

TORSION OF CORPUS LUTEUM CYST OF NORMAL PREGNANCY

(A Case Report)

by

(Mrs.) S. AGRAWAL,* M.B.B.S., D.G.O., M.D.

Torsion of corpus luteum cyst of normal pregnancy is a rare accident encountered in obstetric and gynaecological practice. Because of its rarity a pre-operative diagnosis is made only occasionally. In most of the cases the condition is mistaken either for acute appendicitis or ruptured ectopic gestation. The correct diagnosis is established only at laparotomy. The following is the report of a case of torsion of a corpus luteum cyst of normal pregnancy.

CASE REPORT

Mrs. R. N. aged 23 years, was brought to Government Medical College and Hospital, Nagpur at 4.25 P.M. on 30-1-79 with a history of 1½ months amenorrhoea and severe pain in right iliac fossa. Pain started suddenly in the early morning and gradually increased in intensity. She vomited thrice before admission. There was no history of fever and bowel or micturition disturbances.

Menstrual History

Past cycles were regular 3-4/30 days. Last period was 1½ months back.

Obstetric History

The patient was nulliparous, married 2 years ago.

On examination

General condition of the patient was fairly good, though patient had agonising pain, pulse

90/minute, temperature 98° F. mm. Hg., respiration 20/minute. There was slight pallor present.

Systemic Examination

Nothing abnormal detected.

Abdominal Examination

Muscle guarding was present. There was a diffuse lump about 6 x 4 cms. felt suprapubically in right iliac fossa. There was marked tenderness over the suprapubic region and right iliac fossa.

Vaginal Examination

Uterus was anteverted, soft about 6 weeks pregnancy size. Cervix was closed. No bleeding was present. There was marked tenderness in posterior and right fornices. A cystic swelling about 9 x 6 cms. was felt in the right and posterior fornices. Cervical movements were tender.

Investigations

Blood. Hb-11.2 gms %. Total leucocyte count 7200 per Gum. Poly-72% lympho-24%, mono-2%, Eosino-2% Urine-nothing relevant.

Management

Colpocentesis was done. Blood stained serous fluid was drained. Provisional diagnosis of ectopic gestation or a twisted ovarian cyst with normal uterine pregnancy was made and an immediate laparotomy was decided.

Operation

Laparotomy was done under spinal anaesthesia. There was blood stained fluid in the

*Reader in Obstetrics and Gynaecology, Government Medical College, Nagpur.

Accepted for publication on 23-4-80.

peritoneal cavity. There was a haemorrhagic ovarian cyst about 9 x 7 x 7 cms. arising from the right side. The pedicle of the cyst had undergone $2\frac{1}{2}$ turns in clockwise direction. The cyst was absolutely gangrenous and looked greenish black. The left ovary and tube were normal. The uterus was about 6 weeks size and soft. The cyst was removed. The abdomen was closed in layers.

The cut surface showed reddish brown areas and two small cysts filled with blood clots. Histologically it was a corpus luteum cyst of pregnancy of the ovary.

Postoperatively she was put on weekly injections of proluton Depot 250 mg. for 4 months. Postoperative period was uneventful; pregnancy remained undisturbed. The patient was dis-

charged on 16-2-79. She delivered a full term healthy male baby on 15th September 1979.

Comments

The present case is interesting, as there was torsion of the pedicle of a corpus luteum cyst along with slight intraperitoneal haemorrhage.

Acknowledgement

I thank the Dean, Government Medical College, Nagpur for permitting me to publish this case report.