



P71. RARE CAUSE OF ACUTE ABDOMEN: ADNEXAL TORSION IN 10WEEKS HIGH RISK PRIMIGRAVIDA

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Context:

Adnexal torsion may affect females of all ages. Pregnancy is associated with an increased risk of ovarian torsion, but the incidence of torsion during pregnancy is uncertain (1). We present an unusual case of a pregnant woman who presented to the emergency department with acute abdominal pain. It was later confirmed as a torsion of right adnexa in the 10th week of twin pregnancy. Adnexa were removed by laparoscopic surgery and one fetus survived.

Objective:

We present a rare case with good outcome. Although technically difficult, the operation was finished laparoscopically.

Methods, patient and interventions:

Case report: 33-year-old primigravida, treated for infertility for 3 years who finally got pregnant after intrauterine insemination. She came to the emergency department with severe lower abdominal pain (VAS 8-9), fatigue and vomiting. Transvaginal US showed one fetus alive and the other without cardiac activity, their sizes correlated 9w4d. Right ovary was blurred and unclear. Lab tests: WBC 25, CRP 66. Crystalline infusion and analgetics were applied. The abdominal US suggested signs of peritonitis with several abscesses in the lower abdomen. Due to suspected appendicitis a general surgeon was consulted. He suggested explorative laparoscopy which was immediately performed. After entering the abdomen the orientation was difficult, bluish haemorrhagic necrotic masses filled the whole pelvis, a differential diagnosis of heterotopic pregnancy was considered. However, a right adnexal torsion revealed with massive haemorrhagic ischaemic necrosis. The adnexectomy was done and the removal of the preparation with two endobags was demanding due to lack of space. The postoperative course was uncomplicated, the patient was discharged on the 9th postoperative day. Transvaginal US revealed diamniotic dichorionic pregnancy with one fetus alive. The pathologic survey showed severe congestion, bleeding and necrosis in the ovary and the fallopian.

Main outcome: We were concerned about the surveillance of the remaining fetus, which presented alive. The due day was on the 17th of July and the pregnancy progression was normal.

Result and conclusion:

The acute abdomen in a pregnant woman is a diagnostically demanding clinical situation. Laparoscopic

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treatment is the best choice in the first half of pregnancy. Fortunately the adnexectomy did not result in fetal demise.