

# A Rare Case of Ovarian Torsion in a 2 Year - Old Young Girl

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**Abstract:** *The diagnosis of ovarian torsion is generally made by symptoms which are more commonly encountered as abdominal complaints in the Emergency Department such as vomiting, constipation, diarrhoea, and urinary tract infections and more common surgical emergencies such as appendicitis. Prompt diagnosis is further complicated in low - risk populations such as young children. Herein, we describe the case of a 2 - year - old girl with a seemingly benign presentation of abdominal pain who was diagnosed and treated for acute ovarian torsion.*

**Keywords:** Ovarian torsion, Torsion in young girl

## 1. Introduction

Torsion of the ovary is partial or complete rotation of the adnexa around its vascular axis or pedicle. Ovarian torsion accounts for 3% of Gynecological emergencies. Complete torsion blocks the venous and lymphatic supply leading to venous congestion, ischemia and necrosis. This may result into gangrenous ovary or rupture. Torsion of Ovarian tumor predominantly in the reproductive age group and hence is a rare complication in the pediatric age group.

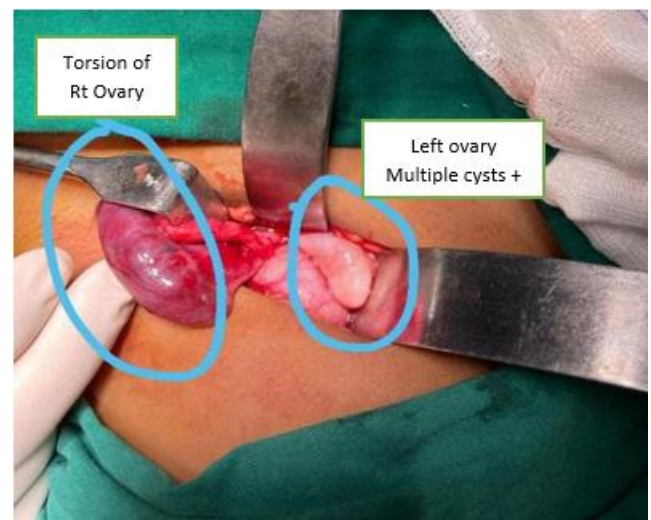
## 2. Case Report

A 2-year-old female child brought to casualty with complaints of pain in abdomen (more towards Right side) and vomiting since 4 hours. Patient was apparently alright 4 hours back when she developed pain in abdomen which is sudden in onset, increasing in intensity and associated with vomiting which are non - projectile in nature and containing food particles. Patient was taken to local doctor from where she was referred to our hospital for further treatment.

On examination, Patient's vitals were Pulse rate – 98/min, Respiratory rate – 20/min, Temperature - 37° C and oxygen saturation was 100% on room air.

Systemic examination was normal.

On per abdominal examination - Abdomen was slightly distended and tender in right Iliac and hypogastric region. No palpable mass was present. No organomegaly. Rovsing sign and Psoas signs were absent thus eliminating appendicitis as a differential diagnosis.



### Surgical Treatment

Patient was posted for emergency exploratory laparotomy. Intraoperative findings were torsion of Right ovary which is enlarged, Inflamed and necrosed. Ovarian mass detorsion was done, ovary and fallopian tubes didnot change in colour. Broad ligament clamped and left salphingo - oophorectomy was done.

Left ovary multiple small cysts noted, cysts were punctured and rest ovarian tissue was preserved.

Patient was stable postoperatively and was discharged healthy on post - operative day 3.

## 3. Discussion

Patient was posted for emergency exploratory laparotomy. Intraoperative findings were torsion of Right ovary which is enlarged and necrosed. Ovarian mass detorsion was done, ovary and fallopian tubes didnot change in colour. Broad ligament clamped and Right salphingo - oophorectomy was done.

Left ovary multiple small cysts noted, cysts were punctured and rest ovarian tissue was preserved.

Patient was stable postoperatively and was discharged healthy on post - operative day 7.

## **References**

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