

ISOLATED TORSION OF LEFT FALLOPIAN TUBE: A CASE REPORT

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ABSTRACT

Fallopian tube torsion is a type of adnexal torsion. It is of two types. One with association with torsion of the ovary. Other type is isolated, where it is not associated with ovarian torsion. ^[1]The incidence of the former is about 1 in 1.5 million women ^[2]. Delay in diagnosis and treatment occur due to lack of definitive clinical features. Awareness of this entity, early diagnosis, and prompt treatment can salvage the torsted fallopian tube and preserve fertility. ^[3]

KEYWORDS : Fallopian tube, tubal torsion, MRI, USG**1. Introduction**

Isolated fallopian tube torsion is a rare entity, but a serious and an emergency condition causing lower abdominal pain in reproductive age women. Non specific symptoms can cause delay in the diagnosis leading to adverse complications. Proper diagnosis can prevent the adverse complications. We present a case of tubal torsion with an insidious onset that was diagnosed and treated in our hospital.

2. Case History

13 year old adolescent girl presented to the emergency department with the history of lower abdominal pain and vomiting since 2 days. The patient was referred to the department of radio-diagnosis at SSIMS & RC, Davangere in suspicious of acute ovarian torsion. Initially the radiologist evaluated the case by abdominal USG.

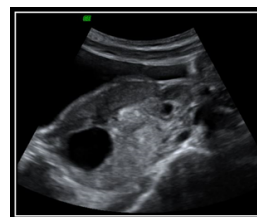
Ultrasonography of abdomen and pelvis revealed, Heterogenous complex left adnexal mass, approximately measuring about 4.8x3.8x4.7 cm (APxTRxCC). Left ovary could not be visualized separately from the lesion. Uterus: Appears normal in size, shape and echotexture and measures about 6.0x2.8x3.5 cm. No focal lesion is seen. Right the ovary appears normal in size and shape. (Right ovary: 1.8x1.5 cm). Minimal free fluid noted in pelvis.

Then, MRI examination was carried out by using GE 1.5T MRI, multiplanar multisequence MRI of female pelvis was performed and the imaging features were recorded. The imaging features and final diagnosis were documented in a structured case record form.

MRI revealed, Complex twisted left tubal mass with cystic areas, areas of hemorrhage and whirlpool sign. The left ovary was seen separately from the mass and displaced superiorly. Overall features were of isolated torsion of left fallopian tube.

Complete blood count and other routine investigations were within normal limits. The girl was posted for emergency laparotomy and the non-viable left fallopian tube were detorted and excised. HPE revealed congested, edematous hemorrhagic left fallopian tube.

The postoperative period was uneventful; a follow-up USG scan was done.



a) Ultrasonography showing the heterogenous complex left adnexal mass, approximately measuring about 4.8x3.8x4.7 cm (APxTRxCC). Left ovary could not be visualized separately from the lesion.

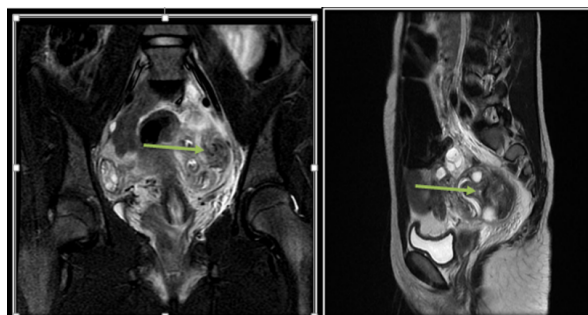


Fig b) Cor 2D FIESTA FATSAT and c) Sag T2 showing the complex twisted left tubal mass with cystic areas, areas of hemorrhage and whirlpool sign.

3. DISCUSSION

Isolated variety of tubal torsion occurs in more commonly in adolescents Risk factors for isolated fallopian tube torsion include, anatomical abnormalities like long mesosalpinx, physiological abnormalities like tubal spasm and hypermotility of the tube. Other causes include adhesions, ovarian or paraovarian masses.

The clinical features include lower abdominal with vomiting. Examination findings include abdominal tenderness with or without peritoneal signs. Laboratory values are usually nonspecific.

Reported sonographic findings include a normal-appearing uterus and ovaries with normal flow and dilated tube with thickened, echogenic walls, and internal debris representing a torsted tube and whirlpool sign (non-specific) [4].

CT and MRI findings include an adnexal mass, twisted appearance to the fallopian tube with dilated tube greater than 1.5 cm, thickened and enhancing tubal wall and hemorrhage [5]

Laparoscopy is the gold standard in the diagnosis and management of tubal torsion. Detorsion with preservation of the fallopian tube is considered if the fallopian tube is viable. If the tube is gangrenous, then resection is the treatment of choice.

CONCLUSION:

Isolated tubal torsion is one of common causes of acute pelvic pain in females. Timely imaging with clinical correlation and prompt surgical intervention aids in preserving the fertility.

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Conflicts of interest

There are no conflicts of interest.

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