

## TORSION OF THE MESOSALPINX WITH GANGRENE OF A NORMAL OVARY

BY

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Herewith is presented a case of torsion of the mesosalpinx with resulting gangrene of a normal ovary and part of the fallopian tube. This condition is extremely rare. I have not seen a report of such a case in the medical literature. This is the reason of my reporting this case.

Mrs. M, aged 18 years, was admitted into the Assam Medical College Hospital, Dibrugarh, on 25-7-51 at 8 p.m., for pain on the right side of the lower abdomen and in the small of the back, with a pulse rate of 78 per minute and a normal temperature.

She gave a history of having had sudden severe pain, 25 hours before admission, at 7 p.m. on the previous evening, followed by vaginal bleeding 12 hours later. She also vomited 5 or 6 times the next morning. Since then she was having recurring attacks of exacerbations of the pain. She had a child one and a half years old. Her periods had been regular, and the last period stopped six days before the attack of pain.

Examination at the time of admis-

sion by the duty medical officer revealed a well nourished woman with a rather anxious expression. Tenderness was elicited in the right iliac fossa. Vaginal examination revealed the uterus to be normal in size. Movement of the cervix caused pain, and a soft elastic lump was felt in the pouch of Douglas. She was suspected to be a case of ruptured ectopic gestation, and was put to bed and watched for any increase in the pulse rate or any exacerbation of the pain.

When I saw her, the pain in the right iliac fossa was less than before with a pulse rate of 80 p.m. and a normal temperature. The abdomen was soft, not distended, and moved with respiration. Tenderness was elicited in the right iliac fossa, but no mass was felt. The flanks were resonant on percussion. Vaginal examination revealed the cervix pointing downwards and forwards and to the right, the uterus small in size and retroverted. An irregular tender lump of the size of of an egg was felt in the pouch of Douglas. Both the tubes seemed to be enlarged and prolapsed into the pouch of Douglas. The case was suspected to be one of double

pyosalpinx, and was kept in bed under close observation.

Her blood showed a haemoglobin percentage of 60, and a total white cell count of 15,100 per c.mm.

She was examined again four days later when it was found that the pain in the right lower abdomen had almost subsided. No tenderness could be elicited on abdominal or vaginal examination. The irregular lump felt in the pouch of Douglas was still of the same size. The increase in the pulse rate to 92 p.m. was the deciding factor to open the abdomen. She was operated upon, under spinal anaesthesia, on 2-8-51. At the operation it

was found that the right ovary and tube had undergone a torsion of three and a half circles. The ovary was as big as a normal kidney, was dark in colour and had become gangrenous. Right salpingo-oophorectomy was performed. The picture of the specimen can be seen in the figure.

She had a smooth convalescence except for a rise of temperature to  $101^{\circ}$  on the first two days after the operation. She was discharged cured after a stay of three weeks.

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**Torsioned Tube and Ovary**



**Gangrenous Ovary**