Isolated Torsion of a Tubal Ectopic Pregnancy- A Rare Event

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Abstract

Adnexal torsion accounts for 2.7% of all gynecological emergencies, but isolated torsion of fallopian tube is an infrequent yet significant cause of lower abdominal pain in women, which generally presents in the reproductive age group. The overall incidence is 1 in 1.5 million women and is generally isolated and unilateral.[1] Patients typically present with intermittent pain related to torsion and detorsion of the involved adnexa. Early diagnosis and treatment is necessary if a twisted tube or part of it is to be preserved; early laparoscopy may be a considerable diagnostic tool in these cases. We report a case of isolated torsion of fallopian tube containing an ectopic pregnancy.

Key words: Isolated torsion; tubal ectopic pregnancy

Received: 13 Aug 2008
Accepted: 20 Sept 2008
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A 26-year-old primigravida presented with 4+ weeks of amenorrhea and left iliac fossa pain. She was vitally stable with minimal tenderness in the left iliac fossa and left fornix. Vaginal ultrasound on admission revealed an empty uterus, a small corpus luteal cyst in the left ovary and no free fluid. Serum ß-hCG was 354 IU/ml on admission. The patient was admitted for observation and was planned to repeat ß-hCG after 48 hours.

The patient remained pain-free after admission. She was rescanned the next day which revealed no adnexal masses, but minimal free fluid around the ovary which had the corpus luteum. This led to a provisional diagnosis of a corpus luteal cyst rupture. The patient developed acute abdominal pain on the same day. Examination showed tachycardia with tenderness and guarding in the left iliac fossa. Free fluid was noted in the pouch of Douglas on transvaginal sonogram and the patient was taken for laparoscopy.

Laparoscopy revealed 150 mL of haemoperitoneum. The left fallopian tube was twisted once at the medial end and contained an unruptured ectopic pregnancy in the ampullary region with oozing from the fimbrial end. The left ovary contained a corpus luteal cyst. The right tube and ovary were normal. Left salpingectomy was performed. Postoperative period was uneventful. Histopathology confirmed tubal ectopic pregnancy.

Torsion of the fallopian tube can occur at any age and most of the patients are under 30 years of age. Cases have been reported from premenarcheal to postmenopausal age group and are more common in pregnancy.[2,3] The exact cause of torsion is unknown and various theories have been postulated.[4-6] Proposed theories for tubal torsion can be classified as:

1. Anatomical abnormalities: Long mesosalpinx, tubal abnormalities, haematosalpinx, hydrosalpinx, hydatid of Morgagni.
2. Physiological abnormalities: Abnormal peristalsis or hypermotility of tube, tubal spasm and intestinal peristalsis.
3. Haemodynamic abnormalities: Venous congestion in the mesosalpinx.
4. Sellheim theory: Sudden body position changes.
5. Trauma, previous surgery or disease(tubal ligation, PID)
6. Gravid uterus.

The most common presenting symptom is pain with other associated symptoms such as nausea, vomiting, bowel and bladder complaints. Temperature, WBC and ESR may be normal or slightly elevated. Our patient had low-grade fever but normal counts. Imaging findings in torsion of the fallopian tube are nonspecific and clinical correlation is very important.[4] Many reports indicate that torsion of the fallopian tube is more common on the right side than on the left. This may be due to the presence of the sigmoid colon on the left side or to the slow venous flow on the right side, which may result in congestion.[4] Another reason could be that more cases of right-sided pain are operated because of the suspicion of appendicitis, whereas left-sided cases may be missed or resolve spontaneously. This was a rare presentation of torsion of left fallopian tube with ectopic pregnancy and an ipsilateral corpus luteal cyst. A literature search did not reveal any such case reports.

Torsion of fallopian tube containing an ectopic pregnancy is extremely rare. Tubal torsion should be considered in the differential diagnosis of abdominal pain in young women. Early surgical intervention is recommended in order to salvage the affected tube and preserve fertility.

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