Adnexal Torsion in Postmenopausal Women: Report of Two Cases

POSTMENOPOZAL ADNEKS TORSIYONU: İKİ VAKA TAKDİMİ

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SUMMARY

Adnexal torsion is an uncommon and potentially lethal condition. It can be seen at any age, but tehere are a few reports about adnexal torsion in postmenopausal women. We have found 25 cases of adnexial torsion in our hostipal's records over a 10year period and two of them were postmenopausal (%8). In this paper we reported these two cases and reviewed teh literature.

Key Words: Adnexal torsion, Meopause

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ÖZET

Adneksiyal torsiyon her yaş grubunda görülebilmekle beraber postmenopozda yayınlanmış az sayıda vaka vardır. Hastanemizde 1980-1990yılları arasında 25 adneksiyal torsiyon vakası görüldü. Bunların ikisi postmenopozda idi (%8). Bu yazıda iki vakayı sunduk ve literatürü gözden geçirdik.

Anahtar Kelimeler: Adneksyial torsiyon, MCIIOIKVZ

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Adnexal torsion is an uncommon and potentially lethal condition. It may arise unexpectedly in women of any age, but particularly during the reproductive years (1). A few reports have been published about adnexal torsion in postmenopausal women. Therefore we reviewed the records of patients with diagnosis of adnexal torsion in our hospital. We obtanied 25 cases of adnexal torsion, 2 of them were postmeopausal. The purposes of this paper are: (1) to report two cases seen in our hospital (2) to review the wordl's experience and (3) to discuss its pathologyand treatment.

CASE 1

A 50 year old woman, gravida 6, para 6, was admitted to hospital complaining severe lower abdominal pain which was sharp and colic-like, nause and vomiting. The pain has existed for one week and increased just prior to admission. She had her last menstrual period 2 years ago. She had no medical problem except hypertension. In her first visit she was in mild distress, with a blood pressure of 150/110 miTiHg, a pulse of 80 beats/min and a temperature of 36.6°C Abdominal rebound tenderness and a very tender cystic mass (13x10 cm) on the rihgt adnexal area were singificant findings. The laboratory investigations showed a hematocrite of 41 % and a white blood cell count of 8600 /mm'. Ultrasound examination demonstrated a cystic mass (13x12) on the rihgt ovary, Becasue of the possible diagnosis of the rihgt adnexal torsion, the patient underwent a laparotomy. Laparatomy showed normal uterus and a normal left adnexa. On the rihgt side, the oedema tous, hemorrhagic ovary enlarged by a 13 cm. diameter cyst, had twisted 360°, Total abdominal hysterectomy and bilateral salpingo oopherectomy was

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performed. The pathologist's report was the torsion of non spesific hemorrhagic cyst and there was no evidence of malignancy. After 7 unventful days in hospital, she was discharged.

CASE 2

A 55 year old woman, gravida 5, para 3, came to emergeny room because of severe lower abdominal pain of a fev hours duration and nause. She has been in menopause for one year, and there was no abnormality in her past history. The temperature, blood pressure, pulse, hematocrite and white blood cell counts were normal. The abdomen was tender but there was no sign of peritoneal irritation. After 4 hours of observation in hospital, her complaints subsided and her condition was stable. Ultrasound examination showed a solid mass (15x20 cm) on left adnexa. Laparatomy was planned and perfonned two days later. A solid mass (15x20 cm) was seen on the left ovary which twisted twice. There was a little peritoneal fluid as well. Total abdominal hyseterctomy and bilateral salpingo oopherectomy was performed. The frozen section demonstrated no malignancy. The pathologist's report was fibroma. The patient was discharged home 10 days after the operation.

DISCUSSION

Torsion of the uterine adnexa is an emergency situation and significant cause of acute lower abdominal pain in women. Because of adnexal tortion is a potentially lethal condition, it should always be conscildered in differential diagnosis of pelvlic pain **(1,2).**

It may involve either normal or pathologic adnexa of pathologlic adnexa is much more common, than torsion of normal organs (3). The lesions underginog torsion mostly involve nonadherent ovarian neoplasm up to 10-12 cm in diameter (1). Frelying cysts, dennoids and para ovarian cysts frequently seem to undergo torsion. Endometriomas, inflamatory cysts and invasive malignant ovarian tumors often fixed to the pelvic structures by adhesions, infrequently undergo torsions (2).

The causes of torsion are theoretic and tehere are a lot of unproved explanations (1 -3).

Torsion of uterine adnexa is seen particularly during the reproductive ages, but this is not a rule and it can be seen at all ages (2,3,5,7). Torsion of every type of ovarian tumor has been reported. The incidence of adnexal tumors increased with age and a potential complication of this condition is adnexal torsion. There are only a few reports that have been published about adnexal torsion in postmenopausal women (4).

Lee and welch (2) reported 135 esses of adnexal torsion of which 37 women were postmenopausal (27 %) fi ve of the 20 patients who were older than 60 years showed malignant tumor. Lomano et al (5) reported 44 cases of adnexal torsion, of which 6 women were postmenopausal (13.5 %). There was no malignancy in this report.

Hibbart (6) reported a rate of 27 % postmenopausal women in 128 cases. He found a few malignant adnexal tumors in assosiation with adnexal torsion (2 %) (2 out of 128).

Koonings et al (4) reviewed only the medical records of postmenopausal patients with a postoperative diagnosis of ovarian neoplasm over a 10 year period. Two of them were postmenopausal (8 %). One of them had a non speific cyst and the other had fibroma.

The differential diagnosis of an adnexal mass varies considerably with the age of patient. Any enlargement of the ovary in postmenopausal woman is abonnal. Many clinicians believe that any phalpabl ovary in postmenopausal patient connotes malignancy and requires further investigation and possibly laparatomy. When an adnexal tumor that had gone torsion is discovered, the risk of malignancy is very low (5-6).

It maybe an explanation that ovarian malinancy causes inflamation and decreased mobility of the adnexa due to adhesion fonnation, tumor growth, thereby preventing torsion (4). A11 the reports mentioned previosly support this observation except one. Lee and Welch (2) found a malignancy rate of 15 % in a series of 135 cases of twisted adnexa.

Because preservation of reproductive organs in postmenopausal women is not necessary, total abdominal hysterectomy and bilateral salpingo oopherectomy is the usual treatment for these patients. If cancer is evident, more extensive surgery is planned (2,4,5).

In summary, adnexal torsion can be seen at al ages and when postmenopausal woman comes to hospital with acute abdomen, adnexal torsion should be considered. At the time of surgery, if torsion is found, total abdominal hysterectomy with bilateral

salpingo oopherectomy is the usual treatment because of the very low malignant potential seen in this patients But the possibility of the malignancy must be assesed. Cytologic washing and careful exploration of the abdomen sholud be done

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