TORSION OF FALLOPIAN TUBE

(A Case Report)

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Torsion of the fallopian tube is a rare entity, therefore it is difficult to make pre-operative diagnosis. Usually it is mistaken for a twisted ovarian cyst, acute salpingitis, appendicitis etc. Bland Sutton reported the first case in 1890 and since then about 200 cases have been described. Because of its rarity this case is reported.

Case Report

Mrs. W., aged 35 years, para 8-0-0-8, was admitted on 11-10-67 with complaints of pain in the right side of abdomen of 1 day's duration. Pain started in the right iliac fossa and persisted there. She had 8-10 vomits since the onset of the pain. Menstrual cycles were normal and her last menstrual period was 10 days back. Her general condition was fair. She looked acutely ill, with intense pain. Her pulse was 80 per minute of good volume and tension. B.P. 120/80 mm Hg; Hb, 8.5 g%, total leucocyte count 12000 Cu. mm with 80% polys.

Abdominal Examination

Marked tenderness in the lower abdomen, mostly in right iliac fossa. Rebound tenderness +. Bowel sounds absent.

Vaginal Examination

Uterus retroverted, very tender, left fornix free, right fornix very tender, no mass could be defined.

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Received for publication on 23-7-1969.

Rectal Examination: Tenderness all around.

Provisional Diagnosis

Burst acute appendicitis with general peritonitis. One unit of blood was kept ready and a laparotomy was performed. On opening the abdomen about 200 cc of blood-stained fluid was aspirated. The right fallopian tube was red and distended, and had rotated through two complete turns at the cornual end. The tube was untwisted and salpingectomy was done. Right ovary was normal. The appendix was adherent to the right fallopian tube and was also removed. Left adenexa was normal. Patient made an uneventful recovery.

Specimen

The specimen consisted of a retort-shaped mass dark red in colour, 4½" long and 2½" broad. Histopathological examination showed chronic inflammatory reaction of hydrosalpinx with thin dark fluid in it.

Comments

The exact etiology of tubal torsion is not known, though Kellar and Kellar (1959) pointed out many theoretical causes. Youssef and others (1962) reviewed 6 cases of tubal torsion, saying that it occurred most often in the normal tube than in the diseased tubes. As the tube has a broad base as compared to that of an ovarian tumour, the chances of torsion in the former are less. Diagnosis of torsion of the fallopian tube is

usually made at laparotomy. The right tube was affected as reported by Gulati (1965) and Rao (1968). In the present case also right tube was affected. Humphery's (1960) cases of tubal torsion had some relation to trauma. One of the patients developed sudden pain while getting down from bus. McIlroy (1910) stated that trauma applied to a pelvic organ is tangential and so has a twisting movement and other symptoms appear after unaccustomed trauma. There was no history of trauma in the present case. In most of the cases reviewed the torsion occurred in a previous hydrosalpinx. In most of the cases reported by Narayan Rao (1965), the patients were either sterile or of low parity, whereas the present case was a grand multipara.

The treatment of torsion of the tube is salpingectomy whenever the tube is damaged. If torsion is less than 360 degrees and if the tube regains its normal colour on untwisting it can be preserved, but it should be fixed so as to prevent recurrence. The ovary should not be removed unless it is damaged.

Summary

A case of torsion of the fallopian tube is presented and interesting feature of this case was that patient was a highly parous woman.

References

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