

ISOLATED TORSION OF BILATERAL FALLOPIAN TUBES COMBINED WITH TUBAL ENDOMETRIOSIS: A CASE REPORT

Su Yeon Lim, MD, Joon Cheol Park, MD, PhD, Jin Gon Bae, MD, Jong In Kim, MD, PhD, Jeong Ho Rhee, MD, PhD
Department of Obstetrics and Gynecology, Keimyung University School of Medicine, Daegu, Korea

Torsion of the fallopian tube is less frequent. Indeed, isolated bilateral fallopian tube torsion is rare and often difficult to diagnose. The etiology of fallopian tube torsion is still uncertain, especially when this is not associated with torsion of the ovary. We present a case of the torsion of isolated bilateral fallopian tube combined with tubal endometriosis. A 30-year-old woman presented with chronic abdominal pain of 5-month duration and severe dysmenorrhea. Presumptive diagnosis by ultrasound and magnetic resonance imaging was both adnexal endometriosis. At laparoscopy, the fimbrial ends of both tubes were dilated, twisted and necrotic changes with adhesion to omentum, which subsequently led to terminal obstruction of that tube. However, both ovaries and uterus were normal. Laparoscopic bilateral salpingectomy was performed. The postoperative histological report confirmed hematosalpinx with tubal endometriosis. To our knowledge, this is the first case of isolated and bilateral fallopian tubes torsion combined with tubal endometriosis.

Keywords: Fallopian tube; Torsion; Endometriosis; Laparoscopy; Salpingectomy

Torsion of the fallopian tube is less frequent but significant cause of lower abdominal pain in reproductive age women that is difficult to recognize preoperatively [1]. Although torsion of normal ovary or cystic ovary that generally involves the fallopian tube is relatively common, isolated torsion of the fallopian tube is still a poorly recognized clinical entity that remains a rare occurrence [2]. Also, there have been no specific symptoms, clinical findings, imaging or laboratory characteristics identified for this condition [3]. Therefore, most of cases with isolated fallopian tubal torsion had a delayed diagnosis and a subsequent delay of timely intervention that may result in failure to save tubal function.

We present a case of the torsion of isolated bilateral fallopian tube combined with tubal endometriosis in a 30-year-old woman that was successfully treated by laparoscopic bilateral salpingectomy.

Case Report

A 30-year-old woman (gravid, 0; para, 0) was referred to us for aggravation of dysmenorrhea during 5 months. Also, she presented with constant dull lower abdominal pain of 5-month duration. She was a virgin and had normal regular menstrual cycles. There was no bowel or urinary symptom. There was no significant medi-

cal history, excluding appendectomy 15 years ago. On physical examination, no tenderness was observed. On pelvic examination by rectal, palpable mass with slight tenderness in both adnexa was noted. The transrectal ultrasonography demonstrated a normal uterus, both ovaries and evidenced the presence of round, thick-walled, complex cystic structures measuring 21×21 mm, 53×34 mm adjacent to the right and left ovaries, respectively. Pelvic computed tomography (CT) and magnetic resonance image (MRI) (Fig. 1) confirmed the aforementioned findings as the pelvic endometriosis. In a view of the history for progressive dysmenorrhea and the psy-

Received: 2011. 9.15. Accepted: 2011.10. 5.

Corresponding author: Jeong Ho Rhee, MD, PhD

Department of Obstetrics and Gynecology, Keimyung University School of Medicine, 216 Dalseong-ro, Jung-gu, Daegu 700-712, Korea

Tel: +82-53-250-7871 Fax: +82-53-250-7599

E-mail: r1670416@dsmc.or.kr

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/3.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Copyright © 2012. Korean Society of Obstetrics and Gynecology



Fig. 1. Pelvic magnetic resonance imaging (MRI). Axial MRI view of the pelvis.

chological impact on the patient, she was counseled and scheduled for diagnostic laparoscopy with the possibility of surgical intervention as deemed necessary. On laparoscopy, the right tube was observed to be twisted twice at its middle part and a thick-walled cystic dilatation at its distal portion that was adherent to the omentum. Symmetrically, the fimbrial end of the left tube was also occluded and three times twisted with congestion as a result, but the uterine isthmic aspect and the midsegment of the tube were identified and were not ischemic (Fig. 2A–2C). The both ovaries with normal appearance were not involved in the torsion and the uterus was normal. Endometriotic implant, such as spot, was only found on the left pelvic side wall. There were no other abnormal findings on laparoscopic abdominal inspection. A laparoscopic bilateral salpingectomy was performed after adhesiolysis (Fig. 2D). The histological examination revealed an extensive hemorrhagic infarction secondary to torsion and the hematosalpinx that endometrial gland was identified.

