

# Ovarian Torsion

*Patient Information Series – What you should know, what you should ask.*

## **What is the ovarian torsion?**

Ovarian torsion (also known as adnexal torsion) is considered a surgical emergency. It occurs when there is rotation of the adnexal supporting structures around their vascular axis. During this event, an impairment of blood flow may occur and lead to adnexal damage. Ovary and Fallopian tube may be involved separately or together.

## **How does the ovarian torsion appear?**

Adnexal torsion occurs with a sudden onset of lower abdominal pain. Nausea and vomiting are quite common; high temperature may also be present.

## **What are the risk factors for adnexal torsion?**

Adnexal torsion is more common in women of reproductive age. Previous adnexal torsion is an important risk factor. Conditions associated to enlarged ovaries are considered risk factors: adnexal mass, polycystic ovary, ovarian hyperstimulation after infertility treatment.

## **Can adnexal torsion occur during pregnancy?**

Yes, adnexal torsion can occur more frequently during the first trimester and an enlarged corpus luteum is usually detected.

## **What tests should I take?**

Ultrasound is the first line diagnostic test. There are some ultrasound findings which can help in the diagnosis of adnexal torsion. Unfortunately, blood tests are not useful in the diagnosis of adnexal torsion.

## **Should I undergo surgery?**

Surgery is recommended if there is suspicion of ovarian torsion. Conservative management is advised in premenopausal patients. It consists in excision of the mass and untwisting the organ. In postmenopausal women, unilateral salpingo-oophorectomy is preferred. After surgery, an ultrasound examination should be performed after 4-6 weeks.

## **Could it happen again?**

Yes, adnexal torsion may occur again. In particular, patients who have had torsion of a normal adnexa (without any ovarian cyst) have a higher risk of recurrence. In this case, laparoscopic oophorectomy may be suggested.

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