

An audit of adnexal torsion over 10 years at a tertiary institution

Introduction

- Ovarian torsion accounts for 3% of gynaecological emergencies with an incidence of 9.9 per 100,000, Fallopian tube torsion incidence is 1 in 1.5million. Given the low incidence but high implications of ovarian or fallopian tube torsion it is of importance to identify areas for improvement in clinical practice.

Methodology

- A retrospective review was performed of all cases of ovarian and fallopian tube torsion between October 2011 – September 2021. We assessed the clinical presentations, ultrasound parameters and time to surgery.

Results

- Over the 10 year period there were 93 cases of ovarian or tubal torsion. The mean age of patients with torsions was 30 (range 8-74). Mean time patients waited to presentation was 39 hours (range 1-62 hours) and 5 patients presented more than once prior to diagnosis. = Common presenting symptoms included unilateral pelvic pain (71%), sudden (52%) onset of pain, “sharp” pain (55%) and associated nausea (62%).
- Ultrasound reported torsion in 40% of cases. Doppler flow was demonstrated in 45% of cases with a subsequent diagnosis of torsion. Ovaries had a range of 23ml to 1000ml in size while the mean cyst size was 8cm (2.5 – 18cm).
- Mean time to surgery from presentation was 14.5hours (range 1-96 hours). Thirteen patients had isolated fallopian tube torsion(14%).

Discussion/Conclusion

- Isolated fallopian tube torsion was accounted for a higher proportion of torsion than predicted from published incidence. Doppler flow was not a reliable rule-out test consistent with previous studies. Average time from presentation to surgery was longer than suggested guidelines.