



Laparoscopic Detection of Isolated Tubal Torsion in Adolescent Age Group



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INTRADUCTION

Isolated tubal torsion is formed by adnexial elements rotating around itself. Mostly, the ovary and fallopian tube rotate around the broad ligament. Less often, only the ovary, around the mesovarium, and rarely rotate around only the fallopian tube mesosalpinx. Clinically, the first symptom is severe pain in the lower quadrant of the abdomen. The start is instant and continues intermittently, after a few hours. Pain is usually localized on the side of the torsion, although it spreads to the buttocks and buttocks. Pain is often accompanied by nausea and vomiting. The diagnosis is mainly made by laparoscopy. However, color Doppler ultrasonography (USG) may be helpful in preoperative diagnosis. While no inverse diastolic flow or no current is observed in the dilated tube wall in Doppler USG, normal blood flow in the ovarian tissue can be seen on the same side. Torsion should not be excluded on the basis of normal Doppler USG. Computed tomography or magnetic resonance imaging may be helpful in complicated cases or in patients with incomplete or chronic torsion. Laparoscopic detorsion of tuban may be the first choice in adolescents. In this case report, laparoscopic detorsion of isolated tubal torsion in infancy is presented and literature information related to this subject is examined. The patient's family was informed about the study and informed about the study.



CASE

A thirteen-year-old female patient was admitted to our clinic with a complaint of sudden onset inguinal pain 6 hours ago. She had nausea and vomiting, and her pain was intermittently maintained in the left lower quadrant. On physical examination, there was no defense and rebound, but there was sensitivity in the left adnexal area. Transabdominal and pelvic Doppler USG uterus normal size, left ovarian polycystic and left adnexial area 41 x 50 x 35 mm heterogeneous echogenicity cystic mass was observed. Color Doppler USG examination of the mass was reported as no flow. The patient's vital signs were stable, and her haemogram, biochemical tests, tumor markers, acute phase reactants and urinalysis were normal. Diagnosis laparoscopy was made with the diagnosis of ovarian torsion. The uterus was observed as normal after the observation of pneumoperitoneum. The right tuba was normal. The left tuba and the ovary were torsed around him, isolated twice, and edematous, gangrenous. Laparoscopically, the tuba was detorsioned. At the postoperative first day, the patient did not have any problems in the postoperative first day. Doppler ultrasound revealed normal flow pattern in the left ovary and adjacent tuba. Patient follow-up polyclinic control was recommended and discharged.

DISCUSSION

Zweizig et al. Evaluated 94 cases of adnexal torsion and there was no difference in morbidity between patients undergoing detorsion and patients undergoing adnexectomy. Therefore, adnexin detorsion is generally recommended. Isolated tubal torsion treatment is primarily explorative laparotomy or laparoscopic surgery. If there is no contraindication to isolated tubal torsion, laparoscopy is not only a good diagnostic tool but also a therapeutic approach. During the operation, detorsion may be performed depending on the appearance of the tuban, age of the patient and fertility. After correction of the torsion, the congestion is reduced within minutes, and cyanosis is typically reduced. However, cyanosis is not pathognomonic for necrosis. Cohen et al. Following the detorsion in 54 cases, they evaluated the adnexes they maintained independently of their appearance. They reported functional continuity in 95% of cases and successful pregnancy. Detorsion of the torsional tuba is the aim of the treatment, but necrosis may occur rarely, so high fever, leukocytosis and peritoneal findings should be carefully examined in the postoperative period. There is no consensus on adnexin follow-up after detorsion. As conservative treatment increases, the risk of recurrence of torsion will increase. To reduce this condition, unilateral or bilateral oophoropexy was defined. Studies have also shown that pulmonary embolism after detorsion is very rare and can also occur with adnexine removal. As a result, laparoscopic detorsion in tubal torsion in pediatric age group can be preferred in terms of protection of tuban and fertility.