

BILATERAL TORSION OF LUTEIN CYSTS OF OVARY ASSOCIATED WITH HYDATIDIFORM MOLE

(A Case Report)

by

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Bilateral lutein cysts of the ovary are commonly associated with hydatidiform mole or choriocarcinoma of the uterus, but many large follicular cysts may also be formed in some cases.

Unilateral torsion of large cyst may occur but bilateral torsions are very unusual. Saxena (1968) reported such a case. One more case is presented here.

CASE REPORT

Mrs. B. G., 20 years, Hindu, primigravida, married for 1 year was admitted on 18-9-78 in Eden Hospital with pain in the lower abdomen for last 25 days with acute exacerbation for the last 12 hours and vomiting along with a history of amenorrhoea of 10 weeks duration.

On examination, she had a distressed look with acute lower abdominal pain. Her B.P. was 110/70 mm. of Hg., pulse 110 p.m., temperature normal. The entire lower abdomen was diffusely tender, muscle guard was present and the peristaltic sound was normal. A tender, oval and cystic mass was palpable in the right iliac fossa, 4" in transverse diameter with restricted mobility. All the margins excepting the lower one were defined.

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Bimanual examination revealed that the uterus was enlarged to 10 weeks' size, anteverted, mobile. Both the fornices were extremely tender. The lump, felt per abdomen, could also be felt through the right fornix and the pouch of Douglas. No mass could be felt through the left fornix. Os was closed, Cervix was tubular. There was no bleeding or abnormal discharge.

Provisional diagnosis was right sided twisted ovarian cyst associated with pregnancy.

Immediate laparotomy revealed that both the ovaries were enlarged with multiple yellowish lobulated cysts lying in both iliac fossa. The right ovary was 4" in diameter and twisted clockwise about one and a half turns. The left one also enlarged to the size of 3" in diameter, and twisted clockwise for 1 turn. The uterus was enlarged upto 10 weeks' size and anteverted.

Considering the case as that of a molar pregnancy, anterior hysterotomy and right sided ovariectomy were undertaken as the pedicle showed signs of ischaemic necrosis. A small foetus with few vesicular moles were evacuated from the uterine cavity which was thoroughly curetted after evacuation.

The twist in the left ovarian pedicle was undone and the ovary was placed posteriorly in the pouch of Douglas to prevent recurrence of torsion. Abdomen was closed in layers.

Straight X-ray of the chest on the 5th post-operative day showed no abnormality. Undiluted urine examination for pregnancy test was positive but higher dilution (1 in 200) showed negative result for pregnancy on the

second postoperative day. However, undiluted urine showed negative pregnancy test from eighth postoperative day onwards.

She complained of occasional lower abdominal pain, otherwise the postoperative period was uneventful. She was discharged home on the 8th postoperative day when bimanual examination revealed slight fullness and tenderness in the pouch of Douglas, without any definite palpable mass.

She was seen after 6 weeks at follow up clinic when she stated that she had a normal menstruation about 2 weeks earlier. Bimanual examination showed no abnormality and urine test for pregnancy was negative.

Unfortunately she was admitted again in surgical ward of this hospital on 10-12-78, after an interval of about 3 weeks with signs of acute abdomen. On laparotomy a mechanical obstruction by omental band attached to the left ovary was detected and removed. The left ovary was found to be absolutely normal in size with tiny cysts on its surface. There was no other adhesion or abnormality. Post operative period was uneventful.

Macroscopy of the right ovary: Size of the ovary 4" in diameter, surface irregular, yellowish in colour, cut surface showed multiple lutein cysts containing yellowish fluid (Fig. 1) Histological examination of the cysts revealed the picture of lutein cysts (Fig. 1). Histology of trophoblastic tissue, showed normal trophoblast as well as molar changes.

The patient is being followed up clinically as well as by Urinary pregnancy test for gonadotrophins.

Comments

A case of bilateral torsions of lutein cysts of the ovaries in a primigravida with hydatidiform mole is presented. Right sided twisted ovarian cyst along with pregnancy of 10 weeks' duration was the provisional diagnosis, as left sided twisted

ovarian cyst could not be diagnosed prior to laparotomy. The left ovarian cyst was not palpable probably due to its smaller size and presence of muscle guard.

This condition of twist in lutein cysts is very rare although palpable lutein cysts of the ovaries is present in 25% cases of hydatidiform mole (Saxena 1969).

The left ovary was preserved inspite of its twist, considering the need for future reproductive function after spontaneous regression.

Left ovary was not re-twisted but an omental band attached to normal sized left ovary gave rise to mechanical (band) intestinal obstruction requiring second laparotomy after about 3 months.

Summary

A case of bilateral torsion of lutein cysts of the ovaries has been reported. The right ovary was removed due to ischaemic changes in its pedicle while the left one was conserved after untwisting for future reproductive function which regressed spontaneously after hysterotomy.

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1. Saxena, S. C.: J. Obstet Gynec. India. 18: 1019, 1968.

See Figs on Art Paper VI