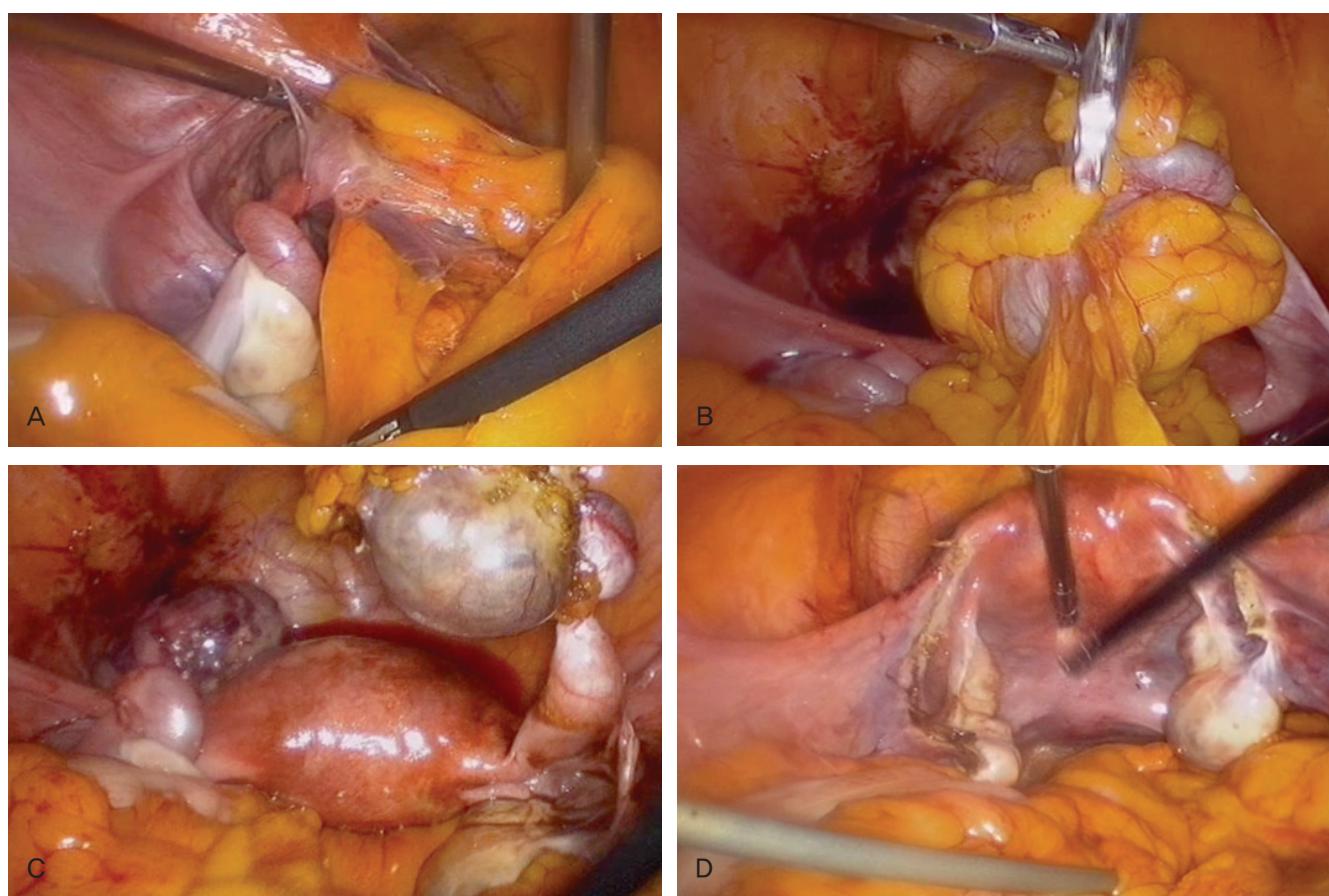


Fig. 2. Laparoscopic views. (A) The lesion of torsion of the left fallopian tube. The fimbrial end of the left tube was adherent to the omentum and pelvic wall. (B) Adhesion of the tormented right fallopian tube with the omentum. (C) Laparoscopic pelvic overview after adhesiolysis shows bilateral tormented tubes and cystic dilatation at the distal portion. (D) Laparoscopic pelvic overview after bilateral salpingectomy shows normal uterus and both ovaries.