TORSION OF HYDROSALPINX

by

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Torsion of hydrosalpinx is a rare clinical condition. Preoperative diagnosis is difficult in most of the cases. Because of its rarity this case is reported.

Case Report

Mrs. B. M., aged 25 years got admitted on 2-6-77 with the complaint of acute pain on the left side of lower abdomen and dysuria for 4 days.

Obstetric History

She was a mother of 2 children. Both were term normal deliveries. The last child was 6 months old.

Menstrual History

She was in a state of lactational amenorrhoea. Her previous menstrual history was normal.

History of present illness

The abdominal pain commenced 4 days back. This was associated with nausea and dysuria. She vomited twice on the second day of the attack. The pain steadily increased till she became incapacitated and got admitted.

General Survey

Her general condition was satisfactory. Pulse rate was 100/minute and temperature was 100°F. There was a moderate degree of pallor.

Abdominal Examination

The lower abdomen was distended. A tender ill-defined lump was felt in the lower abdomen arising from the pelvis and extending almost upto the umbilicus. Muscle guard was present. Peristaltic sounds were sluggish.

Internal Examination

The uterus was normal in size and was pushed to right side. A cystic tender lump was felt through left fornix about the size of a cricket ball. There was no abnormal discharge.

A provisional diagnosis of twisted ovarian cyst was made and she was operated on the following morning. By this time pain had increased and pulse rate had gone upto 120/mt. At laparotomy, serosanguinous fluid about 3 oz. came out. A dark red elongated mass was seen to arise from pelvis which on exploration was found to be the greatly distended left tube which had undergone torsion (Fig. 1). There were 3 complete turns in clockwise direction and the site of torsion was the isthmus of the tube. The left ovary was incorporated with the mass showing black discolorations at places.

There were filmsy adhesions of the omentum which were separated. Left salpingo-ophorectomy was done. The right tube was thicker than a normal tube with stigma of previous inflammation. 'Ligation' of right tube was done. The uterus, right ovary and appendix were normal. The abdomen was closed in layers. Postoperative period was uneventful and she was discharged on 10th postoperative day.

Description of the Specimen

The mass was 14 cm. long and 6 cm. broad at the fimbrial end. The lumen was filled with chocolate coloured fluid (altered blood). As the mass was already gangrenous the histological examination failed to demonstrate any epithelial lining.

Discussion

The causative factors for torsion of the tube are venous congestion, sudden change in position of the body, laxity of abdominal wall during puerperium and peristaltic movements of pelvic colon (Gulati 1965, Bhasin and Narula 1972). Hemodynamic theory, however, explains the 'Continuation of torsion' by tiny pulsations of the vessels in the pedicle.

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Because of its rarity the preoperative diagnosis is difficult and these cases are usually, diagnosed as twisted ovarian cyst, disturbed ectopic gestation, acute pelvic inflammation or acute appendicitis (Narayana Rao 1965; Dutta 1977). In the present case, too, a diagnosis of twisted ovarian cyst was made and the exact nature was identified only at laparotomy.

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See Fig. on Art Paper XIV