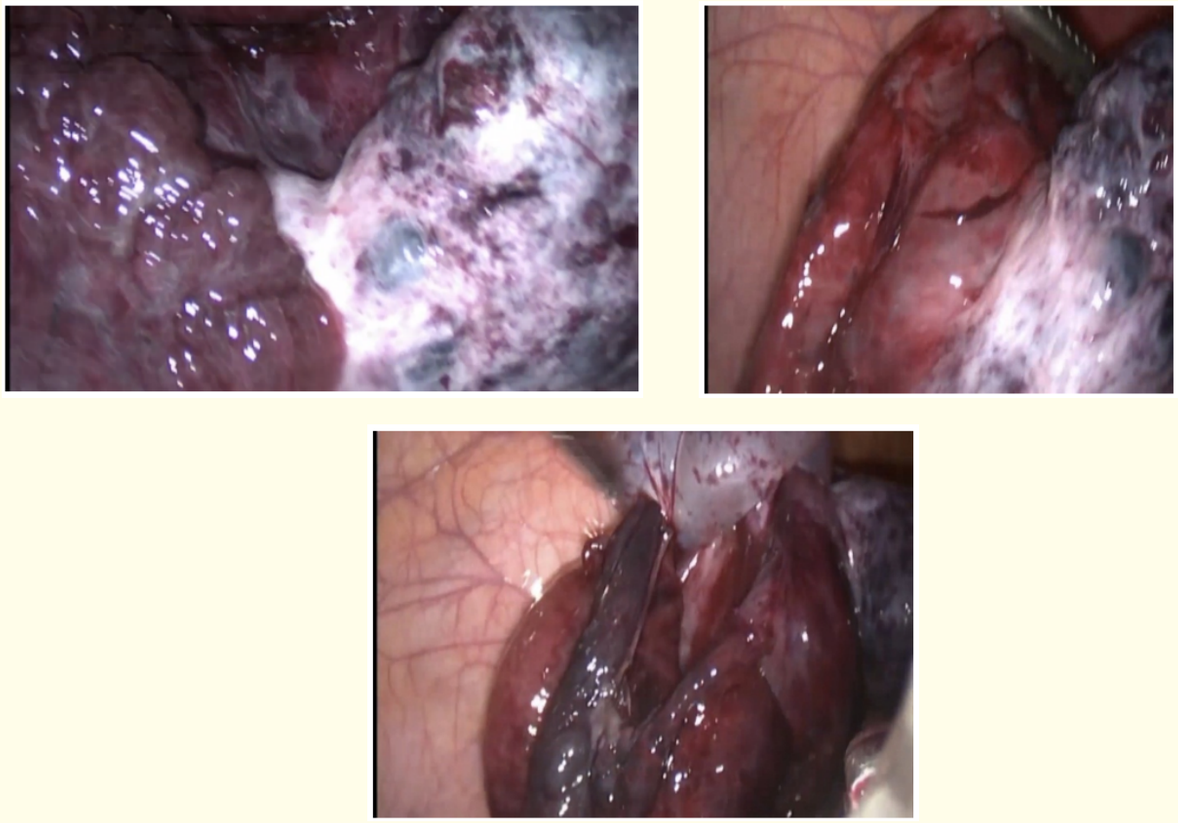


Figure 1

Case Report

Case 1

6/7 weeks pregnant woman

Uterus with Myoma

Spontaneous pregnancy, admitted in 0_2 different services where ultrasound and laboratorial exams were performed and without abnormalities with little improvement to intravenous drug treatment was released with guidelines and strong analgesics.

He entered our service and performed a video laparoscopy diagnostic and made diagnosis of left attachment torsion and Mioma subseroso. Made myomectomy and the distortion of the Pedicle anexial. In this case the presence of a 6 cm cyst was the cause of the twist.

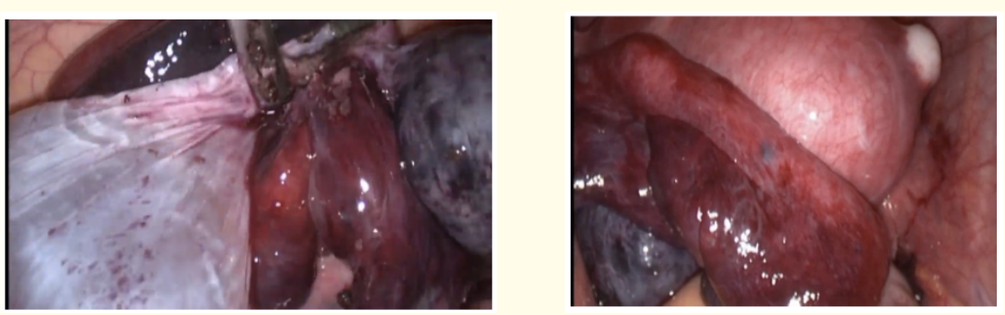


Figure 2

After the Di there was good perfusion and we chose to keep the left horn and ovary.

