

# A rare gynecology entity: A case of fallopian tube torsion

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## ABSTRACT

**Introduction:** Fallopian tube torsion is a rare gynecology problem which causes significant acute abdominal pain in female. Its prevalence was reported to be 1 in 1.5 million women. Patients may present with nausea and vomiting, associated with acute abdominal pain and peritonitis. **Case Report:** We report a rare case of Fallopian tube torsion which is the first case in our center. A 16-year-old girl presented acute abdominal pain which mimic symptoms of acute appendicitis. She was initially treated by surgical team. Upon laparoscopy, she was found to have right fallopian tube torsion but no gangrenous. She was then referred to gynecology team. The affected tube was untwisted and salvaged by gynecologist. She was recovered well postoperatively. **Conclusion:** When a lady presented with acute abdominal pain, the differential diagnosis should include the rare fallopian tube torsion.

**Keywords:** Acute abdominal pain with peritonitis, Acute appendicitis, Fallopian tube torsion, Tubal detorsion

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## INTRODUCTION

Fallopian tube torsion is a rare gynecology problem which causes significant acute abdominal pain in female. It was first reported in 1890 by Bland–Sutton. Its prevalence was reported to be 1 in 1.5 million women [1]. Patients with this condition may present with nausea and vomiting, which is associated with acute abdominal pain and peritonitis. Differential diagnosis can be twisted ovarian cyst, ectopic pregnancy, pelvic inflammatory disease, appendicitis, urolithiasis, cystitis but rarely torsion of fallopian tube.

## CASE REPORT

We report a case of a 16-year-old non-sexually active girl, presented to the emergency department with four days history of suprapubic pain, which radiated to the right iliac fossa, on 14th day of her menstrual cycle. The pain was associated with diarrhea and fever two days

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prior. Her menstruation was otherwise normal. She denied of having any medical or surgical illness before.

Examination revealed a tender right iliac fossa with positive rebound tenderness. No mass was noted. Perineum examination was negative for any swelling or abnormal discharge. There was tenderness at the right adnexa. She was referred to the surgical department where she was further investigated.

Total white blood cells count of the patient was  $16 \times 10^9$ /dl. Her urine beta-hCG was negative. Ultrasound of the abdomen revealed an anteverted uterus measuring 7x5 cm, with an intrauterine fluid collection measuring 1.8x2 cm. A complex right adnexal mass of 8x7 cm was found.

A diagnosis of acute appendicitis was made. A laparoscopic surgery was performed. Intraoperatively, the appendix was found normal. An on-table referral to gynecology team was made with the finding of twisted right fallopian tube with fulcrum of torsion at the isthmus (Figure 1). No area of gangrene was seen. The left fallopian tube, bilateral ovaries and uterus were normal. The twisted tube was untwisted (Figure 2). The length of the fallopian tube was 13 cm.

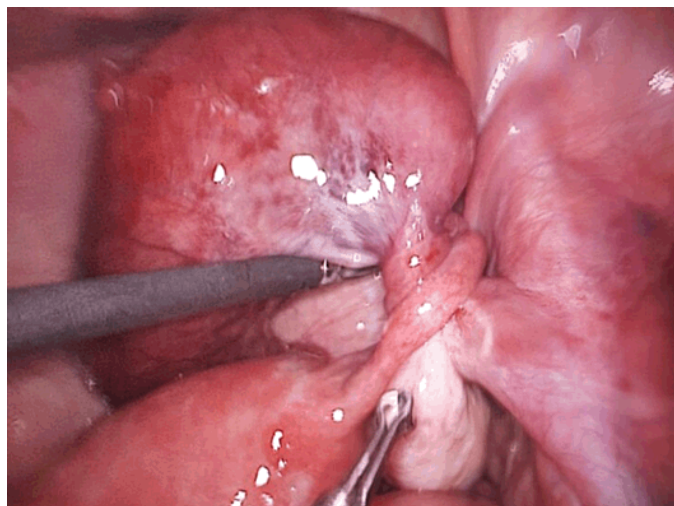


Figure 1: Torsion of the right fallopian tube. Note that the distal end of the tube was engorged.

