

TORSION OF FALLOPIAN TUBE

(A Case Report)

by

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Torsion of Fallopian tube is a rarity more so when it occurs in a normal tube. Bland-Sutton, (1890) was the first to report such a case and since then scattered case reports have been published. Because of its rarity and perplexed clinical picture the present case is reported.

CASE REPORT

Mrs. M.B., aged 32 years was admitted in the Surgical Ward of Sadar Hospital, Chinsurah, West Bengal with acute attack of pain in the lower abdomen associated with vomiting and constipation for last two days. She was mother of 8 children, all delivered normally, the last one 3 months back. She was having lactational amenorrhoea.

On Examination

General condition was low, Pallor ++, tongue—dry, pulse rate—116/m., temp. 99°F., B.P. 110/72. Abdomen was slightly distended with marked tenderness in right iliac region where a lump was palpable. Peristaltic sounds were present. Tentative diagnosis of appendicitis with lump formation was made and the patient was put on conservative treatment.

Investigations showed Hb%—7 gms%, Total count of W.B.C.—10,000 cm, poly—80%, lympho—16%, eosino.—4%, urine—nothing abnormal.

The acute condition gradually subsided and on the 3rd day as there was slight vaginal bleeding the case was referred to exclude any gynaecological lesion. She was looking pale with a

pulse rate of 110/m. A tender lump was felt in right iliac region low down with restricted mobility. On vaginal examination uterus was of normal size, anteverted, pushed to the left by a mass size of a cricket ball occupying the right fornix and extending to the pouch of Douglas. The mass was firm, irregular and tender. The left fornix was free. Cervix was parous. Blood stained discharged was present. Speculum examination showed erosion of the cervix.

A tentative diagnosis of disturbed ectopic pregnancy was made. Needling of pouch of Douglas revealed old blood clots and laparotomy was done. Small amount of free old blood was found in general peritoneal cavity. The mass was formed by adherent omentum and intestines which on separation revealed torsion of the right tube and ovary. Entire length of the fallopian tube along with the right ovary had undergone anticlockwise torsion with 3 complete turns on its axis. It was untwisted and salpingo-oophorectomy was done. The other tubes and ovary were normal.

Description of the Specimen: The tube 3" long gangrenous and oedematous, having patent lumen. The ovary was 2" × 2", gangrenous with torn capsule at two places. Postoperative period was uneventful and the patient was discharged on 8th day.

Discussion

Torsion of normal fallopian tube with or without involvement of normal ovary is a rare clinical entity met in gynaecological practice. Regad (1933) quoted by Bhasin and Narula (1972) in a review mentioned 24% occurrence in normal tube. Shute, (1932) also found its prevalence in 80% during child bearing period whereas Jeffcoate (1967) observ-

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ed its frequency in young and adolescent. Shute (1932) also found it on the right side in 60% cases. The present case was in an eight para on the right side and in an apparently healthy tube. Acute attack of pain in right iliac region, nausea or vomiting with a palpable tender mass causes confusion between acute appendicitis and disturbed tubal pregnancy. Various theories have been postulated for the torsion such as venous congestion (Payr 1906), sudden change in position of the body (Selheim 1922), disturbance of normal peristaltic movement of the tube (Blair 1962). Whatever may be the factor for initial rotation, the further torsion is brought about by haemodynamics possibly by pulsation of the vessels supplying the organ (Jeffcoate 1967).

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