Journal of Clinical Images and Case Reports

Commentary A SCITECHNOL JOURNAL

A Challenging Case of Recurrent Ovarian Torsion: Diagnostic and Management Considerations

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Received date: 25 September, 2023, Manuscript No. CICR-23-118432;

Editor assigned date: 27 September, 2023, PreQC No. CICR-23-118432 (PQ);

Reviewed date: 11 October, 2023, QC No CICR-23-118432;

Revised date: 18 October, 2023, Manuscript No. CICR-23-118432 (R);

Published date: 25 October, 2023, DOI: 10.4172/CICR.1000268.

Description

Ovarian torsion is a gynecologic emergency characterized by the rotation of the ovary around its ligamentous supports, leading to compromised blood flow and potential ovarian damage. While ovarian torsion is relatively rare, recurrent torsion of the same ovary is exceptionally uncommon. We present a challenging case of a young woman with recurrent ovarian torsion, highlighting diagnostic and management dilemmas in such cases. Accurate and timely diagnosis, as well as individualized management strategies, is essential to preserve ovarian function in these challenging scenarios.

Ovarian torsion is a rare gynecologic emergency that occurs when the ovary twists around its ligamentous supports, leading to compromised blood flow. This condition can be associated with severe pain, nausea, and vomiting, and it requires prompt intervention to prevent potential ovarian damage. While ovarian torsion itself is relatively uncommon, the occurrence of recurrent torsion of the same ovary is exceptionally rare. We present a challenging case of a young woman with recurrent ovarian torsion, focusing on the diagnostic and management complexities that can arise in such situations.

A 25-year-old nulliparous woman with a history of endometriosis and previous laparoscopic surgery for ovarian cystectomy presented to the emergency department with severe lower abdominal pain, nausea, and vomiting. The pain was sudden in onset and had been progressively worsening over the past 12 hours. She described the pain as sharp and colicky, with radiation to the right lower quadrant. The patient reported a similar episode of acute abdominal pain six months earlier, which was managed conservatively and resolved without surgical intervention.

On examination, the patient was in significant distress and had localized tenderness in the right lower quadrant. Pelvic ultrasound demonstrated a large, complex, cystic mass in the right adnexa with free fluid in the pelvis. The right ovary appeared enlarged and demonstrated decreased blood flow on Doppler imaging.

Given the clinical and imaging findings, a presumptive diagnosis of ovarian torsion was made. The patient was taken to the operating room for laparoscopic evaluation and intervention. Intraoperative, the right ovary was identified to be twisted on its pedicle, and detorsion was successfully performed. The ovary appeared dusky but viable.

Histopathological examination of the ovarian tissue revealed evidence of endometriosis, which was consistent with the patient's history. The patient made an uneventful recovery and was discharged with a plan for close follow-up.

Six months after the first episode of ovarian torsion, the patient presented again with a similar clinical picture of severe abdominal pain, nausea, and vomiting. Pelvic ultrasound once more demonstrated a complex cystic mass in the right adnexa with decreased blood flow on Doppler imaging. The diagnosis of recurrent ovarian torsion was confirmed.

During the second surgery, the right ovary was again found to be twisted and was detorsed. However, the tissue appeared more compromised compared to the initial presentation. Given the recurrent nature of the torsion and the potential for recurrent episodes, the decision was made to perform a right salpingo-oophorectomy to prevent further torsion and preserve the patient's fertility.

Discussion

Ovarian torsion is a rare but serious gynecological condition characterized by the rotation of the ovary, resulting in vascular compromise and potential ovarian damage. While ovarian torsion is uncommon, the recurrence of torsion involving the same ovary is exceptionally rare. Recurrent torsion can pose significant diagnostic and management challenges.

The clinical presentation of ovarian torsion is nonspecific and may overlap with other abdominal or gynecological conditions. Symptoms often include sudden, severe lower abdominal pain, nausea, and vomiting. Imaging studies, such as pelvic ultrasound with Doppler flow, are essential in diagnosing torsion by demonstrating reduced blood flow to the affected ovary.

The management of ovarian torsion primarily involves surgical intervention for detorsion of the ovary and assessment of its viability. In cases of recurrent torsion, as seen in this case, the decision-making process becomes more complex. Factors such as the patient's age, desire for future fertility, and the severity of ovarian damage need to be carefully considered. Salpingo-oophorectomy may be indicated in recurrent cases to prevent further torsion and complications.

Conclusion

Recurrent ovarian torsion involving the same ovary is an exceedingly rare occurrence. This case highlights the diagnostic and management challenges associated with this condition. In such cases, individualized management strategies must be considered, taking into account the patient's age, desire for fertility, and the severity of ovarian damage. Timely and accurate diagnosis, as well as a multidisciplinary approach, is important to preserve ovarian function and provide the best possible outcome for the patient.

Citation: *Kim E (2023) A Challenging Case of Recurrent Ovarian Torsion: Diagnostic and Management Considerations. J Clin Image Case Rep 7:5.*