

INTESTINAL OBSTRUCTION FOLLOWING TORSION OF PEDICLE OF OVARIAN CYST

by

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Introduction

Torsion is the commonest complication of ovarian tumour. It is generally clockwise. The effect of this complication are: (i) congestion, (ii) internal haemorrhage, (iii) pericystic adhesion, and (iv) rarely necrosis.

A case who had intestinal obstruction due to twisted ovarian cyst is reported.

CASE REPORT

Mrs. N. Agar, 50 years, a grand multi was admitted to Silchar Medical College Hospital with the history of a mobile lower abdominal lump of 2½ years duration, occasional pain in abdomen for 1½ years and difficulty in passing urine and stool. Menstrual history was normal, she attained menopause 2 years back. She had 5 FTND, last child 16 years back. She was admitted on 31-7-1980 at 8 p.m. with severe pain in abdomen, abdominal distention and history

of vomiting of 24 hours duration. Past history, family history, social and personal history—nothing suggestive.

The patient was of average built and nutrition, B.P.—110/70 mm. of Hg., Pulse—100/m, Temp—99°F, Heart, Lungs—NAD. There was visible peristalsis, abdominal distension and no definite lump was felt.

On rectal examination, there was ballooning of rectum, no mass felt. Due to marked tenderness no proper examination could be performed. Enema:—Result was negative.

The case was diagnosed as a case of intestinal obstruction. Following resuscitation, laparotomy was performed. There was a cyst of the right ovary about 7" diameter, very thin walled with clockwise torsion of the pedicle. 1½ circle around a loop of pelvic colon. There were thin adhesions between the pedicle and loop of the bowel. Following untwisting, the colon was freed and ovariectomy was done. The thin adhesion was separated and tubes and uterus, and other ovary were found to be normal.

The abdomen was closed in layers. Post operative period was uneventful. She was discharged on 12th postoperative day with advice to come for follow-up.

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