References

PII S0015-0282(01)03063-1

Turned, twisted and torqued?—management

To the Editor:

Pinto and colleagues (1) report the successful laparoscopic unwinding of a twisted adnexum 1 week after ET in a patient with bilateral hyperstimulated ovaries. The authors noted that the contralateral ovary was enlarged but normal and elected not to perform follicular aspiration or to insert a stay suture. The patient went on to deliver a healthy baby at term with no further episodes of torsion.

In 1997, we reported a case of sequential bilateral adnexal torsion after a single cycle of gonadotropin ovulation induction/IUI treatment (2). At 6 weeks of pregnancy, our patient presented with abdominal symptoms suggestive of adnexal torsion. Both ovaries were enlarged on transvaginal ultrasound examination. At laparoscopy, we found the right ovary to be necrotic and twirled twice about the utero-ovarian ligament. The left ovary was similarly enlarged but was normal. We performed a right salpingo-oophorectomy via a mini-laparotomy and did not disturb the contralateral ovary. Three days later, the patient developed symptoms and signs of an acute abdomen that prompted a second laparotomy at which the contralateral remaining ovary was found to have twirled twice. The ovary was untwisted and, to prevent recurrence, the ovary was fixed to the back of the uterus with a stay suture.

Although bilateral torsion is uncommon, we perhaps could have prevented its occurrence through aspiration of the contralateral follicular cysts or insertion of an ovarian stay suture during the first operation. Enlarged ovaries are commonly found after ovulation induction and are a risk factor for adnexal torsion. Our case would suggest that surgeons might be wise to consider prophylactic treatment of a hyperstimulated contralateral ovary discovered at the time of surgery for ovarian torsion.

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September 7, 2001

References

PII S0015-0282(01)03002-3

Reply of the Authors:

We appreciate the interest in our article (1). We reported the successful laparoscopic unwinding of a unilateral ovarian torsion 1 week after ET in a patient with bilateral hyperstimulated ovaries. The contralateral ovary was markedly enlarged and measured approximately 9 cm in mean diameter.

In 1997, Childs et al. (2) reported a case of sequential bilateral adnexal torsion in a pregnant woman after gonadotropin ovulation induction followed by IUI. In this case report, the authors describe performing a salpingo-oophorectomy via a mini-laparotomy. Three days later, the patient developed symptoms and signs of an acute abdomen that prompted a second laparotomy at which the contralateral remaining ovary was found to have twirled twice. The ovary was untwisted and, to prevent recurrence, the ovary was fixed to the back of the uterus with a stay suture.

It is important to appreciate that bilateral ovarian torsion is indeed a very rare occurrence. Although Dr. Child suggests that it would be wise to consider placing a prophylactic stay suture on the contralateral hyperstimulated ovary at laparoscopy, we do not hold the same view. The contralateral ovary in the case we described was considerably enlarged, and placing a stay suture would not only risk trauma to the ovary but may have invited bleeding, which may have been difficult to control. Moreover, this ovary would have required a large stay suture that most likely would have cut through owing to the sheer size of the enlarged ovary.

Levy et al. (3) suggest that if at the time of laparoscopy the contralateral ovary is found to be enlarged secondary to cysts, aspiration of the ovarian cysts must be considered. We elected not to do this because the majority of these cysts were filled with clotted blood and cyst aspiration in these circumstances may not be rewarding. In addition, it is quite likely that aspiration of these cysts would have led to rapid reaccumulation of fluid as happens at egg retrieval. Given the circumstances that an ET had been done a week prior, we wished to keep the operative time as short as possible.

There definitely exist more than one correct approach to tackle and treat a medical condition. However, it is important to weigh the pros and cons when opting for a particular
treatment, keeping the case scenario and the final objectives in mind.

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PII S0015-0282(01)03066-7