

# Acute Ovarian Torsion in Late Pregnancy: Diagnostic and Operative Challenges

## A Case Report

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### CLINICAL BACKGROUND

Adnexal masses are detected in up to 10% of pregnancies due to routine antenatal imaging.

While most are benign and resolve spontaneously, interval growth, complex morphology, or acute pain raises concern for complications including torsion, rupture, or malignancy.

Ovarian torsion is uncommon in the third trimester but carries risk of ovarian necrosis, preterm labour and diagnostic delay due to gravid uterus

**Case:** At 20 weeks right adnexal mass detected, presented back with an acute pain at 33+6 weeks, had persistent pain and increased interval growth and proceeded to undergo emergency open right salpingo-oophorectomy

**Clinical Findings:** Red, lobulated 8 cm mass arising from right ovary, Swollen right fallopian tube

**Outcome:** Benign ovarian fibroma with changes consistent with torsion. Uncomplicated postoperative recovery, resolution of pain, return to routine antenatal care

### KEY LEARNING POINTS

- ✓ Third trimester torsion occurs
- ✓ Doppler flow  $\neq$  exclude torsion
- ✓ Interval growth warrants reassessment
- ✓ Timely intervention prevents further morbidity

### DISCUSSION POINTS

#### 1. Diagnostic Complexity in Late Pregnancy

- Enlarged uterus limits sonographic assessment
- Doppler flow does not exclude torsion
- Pain location may be atypical (back/flank)

#### 2. Interval Growth as a Red Flag

- Rapid enlargement increases torsion risk
- Suspicion for malignancy

#### 3. Surgical Decision-Making in Third Trimester; consider:

- Laparoscopy vs laparotomy
- Risk of preterm labour
- Anaesthetic and fetal monitoring requirements