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Skepticism of de-torting large ovaries

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Abstract

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SKEPTICISM OF DE-TORTING LARGE OVARIES

Georgiou C

A 22 year-old nulliparous woman presents to the Emergency Department in the middle of her regular 28 day cycle with sudden onset right iliac fossa post coital pain. She is discharged with a diagnosis of bilateral endometriomas based on her USS demonstrating bilaterally enlarged ovaries of 4cm and 3cm (containing multiple echogenic foci. She represents two days later with again post-coital lower abdominal pain, this time with vomiting and an acute abdomen.

A repeat USS suggests features of appendicitis and she was taken to theatre for a diagnostic laparoscopy as her clinical presentation also suggested torsion of the ovary. At laparoscopy she had a partially torsed 6cm left ovary and an 8cm torsed haemorrhagic, purple-coloured right ovary with omental adhesions to the surface.

Due to her age and parity, detorsion of the right ovary was performed whilst the left ovary was also detorted and three ovarian dermoids were removed.

A follow-up USS confirmed the presence of a suspected dermoid in the right ovary and a repeat laparoscopy was scheduled.

This presentation will demonstrate the initial and repeat laparoscopy together with a review of the management of torsed ovaries in current practice.

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