

## A Rare Case of Twisted Ovarian Cyst in Term Gestation Patient

Nitin N. Kulkarni\*, Harshil P. Shah\*\*

---

### Author's Affiliation:

\*Associate Professor \*\*Resident,  
Dept of OBGY, A.C.P.M. Medical  
College, Dhule.

### Reprint Request:

Nitin N. Kulkarni, C.S. No. 3550,  
B-1 Abhuday, Deore ENT  
Hospital, Campus, Ganpati  
Mandir Road, Dhule-424001  
Maharashtra.  
E-mail: kulkarnink76@gmail.com

Received on 10 January 2017

Accepted on 20 January 2017

### Abstract

*Introduction:* Torsion of ovarian cyst is defined as total or partial rotation of adnexa around its vascular axis or pedicle. We may get difficulty in diagnosis in term gestation patient because of gravid uterus and symptoms of onset of labour mimicks the symptoms of twisted ovarian cyst. *Method:* Case Report 32 year G3P2L2 with 38 weeks of gestation with complain of pain in abdomen and nausea since previous day. H\O same complains twice in last month which was diagnosed as preterm labour pain and treated accordingly in other hospital. She presented herself in latent phase of labour. During monitoring, she was having continuous abdominal pain and episodes of vomiting twice. Decision of emergency L.S.C.S taken in view of fetal distress and non progress of labour. But while exploring the abdominal cavity, twisted ovarian cyst of size 10 x 8 cm in right adnexa found. Right sided Salpingoophorectomy done without untwisting the pedicle. *Conclusion:* Twisted ovarian cyst is usually symptomatic in pregnancy. but here because of Gravid Uterus, It remained undiagnosed till term gestation and required right salpingoophorectomy during L.S.C.S.

**Keywords:** Twisted Ovarian Cyst; Torsion; Term Gestation.

---

### Introduction

Twisting of ovarian cyst is defined as total or partial rotation of adnexal mass around its vascular axis or pedicle [1]. Patient usually presents with acute abdominal pain. Abdominopelvic examination may reveal tender cystic mass separate from uterus. Incidence is 2 to 5/10,000 pregnancies [2]. We may get difficulty in diagnosis because of gravid uterus and symptoms of onset of labour mimicks the symptoms of twisted ovarian cyst. Most commonly seen are dermoid and serous cystadenomas [3]. The exact etiology is obscure. Complications of the cysts associated with pregnancy are torsion of the cyst, rupture, infection, malignancy, impaction of cyst in pelvis causing retention of urine, obstructed labour and malpresentations of the fetus [3]. Complete torsion causes venous and lymphatic blockade leading to stasis and venous congestion, haemorrhage and necrosis.

### Method

#### Case Report

32 year G3P2L2 with 38 weeks of gestation with complain of pain in abdomen and Nausea since previous one day. H\O same complains twice in last month which was diagnosed as preterm labour pain and treated accordingly in other hospital.

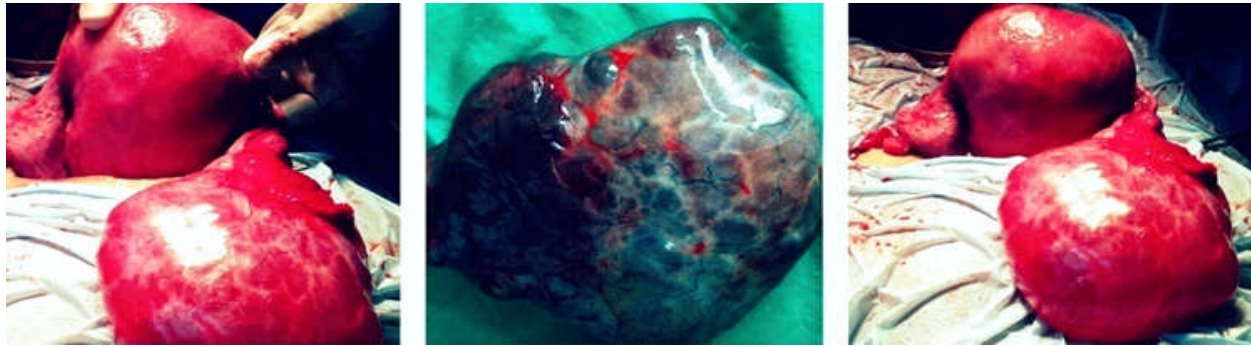
#### Examination

previous ultrasonographic finding were within normal limit. General examination reveals she is vitally stable except pallor. On her per abdominal examination uterus was fullterm, irritable, with single live intrauterine gestation in longitudinal lie with cephalic presentation with Right occipito posterior position. as per pervaginal examination, She was in latent phase of labour. So monitoring continued.

