

Ovarian Torsion (OT) Due To Mature Cystic Teratoma During The Postpartum Period: A Rare Case Report

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INTRODUCTION

OT can present with nonspecific symptomatology and uncommon objective findings, especially during the postpartum period. Early and timely diagnosis and swift intervention are essential to conserve ovarian function and to minimize morbidity.

CASE PRESENTATION

We report a 35-year-old postpartum woman, 10 weeks post emergency Caesarean section (K32); who presented to the emergency department (ED) with a 2 week history of severe right upper quadrant pain, vomiting and anorexia,

IMAGING:

Ultrasound pelvis :Complex mixed solid/cystic right adnexal mass 12x15cm,
CT Abdomen: 15cm mixed fat/soft tissue density with central areas of necrosis consistent with a right ovarian dermoid cyst.

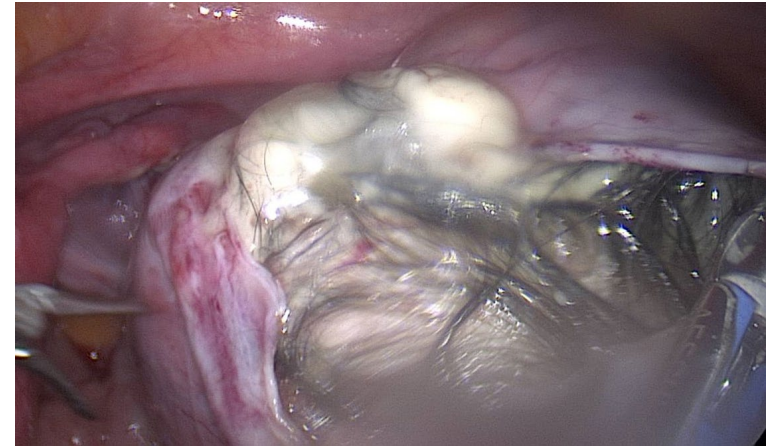
OPERATIVE FINDINGS:

Diagnostic Laparoscopy: Intra-operatively, 15cm Right Ovarian Dermoid cyst, torsion noted X 3, oedematous tube. Left tube and ovary normal.
Right ovary de-torted x3. Right ovarian cystectomy performed and cyst wall and contents removed by 15cm endocatch bag.



DISCUSSION:

During pregnancy or the postpartum period, a diagnostic dilemma occurs because the clinical symptoms and laboratory findings are nonspecific and thus can be easily confused with other diagnostic possibilities including adnexal abscess, endometritis, postpartum ovarian vein thrombosis, acute appendicitis, intestinal obstruction, urinary calculus, and urinary tract infection.



CONCLUSION:

As a learning point, emergency physicians should be aware of the possibility of OT in postpartum women. Therefore, early and timely surgical intervention should be undertaken

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