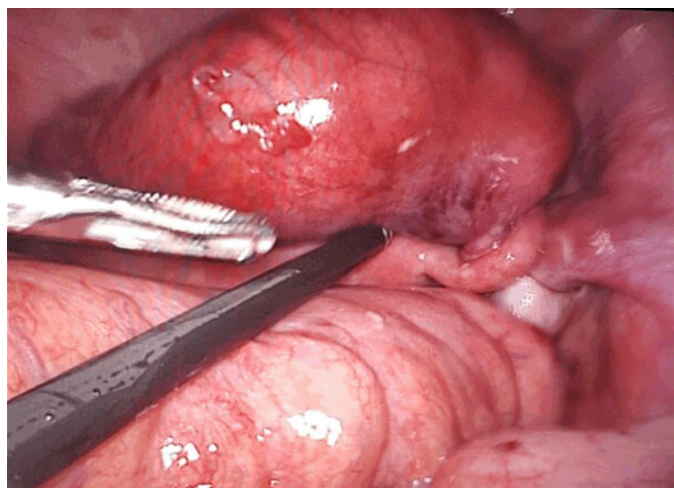


Figure 2: Distortion of the fallopian tube.

Antibiotics which comprise metronidazole and doxycycline were given for two weeks. Postoperative period was uneventful and the patient was discharged home on the third day.

## DISCUSSION

Fallopian tube torsion is a rare gynecology problem which causes significant acute abdominal pain in female. It was first reported in 1890 by Bland–Sutton. Its prevalence was reported to be 1 in 1.5 million women [1]. Patients with this condition may present with nausea and vomiting, which is associated with acute abdominal pain and peritonitis. Differential diagnosis can be twisted ovarian cyst, ectopic pregnancy, pelvic inflammatory disease, appendicitis, urolithiasis and cystitis [2].

The aetiology is uncertain. Many aetiologies of fallopian tube torsion have been suggested. They are divided into intrinsic and extrinsic factors. Intrinsic factors including hydrosalpinx, tubal carcinoma or prior tubal ligation whereas extrinsic factors including adhesions, pregnancy, mechanical factors, movement or trauma to the pelvic organs or pelvic congestion [3, 4]. Although torsion of fallopian tube has been frequently reported, isolated torsion of a normal tube is very unusual. This case was the first to be encountered in our center for both types of torsion. The rare occurrence of this condition, together with the presence of clinical symptoms which mimics acute appendicitis and a slightly raise in the total white cell count had make the patient to be referred to the surgical team rather than gynecology team. In addition, it was fortunate for the patient to have undergone a surgical intervention for acute appendicitis or the diagnosis of torsion tube will be missed and the tube will be gangrenous and beyond repair. The possible aetiology for this case is a rather long tube.

The mainstay treatment for torsion tube remains tubal detorsion and preservation of the tube, unless the tube is totally necrotic [3]. Salvage of the tube to preserve fertility, especially in this young nulliparous lady, is crucial. However, the patient is at risk to get an ectopic pregnancy later in life if the tubal function has been compromised. Recurrence of tubal torsion has also been reported [4]. In such case, the tubal function is high likely to be compromised, thus salvaging the tube may not be beneficial [5].

## CONCLUSION

Although torsion of the fallopian tube is a rare entity, it should be considered in a female who presented with acute abdominal pain.

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## Author Contributions

Adibah Ibrahim – Substantial contributions to conception and design, Acquisition of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

Wan Fadhlina Wan Adnan – Substantial contributions to conception and design, Acquisition of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

Pek Sung Hoo – Substantial contributions to conception and design, Analysis and interpretation of data, Drafting the article, Final approval of the version to be published

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Rahimah Abdul Rahim – Substantial contributions to conception and design, Acquisition of data, Drafting the article, Final approval of the version to be published

Ahmad Akram Omar – Substantial contributions to conception and design, Acquisition of data, Drafting the article, Final approval of the version to be published.

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Authors declare no conflict of interest.

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