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- Torsion Ovarian Cyst- A Rare Cause of Acute Intestinal Obstruction

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A -l5 year old female wa~ admitted with the
co mplaint ~ of pain in abdomen, distension, vomiting and
constipation for a period of 4 days.

On C\amination, abdomen was distended and
~c <> ralis d tenderness was there, more so in right lumbar
;>;ion. On deep palpation, vague mass was palpable in e right lumbar region, soft in consistency and moving 1ghtl y on deep res piration. A clinical diagnosis of mtcstinal obstruction was made with intussusception as the probable cause. Nasogastric intubation was done, parent e rc11 fluid s started and antibiotics were admini~lcred. Blood was transfused as the patient was severely anaemic.

!'lain X-ray abdomen showed multiple air fluid

Ultrasonography revealed only dilated gut loop ~. Exploratory laparotomy was done through ri g ht paramedian incision. Serous fluid was present in lh l' peritoneal cavity. Small intestine was dilated upto rhl' terminal part of ileum. A 10cn1 x 10cm mass with haemorrhagic patches on its surface was lying i.n right lumbar region in the intraperitoneal cavity. The mass wa ~ delivered out of the abdominal cavity and was found to be torsion of right ovarian cyst with a loop of terminal ileum entangled in its rotated pedicle. The loop Wc1s separated from the pedicle, the pedicle of the cyst wa ~ ligated and divided, the cyst was removed along with right ovary (Fig. 1). The gut loop was healthy except some subserosa! haemorrhagic spots. The wound was closed in layers. Postoperative recovery was uneventful and the patient was discharged on S'h postoperative day.

Fi g 1: Showing ovarian cysts measuring 12 x 10cm

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