Received: 11 December 2022 | Accepted: 20 December 2022

DOI: 10.1002/emp2.12889

JACEP OPEN
JOURNAL OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS OPEN
A GLOBAL JOURNAL OF EMERGENCY MEDICINE
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Obstetrics and Gynecology

Adolescent female with right lower abdominal pain

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Funding information
Qatar National Library

1 | INTRODUCTION

A 12-year-old girl presented with severe right lower abdominal pain for 12 hours associated with nausea and multiple episodes of vomiting, which was non-bloody and non-bilious in nature. No history of dysuria, urgency, or vaginal discharge existed. Past medical history was unremarkable. The physical examination suggested right lower quadrant tenderness to palpation. The laboratory workup was normal complete blood cell count, blood electrolytes, and urinalysis. Ultrasound of the abdomen and pelvis showed no signs of acute appendicitis and normal-sized ovaries with normal blood flow. A right adnexal cystic lesion measuring 5.4 × 4.0 × 4.2 cm located in the right hemipelvis between the uterus and right ovary was identified (Figure 1A). Considering the intensity and persistence of the pain, the patient was taken to the operating room. The laparoscopy revealed fallopian tube torsion secondary to para ovarian cyst (Figure 1B).

2 | DIAGNOSIS

Torsion of fallopian tube secondary to para-ovarian cyst. Para-ovarian cysts or para-tubal cysts account for up to 20% of all adnexal masses and are found in females of all ages. The incidence of para-ovarian cysts in the pediatric and adolescent population is approximately 7%.[1] Like ovaries, the para-ovarian cyst can also undergo torsion with similar symptoms of abdominal pain, nausea, and vomiting. The chances of para-ovarian cyst torsion are not associated with the size or appearance of the cyst on ultrasound.[2] The para-ovarian cyst can torse on itself and cause fallopian tube torsion. The fallopian tube torsions are a rare cause of acute abdomen and are difficult to diagnose because symptoms are similar to other causes of adnexal torsion. Although ultrasound with color doppler is the initial diagnostic modality in adnexal pain, para-ovarian cysts are not easily identified. If clinical suspicion of adnexal torsion is high and ultrasound is normal, magnetic resonance imaging or diagnostic laparoscopy can be considered.[3] In our patient the ultrasound identified a cyst with normal color doppler of both ovaries but, owing to persistent pain, laparoscopy was performed and torsion of fallopian tube secondary to para-ovarian cyst was identified (Figure 1B). In summary, para-ovarian cyst can cause torsion of adnexal structures.

ACKNOWLEDGMENT

The publication of this article was funded by the Qatar National Library.

CONFLICT OF INTEREST

The authors report no conflict of interest.

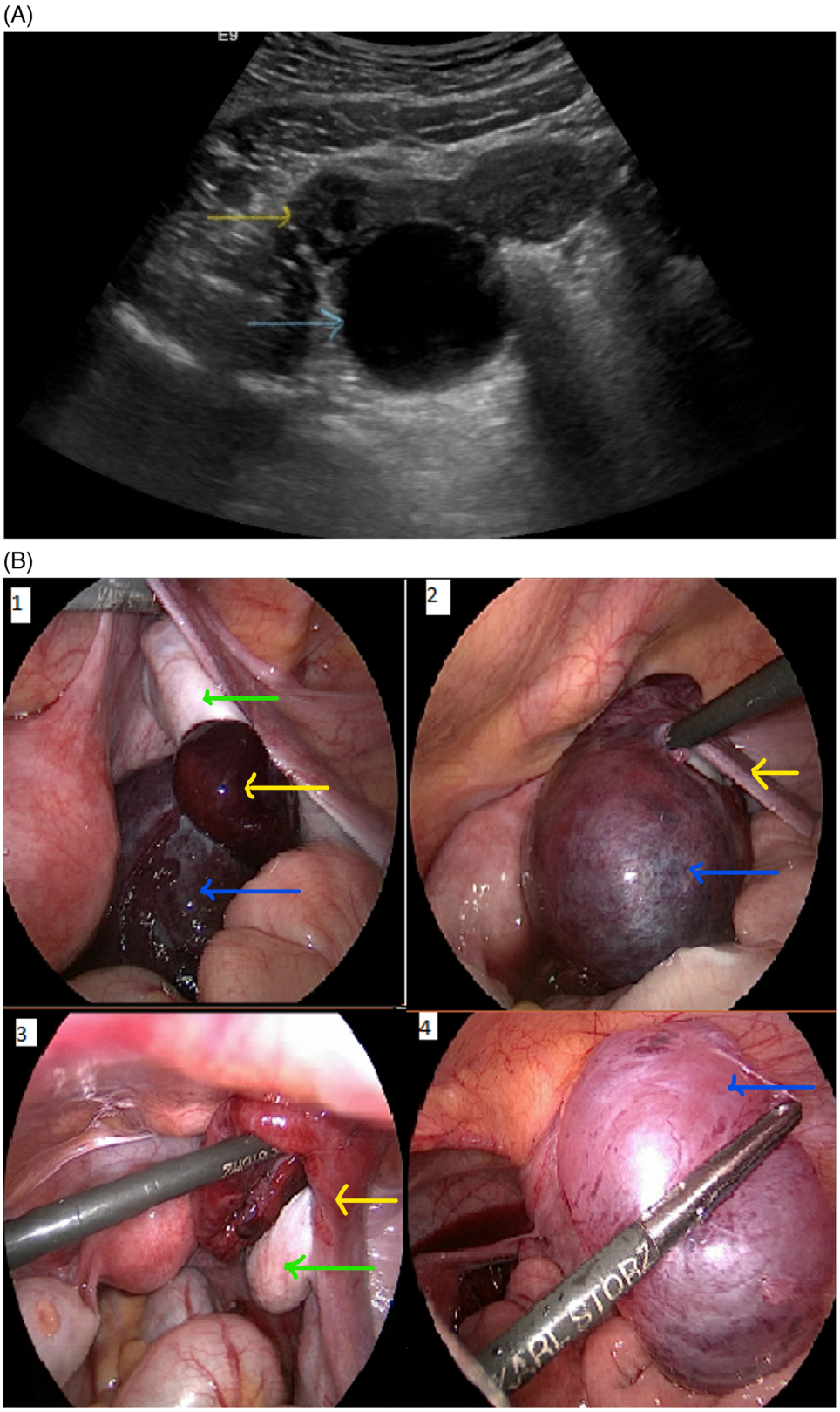

FIGURE 1 (A) Ultrasound image of right ovary (yellow arrow) and para-ovarian cyst (blue arrow) and (B) Laparoscopic view; yellow arrow = fallopian tube, blue arrow = para-ovarian cyst, green arrow = ovary.1: fallopian tube torsion, para-ovarian cyst, and ovary (without torsion); 2: de-torsed fallopian tube gaining vascularity; 3: fallopian tube post excision of para-ovarian cyst; 4: excised para-ovarian cyst.

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How to cite this article: Khan A, Alsaied A, Islam M, AlAnsari KM. Adolescent female with right lower abdominal pain. *JACEP Open*. 2023;4:e12889. https://doi.org/10.1002/emp2.12889