

## Ovarian Torsion in the Normal Ovary: A Diagnostic Challenge in Emergency Department

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### Abstract

Most ovarian torsion (OT) occur in ovaries containing solid or cystic masses. It is uncommon to find torsion in normal ovary.

Case: A 27 y.o. lady presented to ER at a non O&G hospital, with 1-day history of RIF's pain. Urine pregnancy and urine dipstick were negative. Abdominal x-ray was normal. She was treated with fleet enema and the pain improved after defecation. She re-presented the following night at our hospital with similar pain. US revealed an enlarged right ovary with oedematous heterogeneous stroma. There was whirlpool sign between uterus and right ovary. A diagnostic laparoscopy was performed. Intraoperative finding revealed gangrenous right ovary and tube, twisted once. Detorsion of the ovary was performed and ischaemic appearance of ovary improved. Post operative recovery was uneventful.

Discussion: Diagnosis of OT is challenging in the absence of adnexal mass and negative imaging studies because it can mimic other acute abdominal conditions. CT or MRI could be used to detect torsion. US remains the most feasible initial diagnostic modality because it is readily accessible and can differentiate cystic ovarian pathology without radiation.

Conclusions: Should be considered in any female patient with acute lower abdominal pain even with normal appearance of ovary. In the context of high clinical suspicion of torsion, the absence of suspicious imaging findings does not exclude the diagnosis unless another cause for the patient's symptoms is identified.



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### Biography:

Dr Julia Tan completed Mb ChB (Hons) from the University of Liverpool. She is currently a senior O&G resident in a tertiary O&G hospital in Singapore