Adnexal torsion

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1 Adnexal torsion should be considered in women of all ages with acute abdominopelvic pain

Adnexal torsion, described as the rotation of the ovary and/or fallopian tube on its vascular pedicle, accounts for 2.7% of surgical emergencies in women.¹ The main risk factor in adults is the presence of an adnexal cyst, without which torsion is unlikely.²

2 Signs and symptoms are often nonspecific

Patients typically report sudden-onset pelvic pain that may be intermittent and accompanied by nausea and low-grade fever.² However, symptoms can be poorly localized, with absence of peritoneal signs or a palpable mass leading to common diagnostic delays.²

3 Transvaginal ultrasonography is the imaging modality of choice to assess the adnexae

Ultrasonography findings suspicious for torsion include a unilaterally enlarged ovary, intraperitoneal fluid and absent blood flow on Doppler testing, particularly with an ovarian mass.³ However, absence of these features does not exclude torsion.³ Abdominal ultrasonography is an alternative when a transvaginal approach is not possible.³ There is no role for computed tomography or magnetic resonance imaging.²

4 Adnexal torsion is a surgical emergency

Adnexal torsion results in ischemia, and loss of ovarian function and fertility potential.² Urgent gynecologic consultation is indicated; patients who undergo surgery within 24 hours of symptom onset experience better outcomes.⁴ Laparoscopic management is the gold standard; however, surgery should not be delayed by lack of access to laparoscopy.²

5 At surgery, the affected ovary should be preserved

Recent studies show that necrotic-appearing ovaries often regain function following surgical detorsion; therefore, conservative surgery with ovarian preservation is recommended.² The theoretical risk of venous thromboembolism with detorsion has been disproved and does not justify oophorectomy.² The rate of malignancy in young women and girls is low, thus oophorectomy is reserved for postmenopausal women with adnexal torsion, who, according to a recent retrospective study, have a 9% risk of cancer and may require further staging.⁵

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