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IMAGES IN OBSTETRICS AND GYNECOLOGY

Adnexal autoamputation after torsion

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A healthy 24-year-old athlete (G0, P0) without comorbidities, proper gynecological history, was admitted to the emergency department of the university clinic due to severe pain in the lower abdomen with nausea and vomiting in antalgic position. For the past 3 days, she was observed by an in-hospital gynecologist for a 5 cm ovarian cyst and occasional abdominal pain, which is why she was taking analgesics. On admission, a complexed cystically solid adnexal mass of 7 cm in size was detected by ultrasound without dopplersonographic sign of circulation, with scarce free fluid in the abdomen, which indicated adnexal torsion with slightly elevated leukocyte and CRP values. Due to the development of acute abdomen syndrome, exploratory Pfannenstiel laparotomy is indicated during which livid autoamputated multiple-torquated completelly free left adnexa (ovary and fallopian tube) (Fig. 1) along the normal uterus and contralateral adnexa are found. Ligatures of the amputated infundibulopelvic and ovarium proprium ligament residue are made. The pathohistological finding corresponds to the necrotic tissue of the hematoovarium and fallopian tubes due to multiple torsions of the adnexa.

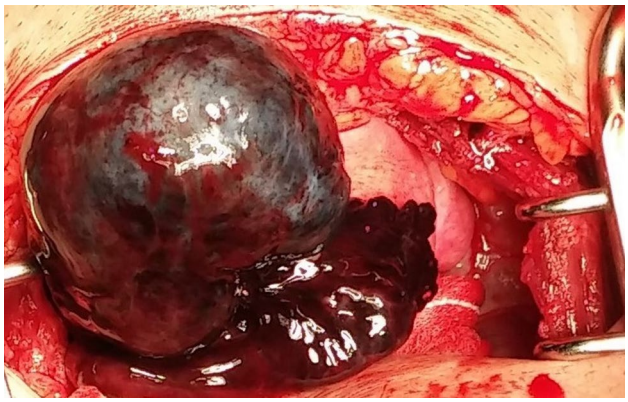

Fig. 1 Autoamputated left adnexa

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Declarations

Conflict of interest The authors have no relevant financial or non-financial interests to disclose.

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