2021 RANZCOG Virtual Annual Scientific Meeting
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Symptomatic Paratubal Cyst Mimicking an Ovarian Cyst Torsion

Background:

Paratubal cysts (PTC) are fluid filled cysts found between the ovary and fimbriae of the fallopian tubes, within the mesosalpinx and the broad ligament, that are not adherent to any organs.[1] They likely originate from remnants of the paramesonephric or mesonephric ducts and account 5-20% of adnexal masses.[1] They are usually benign, asymptomatic and incidentally found via US in the 3rd-4th decade of life.[1] Due to their rarity, there is no uniform management; however it is recognised that symptomatic or giant PTC (>10cm) should be surgically managed.[1]

Discussion:

Whilst symptomatic paratubal cysts are rare and unlikely cause for an acute abdomen, they must be considered. Early intervention can result in sparing of both the tube and ovary.

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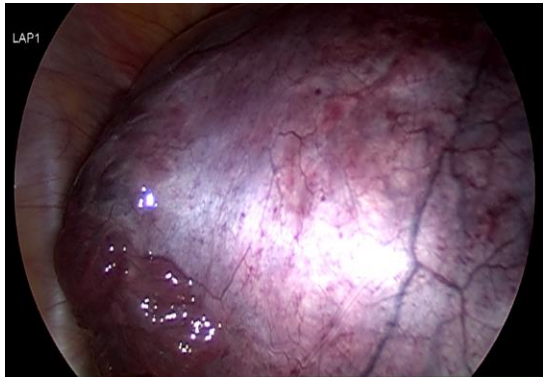
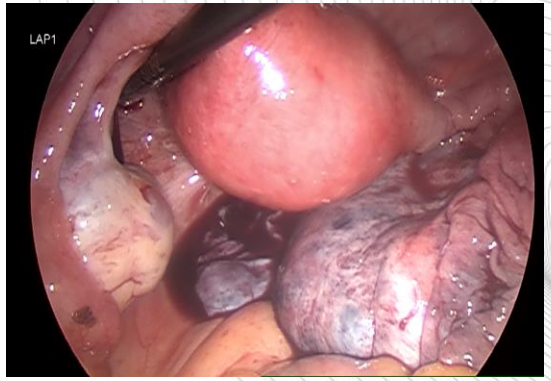
Case:

A 23-year-old woman presented with severe acute abdominal pain with mild pain for 11 days. A bedside US showed a right 10x9cm large cyst in the pelvis. The impression was ovarian cyst torsion and was taken for immediate laparoscopy. A torted fallopian tube and haemorrhagic paratubal cyst was found. The ovary was blue and grossly swollen. The cyst drained 400ml prior to its excision and the tubal torsion corrected. The ovary was drilled to relieve congestion. Histopathology revealed a benign serous cystadenofibroma. Post-operative US showed a salvaged right ovary with normal blood flow.





References:

Atileh, L., Dahbour, D., Hammo, H. and Abdullattif, M., 2020. Laparoscopic removal of a 40-cm paratubal cyst in a morbidly obese patient. *Gynecology and Minimally Invasive Therapy*, 9(1), p.39.