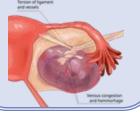


## **OVARIAN TORSION**



Ovarian Torsion: the complete or partial twisting of the ovary on its supporting structures, causing impairment of blood flow. It is a surgical emergency.



### **ETIOLOGY**

Ovarian enlargement is a key risk factor. Common causes include:

- Ovarian cyst (especially if >5 cm)
- Dermoid cyst (teratoma)

■ BUT torsion can still occur without risk factors—normal ovaries and patients with no anatomic risk factors can still be affected!

### **PRESENTATION**

- Pelvic Pain
- Sudden onset
- Severe
- Unilateral (right side is more commonly affected)
- May have history of recent crampy abdo pain
- Nausea/Vomiting
- Most common during reproductive age, but can occur at any age

# PHYSICAL EXAM

- Lower abdo tenderness
- Pain out of proportion to exam
- May have a palpable and tender adnexal mass

### **DIAGNOSIS**



Transabdominal Pelvic Ultrasound with Colour Doppler

### Suggestive Findings

- Enlarged heterogeneous ovary
- Asymmetric ovaries
- Multiple peripheral follicles
- A coiled vascular pedicle (Whirlpool Sign)
- Absence of arterial blood flow on Doppler

Consult pediatric surgery/ gynecology for Diagnostic Laparoscopy

**Torsion Confirmed** 

#### **Laparoscopic Detorsion with Ovarian Preservation**

- Standard of care; performed regardless of ovary appearance (e.g., necrotic-appearance) or timing of presentation

### X Non-Suggestive Findings

- Normal ovarian size and position
- Symmetric ovaries

diagnoses

Ongoing Pain

Consider
other

Pain Resolves

Observe (Be alert for intermittent torsion)

### POTENTIAL DIFFERENTIAL DIAGNOSES

### **GYNECOLOGIC**

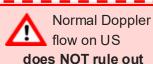
- Ectopic pregnancy
- Ruptured ovarian cyst
- Tubo-ovarian abscess
- Pelvic inflammatory disease

### **GASTROINTESTINAL**

- Acute appendicitis
- Intussusception

#### **UROLOGIC**

- Nephrolithiasis/ ureteral colic
- Urinary tract infection



ovarian torsion! Clinical suspicion is key—don't rely on Doppler alone for decision-making!

### August 2025