

CLINICAL IMAGE

Pediatric ovarian torsion: an uncommon clinical entity

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Funding Information

No funding information provided.

Received: 25 August 2014; Accepted: 26 September 2014

Clinical Case Reports 2015; 3(3): 193–194

doi: 10.1002/ccr3.174

Key Clinical Message

Pediatric ovarian torsion is an infrequent diagnosis and it often mimics acute appendicitis. Most cases are due to underlying ovarian pathology and if left untreated, ovarian torsion may eventually cause peritonitis. Emergency exploratory laparoscopy represents a valuable diagnostic and therapeutic tool in suspected ovarian torsion.

Keywords

Abdominal pain, children, exploratory laparoscopy, ovarian torsion.

Case

A 13-year-old premenarchal girl presented with a 2 days history of gradually worsening right iliac fossa (RIF) pain and vomiting. She had a background of gastroschisis which was corrected at birth with no further complications. On examination her abdomen was soft with localized tenderness and voluntary guarding of the RIF. Ultrasound scan of the abdomen revealed an enlarged and echogenic mass in the pelvis which was difficult to characterize sonographically (Fig. 1).

The patient was taken to theatre for an emergency exploratory laparoscopy. At laparoscopy right adnexal torsion was identified. The right ovary was necrotic and enlarged measuring 70 × 30 × 30 mm in size (Figs. 2 and 3). A salpingo-oophorectomy was performed and the patient made an uncomplicated recovery. Histopathology revealed no underlying ovarian lesion; the ovary was engorged with massive edema and hemorrhage.

Discussion

Pediatric ovarian torsion is an infrequent diagnosis and it often mimics acute appendicitis [1]. In children, it is most common around menarche [2]. If left untreated, ovarian torsion may result in tissue necrosis, loss of ovarian function, and may eventually cause infection and peritonitis [1, 3].

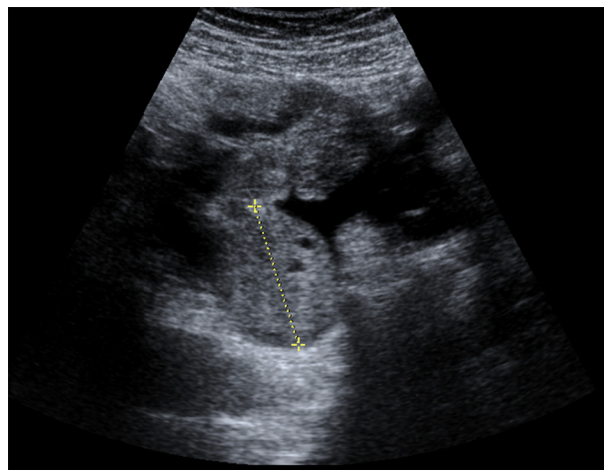


Figure 1. Ultrasound image showing an enlarged and echogenic mass in the pelvis.

The true incidence of pediatric ovarian torsion is unknown and most cases are due to underlying ovarian pathology [2]. Emergency surgical exploration to salvage gynecological function is crucial in suspected ovarian torsion, however, children usually present too late after the onset of symptoms [3].

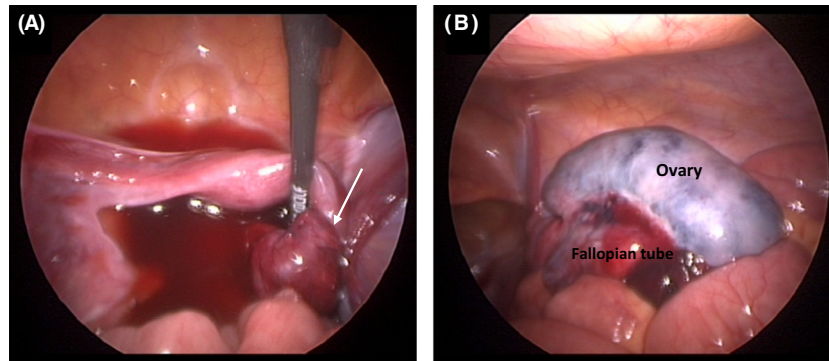


Figure 2. Findings at exploratory laparoscopy (A) right adnexal torsion (arrow) with moderate amounts of bloody fluid in the pelvis and (B) enlarged right ovary and distal fallopian tube.



Figure 3. Photograph of resected right ovary and fallopian tube.

Conflict of Interest

None declared.

References

1. Tsai, T. C., L. Y. Wong, and H. P. Wu. 2011. Ovarian torsion caused by teratoma masquerading as perforated appendicitis in a 5-year-old girl. *Pediatr. Neonatol.* 52:51–54.
2. Cass, D. L. 2000. Ovarian torsion. *Semin. Pediatr. Surg.* 14:86–92.
3. Kokoska, E. R., M. S. Keller, and T. R. Weber. 2000. Acute ovarian torsion in children. *Am. J. Surg.* 180:462–465.