Sonographically suspected ovarian torsion and adnexal preservation

Jodi P. Lerner, M.D.
Department of Obstetrics and Gynecology, Columbia University Medical Center, New York, NY

BACKGROUND
• Suspected adnexal torsion is one of the few gynecologic emergencies that may be diagnosed in the ob/gyn ultrasound unit
• Timely correct diagnosis and discussion with providers is necessary for operative planning and preservation of adnexae
• The aim of this study was to review the diagnosis and outcome for patients sent to our ultrasound unit with a clinical suspicion of adnexal torsion

METHODS
• Study Design: This is a retrospective chart review
• 354 patients had GYN sonograms in our unit over a 3 year period to rule out ovarian/adnexal torsion
• 48 patients had a sonographic plus clinical picture suspicious enough that diagnostic laparoscopy was performed
• Sonograms suspicious for torsion included those with enlarged heterogenous ovaries/adnexae with loss of normal morphology with or without changes in color Doppler flow.
• 28 patients were sent to other services following the ultrasound and subsequently diagnosed with non-gyn issues such as appendicitis or renal stones,

RESULTS
• Median age: 24 years (range 15-58 y)
• Of the 48 patients with sonographic and clinical suspicion of ovarian/adnexal torsion who took to surgery by the gyn team, 38 were torsed (see left photos)
• 33 ovaries, 3 fallopian tubes, 2 paratubal cysts
• Of the 10 false positives, 8 of 10 had other ovarian or tubal pathology to explain the patient symptoms and clinical findings on exam including ovarian and functional cysts, leaking CL, or PID
• Of the 38 torsed adnexa, 27 were able to be laparoscopically untwisted and adnexa able to be preserved
• In 9 of 38 cases of torsion, the adnexae were found not to re-vascularize after untwisting and observation and were removed

CONCLUSIONS
• Timely sonographic studies and referral to clinical providers should be considered a gyn emergency in order to maximize future reproductive potential
• The current practice of laparoscopic untwisting and observation of re-vascularization of these structures have done much to increase adnexal preservation in these women
• Gynecologic ultrasound provides an excellent diagnostic tool to better triage patients with acute pelvic pain