### Management

During monitoring we noticed that she was having continuous abdominal pain and episodes of vomiting twice, her vitals remained stable except two episodes of tachycardia lasting for few minutes. After few hours of monitoring decision of emergency L.S.C.S taken in view of fetal distress & Non progress of labour. Intraoperative period was Uneventful. But while

mopping paracolic gutter and pouch of Douglas, accidentally we found twisted ovarian cyst of size 10 x 8 cm. in right Adnexa. Pedicle was twisted along with right fallopian tube and ovary. Right sided salpingoophorectomy done without untwisting the pedicle. Specimen sent for histopathological examination, which revealed dermoid cyst of ovary.



### Discussion

Cystic teratoma, paraovarian cyst, serous cystadenoma, corpus luteal cysts, luteomas are the commonest type of ovarian tumours found during the pregnancy [3]. Differential diagnosis of these tumours are Uterine leiomyomas, appendiceal abscess, non pregnant horn of bicornuate uterus, pelvic kidney, diverticular abscess, retroperitoneal tumours, ectopic pregnancy and retroverted gravid uterus [3]. During pregnancy chances of adnexal torsion raised by five times. As the clinical diagnosis in this type of cases is difficult, colour doppler is the key investigation of diagnosis. MRI is an adjuvant investigation to the doppler [4]. According to ACOG guidelines CA-125 level raises the highest level in 1st trimester and then declines further gradually. Thus CA-125 level can be helpful in 2nd & 3rd trimester for differentiating between malignant and benign masses [5]. Corpus luteum cyst during pregnancy is quite common, which usually regresses spontaneously by the second trimester [6]. Ovarian torsion occurs most frequently in the first trimester, occasionally in the second, and rarely in the third [7]. If we diagnose the ovarian cyst during the first trimester, we should wait till 16 weeks, as at that time the implantation of pregnancy gets secured. Persisting tumours after 16 weeks are managed by cystectomy or ovariectomy. Ovarian tumour or cyst can be managed till 28 wks of gestation after that it is not readily accessible and may precipitate preterm labour. Ovarian cyst which ruptures, or undergoes torsion or if it shows evidence of malignancy, requires immediate surgery, irrespective of the period of gestation [8]. In our case

it was an accidental diagnosis of twisted ovarian cyst in advance gestation. Retrospectively, pain & nausea-vomiting were presenting symptoms which were confused with symptoms of labour.

### Conclusion

Twisted ovarian cyst is usually symptomatic in pregnancy. But here it remained undiagnosed due to hiding behind the gravid uterus till term gestation and required right salpingoophorectomy during L.S.C.S. Torsion of ovarian cyst can cause life threatening complications, which require early recognition and management accordingly. So maintenance of regular Antenatal visits and ultrasonography is utmost importance in today's Era.

### References

1. Vasavi Kolluru, Rekha Gurumurthy, Venkatasujatha Vellanki, and Deshpande Gururaj . Torsion of ovarian cyst during pregnancy: a case report <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2809077/>.
2. Sharma G, Supe P, Kore SJ, Nandanwar YS. Ovarian torsion at term pregnancy: A rare case report. *Journal of postgraduate gynaecology and obstetrics*, 2015; 2(12).
3. Lee CH, Raman S, Sivanesaratnam V. Torsion of ovarian tumors: a clinicopathological study. *Int J Gynaecol Obstet*. 1989; 28:21-25. doi: 10.1016/0020-7292(89)90539-0. [PubMed] [Cross Ref].

4. Born C, Wirth S, Stähler A, Reiser M. Diagnosis of adnexal torsion in the third trimester of pregnancy: a case report. *Abdom Imaging*. 2004; 29:123-127. doi: 10.1007/s00261-003-0079-x.
  5. Lisa Graham. ACOG Releases guidelines on Management of adnexal masses. *Am Fam Physician*. 2008 May 1; 77(9):1320-1323. Available from [www.aafp.org/afp/2008/0501/](http://www.aafp.org/afp/2008/0501/).
  6. Duic Z, Kukura V, Ciglar S. Adnexal masses in pregnancy: a review of eight cases undergoing surgical management. *Eur J Gynaecol Oncol*. 2002; 23:133-134. [PubMed]
  7. Hibbard LT. Adnexal torsion. *Am J Obstet Gynecol*. 1985; 152:456-461. [PubMed]
  8. Yen CF, Lin SL, Murk W, Wang CJ, Lee CL, Soong YK, Arici A. Risk analysis of torsion and malignancy for adnexal masses during pregnancy. *Fertil Steril*. 2009; 91(5):1895-902. doi: 10.1016/j.fertnstert.2008.02.014. [PubMed] [Cross Ref].
-