TORSION OF HYDROSALPHINX DURING PREGNANCY

(A Case Report)

by

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Torsion of fallopian tube is a rare gynaecological emergency requiring surgical intervention. Ever since Bland Sutton reported his first case in 1890, 350 cases have been reported (Walker 1972; Yousseff 1962). Only 12% of the cases have been reported with pregnancy.

Due to the rarity this case has been reported.

CASE REPORT

Patient K.S., 22 years, was admitted to Govt. Medical College and Hospital, Nagpur on 1-9-1974 at 6.30 p.m. with the history of amenorrhoea of 2 months' duration. She complained of severe pain in lower abdomen for one day. The pain was neither associated with vomiting, fever nor bowel problems. There was no history suggestive of such episode in the past.

Menstrual History: Her previous cycles were regular with average flow 3-4/30 days. LMP was 2 months back.

Obstetric History: She was married 2 years back and was nullipara with no history of abortion.

General Examination: She was moderately built and was looking pale. She was afebrile, pulse rate was 116/mt. regular, respiratory rate was 26/mt., blood pressure was 130/80 mm. of Hg. Cardiovascular, respiratory and nervous systems revealed nothing abnormal.

Abdominal Examination: There was a well defined cystic mass about 16 weeks' size of pregnant uterus in midline. There was extreme tenderness over lower abdomen and there was no free fluid in abdomen. Intestinal sounds were present.

Speculum Examination: Cervix and vagina were congested and there was no bleeding.

Bimanual Vaginal Examination: Size of uterus could not be made out properly. Movements of cervix were tender. A cystic mass about 16 weeks size of pregnant uterus was felt through posterior and lateral fornices. It was tender. With these findings the diagnosis of ? ectopic pregnancy, or normal pregnancy with twisted ovarian tumour was made.

Investigations done were Hb 70%, W.B.C. 8000/c.mm., DLC P. 60%, L. 36%, E. 4%, urine examination—Albumin and sugar nil, blood grouping and Rh typing was done and a bottle of blood was arranged.

Examination under anaesthesia revealed that the uterus was 8 weeks' size retroverted and soft. A well defined cystic mass about 4 inches in diameter was palpable through posterior and right fornices. Provisional diagnosis of normal pregnancy with twisted ovarian tumour was made. On opening the abdomen a gangrenous cystic mobile mass was seen on right side of uterus which could be delivered with fair ease. It was found to be a hydrosalphinx with normal looking ovary. Pedicle had undergone a twist of more than 3 circles. Pedicle was clamped, cut and ligated. Uterus was about 10 weeks' size of pregnant uterus. Left adnexa were found to be normal. Abdomen was closed in layers after peritoneal toilet.

Gross specimen—Tube showed hydrosalphinx; ovary was normal. Fluid in the hydrosalphinx was clear.

Postoperative period was uneventful. Patient was discharged after 10 days and was advised regular antenatal check up, but unfortunately she did not turn up.

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Discussion

Various theories proposed to explain torsion of fallopian tube are described. Intrinsic—tortuosity, excessive length and spiral course of fallopain tube—haemato or hydrosalphinx. Neoplasm of tube, incomplete distal mesosalphinx, tubal ligation and autonomic dysfunction with abnormal tubal peristalsis. Extrinsic theories are—Masses of ovary or paraovarium, uterine enlargement by pregnancy or tumour, adhesions of the tube, sudden body movement or trauma, pelvic congestion and drugs reaction with tubal spasm.

In present case definite factors were pregnancy with hydrosalphinx. Diagnosis is usually missed because the condition is rare and the clinical picture is very similar to ectopic pregnancy and twisted ovarian tumour.

Summary

A case of twisted hydrosalphinx associated with 2 months pregnancy is reported with review of literature.

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