

OVARIAN TORSION IN PREGNANCY REQUIRING OPERATIVE MANAGEMENT – A CASE STUDY

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Background

Ovarian torsion is a serious gynaecological emergency requiring urgent diagnosis and intervention to prevent irreversible damage. It results from the twisting of the ovary and/or fallopian tube, leading to vascular compromise. Although it can occur at any age, ovarian torsion is more common in reproductive-aged women and may present during pregnancy, particularly in the first and second trimesters due to hormonal and anatomical changes, such as ovarian enlargement and increased ligamentous laxity. Imaging, particularly Doppler ultrasound, plays a critical role in diagnosis, though normal vascular flow does not exclude torsion. Early recognition and timely surgical management are essential to optimise maternal outcomes.

This case highlights the diagnostic challenges, surgical decision-making, and management considerations in ovarian torsion during pregnancy.

Case Report

A 33-year-old G9P1 at 25 weeks' gestation presented with acute right iliac fossa pain and guarding. Her medical history included essential hypertension on dual therapy, congenital right renal agenesis, renal artery stenosis, and a bicornuate uterus with prior right horn resection. With concerns for possible ovarian torsion, appendicitis, or uterine rupture, an urgent pelvic ultrasound was arranged which revealed an enlarged, avascular right ovary. The patient proceeded directly to laparoscopy.



Image A: laparoscopic image from the discussed case showing the tortured and necrotic right ovary

Operative findings and management

Laparoscopy confirmed an ischaemic right ovary and fallopian tube. Due to prior pelvic surgery, ovarian positioning, and an elongated ovarian ligament increasing the risk of recurrent torsion, a right salpingo-oophorectomy was performed. Given the gravid uterus, modified laparoscopic port placement was required. The patient recovered well postoperatively, was discharged on day 2, and has had an otherwise uncomplicated antenatal course.

Discussion

This case highlights the importance of ovarian torsion as a differential for abdominal pain in pregnancy. Whilst a rare cause of abdominal pain, it has significant potential consequences including ovarian necrosis, peritonitis, and adverse pregnancy outcomes. A high index of clinical suspicion is essential, as delays in diagnosis and intervention may lead to irreversible ovarian damage and compromise future fertility. Prompt imaging and early surgical intervention, preferably laparoscopic where feasible, are crucial to preserving ovarian function and optimizing maternal and fetal outcomes.