A Rare Case of Metachronous Contralateral Ovarian Torsion in an Adolescent

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RANZCOG Regional SYMPOSIUM 2026 Swan Valley

INTRODUCTION

Ovarian torsion is a gynaecologic emergency resulting from the partial or complete rotation of the ovary on its ligamentous supports, leading to compromised vascular perfusion and potential ovarian necrosis. Early diagnosis and timely surgical intervention are essential to preserve ovarian function and future fertility. Contralateral ovarian torsion following a prior torsion event is exceptionally rare.

CASE

A 12-year-old girl presented to the Emergency Department with right iliac fossa pain and vomiting. She had a previous left ovarian torsion 5 months prior, managed with laparoscopic detorsion. Her abdomen was soft with RIF tenderness, without peritonism.

Urinalysis was negative. Bloods were unremarkable. Transabdominal pelvic ultrasound was non-diagnostic, the ovaries or appendix were unable to be visualized. Due to clinical suspicion and worsening pain, she was consented for a diagnostic laparoscopy +/- management of ovarian torsion.

OPERATIVE FINDINGS AND MANAGEMENT

Intraoperatively, a dusky right ovary was noted with three twists of the ovarian pedicle. The right ovary was enlarged (7cm) with a large ruptured haemorrhagic cyst (Image A). There was a 100ml haemoperitoneum. Her left tube and ovary were normal. Filmy adhesions were noted to the left ovary. Surgical detorsion was performed, with improvement of ovary appearance. The haemorrhagic cyst was incised and sutured. The right ovarian ligament was elongated, an oophoropexy was performed via utero-ovarian ligament plication using an ethibond suture. Postoperative recovery was uneventful. Histopathology confirmed a haemorrhagic cyst.

Image A: Intraoperative finding of the torted right ovary with a ruptured haemorrhagic cyst

DISCUSSION

Recurrent contralateral ovarian torsion in paediatric patients is rare. Oophoropexy has been suggested after recurrent detorsion, as it may reduce recurrence and preserve fertility. Ovarian conservation is essential, as macroscopic appearance does not reliably predict viability therefore oophorectomy should be avoided where possible.[1]

Reference:

[1]Adeyemi-Fowode, O., McCracken, K. A., & Todd, N. J. (2018). *Adnexal torsion. Journal of Paediatric and Adolescent Gynaecology, 31*(4), 333–338. DOI: https://www.jpagonline.org/article/S1083-3188%2818%2930187-6/abstract