Introduction

Adnexal torsion is a rare gynaecological emergency. When combined with factors like raised BMI, both diagnosis and management can be a challenge. We present a case of adnexal torsion in a 32 year old nulliparous woman who was morbidly obese.

History and Examination

The patient presented with severe right abdominal pain and nausea. She was known to have a simple right adnexal cyst for four years. It was managed conservatively because she was asymptomatic and was high risk for surgery due to her body mass index of 71.

Physical examination was also difficult as her BMI posed a challenge in locating the point of tenderness.

Transvaginal ultrasound

In this patient who weighed 200kg transvaginal ultrasound was technically difficult. It required assistance for introduction of transvaginal probe as well suprapubic pressure to allow visualization of pelvic structures. Both ovaries were polycystic. A unilocular cyst was seen in the uterovesical pouch measuring 68x66x58mm. This had poorly defined but regular walls and was avascular on colour Doppler. It was concluded to be a simple paraovarian cyst, arising from the right fallopian tube. The cyst wall oedema and position of the cyst were suggestive of torsion which may or may not have involved the right ovary too.

Management

The next concern was planning surgery which was high risk from anaesthetic as well as surgical perspective. A multidisciplinary team was called that included a senior gynaecologist, a bariatric surgeon and an anaesthetist experienced in such high risk cases. She was taken for emergency laparoscopy that was converted to laparotomy due to poor views. A right salpingectomy was performed. The patient recovered well and was discharged home on day three. There were no intra or post op complications.

Conclusion

A multidisciplinary approach in such cases is the key by which accurate diagnosis and prompt surgical management can salvage pelvic organs and reduce morbidity.

Challenges of USS in obese women

There is limited evidence available for imaging in obese women. TVS using high frequency probes is the ideal imaging modality as it allows one to bypass the abdominal pannus and has no absolute weight/girth restriction. Techniques such as abdominal pressure, use of harmonic imaging (penetration mode) help to improve image quality.