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New guidelines in management of adnexal torsion: An evidence-based guideline

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denexal torsion is partial or complete rotation of the Aadnexa on its vascular pedicle. Early diagnosis and treatment is important. An adnexal mass is found in most adult cases. In 2017 Canadian Society of Obstetrics and Gynecology issued an evidence-based guideline in management of adnexal torsion. Diagnosis is challenging, and we should maintain a high index of suspicion. Diagnosis should be considered in females presenting with: acute abdominal pain. Suggestive ultrasound criteria are decreased or absent color Doppler flow, increased total ovarian volume and abnormal adnexal volume ratios. Decision to operate should be based on the complete presentation and not on specific finding (i.e., the absence or presence of flow on color Doppler). The theoretical risk of a thromboembolic event following detorsion is unfounded and should not preclude conservative management. Detorsion with or without cystectomy should be performed if torsion is confirmed, even in cases of a blue-black ovary. Delaying

the cystectomy should be considered to avoid further insult to the edematous ovary. Oophoropexy can be considered in situations where ovarian ligament is congenitally long, repeated torsion or no obvious cause for the torsion. Conservative laparoscopic surgical treatment of adnexal torsion is suggested except for the postmenopausal woman.

Speaker Biography

Aboubakr Elnashar is a Professor of Ob/Gyn, Benha Faculty of Medicine, Egypt and Chief of early detection of cancer unit, Benha University Hospital, Egypt. He is also a Consultant of IVF &ICSI in Delta Fertility Center & Benha Fertility Center, Egypt. He has a practical experience on Ultrasonography, Laparoscopy, Colposcopy, Cytology, Hysteroscopy, Assisted reproductive technology (IVF & ICSI). He has done many publications and presentations in national & international journals and international scientific meetings. He is a member in Egyptian Society of Obstetrics & Gynecology & Egyptian Society of colposcopy and Secretary General of the clinical Society of Obstetricians & Gynecologists. He is also a President of the clinical Society of Obstetricians & Gynecologists and Assistant secretary general of the Egyptian Society of Fertility & Sterility.

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