

## TORSION OF HYDROSALPINX ASSOCIATED WITH NORMAL PREGNANCY

by

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### Introduction

Torsion of the fallopian tube is not a common gynaecological condition and the diagnosis is usually missed. Hardly 150 cases are reported. Torsion of hydrosalpinx with normal pregnancy in the uterus is indeed rarest, and in the literature there are no such reported cases. Bland Sutton (1890) was the first to describe this condition. Later, Eastman (1927) reported 3 cases, two diagnosed pre-operatively as twisted ovarian cysts and one as an acute appendicitis. Shaw (1949) and De Soldenoff R. (1949) reported torsion of normal fallopian tube. Jadhav (1958), Achari (1962), Tamasker and Tamasker (1964) reported more cases and reviewed the literature.

This rarity of the condition and the inability to diagnose it preoperatively induces the present authors to report the unusual and rarest case which we came across at Sheth Vadilal Sarabhai General Hospital and Sheth Chinai Maternity Hospital, Ahmedabad.

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### CASE REPORT

Mrs. P. M. aged 24 years, was brought to Hospital at 9.00 A.M. with a history of 3 months amenorrhoea, pain in left iliac fossa; pain started suddenly in the morning and gradually increased in intensity. She also complained of slight spotting. She vomited twice before admission. There was no history of fever, bowel or micturition disturbances.

#### Past History

The patient had a similar attack of pain one month back which lasted for 1-2 days and passed off with anti-spasmodics.

#### Menstrual History

Past Cycles. 4-5/30 days. Last period was 3 months back.

#### Obstetric History

The patient was nulliparous, married six months ago.

#### On Examination

General condition of the patient was fairly good, though patient had agonising pain. Pulse 96/minute, temperature 98.4°F., blood pressure 110/70 mm. of Hg., respiration 20/minute. Tongue—pink and moist.

Heart and Lungs—normal.

#### Abdominal Examination

Marked tenderness in lower abdomen on left side. There was no fullness or rigidity. Uterus was just palpable. Peristalsis were detected on auscultation.

#### Vaginal Examination

No signs of internal haemorrhage or shifting dullness.

Uterus was soft and bulky about 12 weeks' size. Cervix was closed and slight bleeding was

present. There was marked tenderness in posterior and left lateral fornices. A cystic swelling was felt in the left fornix. Cervical movements were tender.

#### Investigations

Haemoglobin: 64%, W.B.C.: 7200/c.mm. differential count, polymorphs 76%, lymphocytes 20% and 4% eosinophils; urine was clear.

Provisional diagnosis of ectopic gestation or a twisted ovarian cyst was made with normal uterine pregnancy.

#### Treatment

Patient was given Inj. Chloromycetin—500 mgm intramuscularly and 250 mgm. 6 hourly. She was kept under observation. Laparotomy was done after 24 hours as acute episode of pain occurred again. They pulse rate also increased from 96/min. to 114/min.

#### Operation

On exploration of the abdomen, haemorrhagic fluid came out suggesting ruptured ectopic gestation but after aspirating the fluid, left tube which showed hydrosalpinx had undergone 2 circles or torsion came into view. The site of torsion was isthmus of tube. Tube was absolutely gangrenous and looked greenish black. Other tube was perfectly normal. Ten weeks pregnancy in the uterus was evident. Left salpingectomy was carried out conserving the ovary on the side as it was healthy.

Postoperative period was uneventful, pregnancy remaining undisturbed.

#### Comments

Unlike the normal fallopian tubes, hydrosalpinx fulfils the conditions required for torsion of tubes i.e. a freely mobile tumour, flimsy adhesions at the base or no adhesions to the surrounding structures. Pyosalpinx rarely undergoes torsion because it is usually associated with multiple adhesions.

Shute (1932) found 80% of cases occurring during the childbearing period and 20% during puberty. There are two prevalent theories explaining the mechanism of torsion of the fallopian tube.

(1) Haemodynamic theory i.e. the pulsation of the blood vessels in the meso-

salpinx can in some way initiate torsion.

(2) Movements of the body and abdominal wall could be transmitted and this could initiate torsion.

(3) Diagnosis of torsion of fallopian tube is usually made at laparotomy. The preoperative diagnosis in the majority of the cases is ectopic gestation or twisted ovarian cyst. Some cases have been diagnosed as acute salpingitis, appendicitis or urinary tract infection.

Pregnancy and its association with torsion of hydrosalpinx was not clear in this case. Treatment of twisted hydrosalpinx is salpingectomy unless the tube is reasonably healthy and colour changes on undoing the twist. If the tube is to be conserved, precautions should be taken to fix the tube in such a way as to prevent recurrence.

#### Summary

A case of twisted hydrosalpinx associated with 3 months' pregnancy is reported and literature is reviewed.

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See Fig. on Art Paper IX