The patient evolved well in the immediate postoperative period, but unfortunately it evolved with abortion retained 0_2 weeks after.

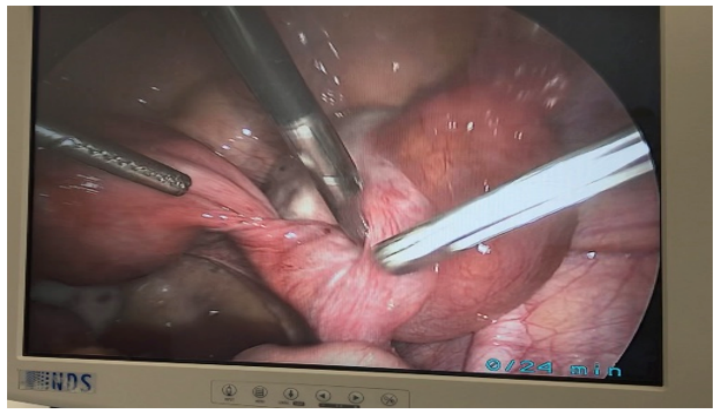
Case 2

Non-gestant

Strong low-belly pain without improvement in intravenous drug treatment and postoperative finding of tromp torsion and cyst in the right ovary. Laparoscopy was performed at distor of annex and the cystectomy with excision of the cyst capsule and suture of the ovary with vicryl 2-0.

After the distortion there was good perfusion of the pituitary and ovarian tissue. opted for conservative treatment.

Then satisfactory and with good evolution.



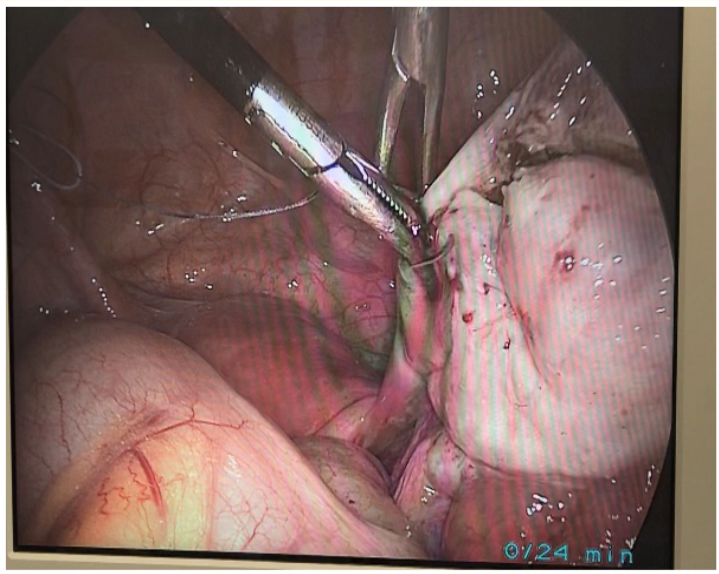


Figure 3

Discussion and Conclusion

In the face of emergency situations in the treatment of pelvic pain in women we should always think about the possibility of being in the face of a situation of attachment torsion-only surgical treatment is by Video laparoscopy or laparotomy and always before we are more radical with the withdrawal of a darkened horn and or darkened ovary we do the distortion and study their perfusion to then think about the organ withdrawal.

Bibliography

1. Robertson JJ Long and B Koyfman A. "Myths in the Evaluation and Management of Ovarian Torsion". *The Journal of Emergency Medicine* 52.4 (2017): 449-456.

2. Peña Joseph E., *et al*. "Usefulness of Doppler sonography in the diagnosis of ovarian torsion". *Fertility and Sterility* 73.5 (2000): 1047-1050.

3. Cohen SB., *et al*. "Accuracy of the preoperative diagnosis in 100 emergency laparoscopies performed due to acute abdomen in non-pregnant women". *Journal of the American Association of Gynecologic Laparoscopists* 8.1 (2001): 92-94.

Volume 8 Issue 5 May 2019