16. ISOLATED FALLOPIAN TUBE TORSION ASSOCIATED WITH PREGNANCY: A CASE REPORT

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Introduction. Isolated fallopian tube torsion (IFTT) is a rare gynecologic emergency that requires a high index of suspicion and immediate surgical intervention. IFTT associated with pregnancy is a rare condition in the population. The etiologies of torsion of the fallopian tube are unknown. It is frequently misdiagnosed as acute appendicitis or ovarian torsion owing to the lack of specific symptoms or signs. Early diagnosis is essential to consideration of conservative management. Laparotomy and laparoscopy are important tools in the diagnosis and prognosis of isolated torsion of a fallopian tube, and can help to preserve the fertility of these patients.

Case statement. A 32-year-old secundipara was hospitalized at the Chisinau Municipal Hospital "Gh. Paladi" at 7 weeks of gestation with complaints of lower abdominal pain for 2 days. This pain was situated in the right lower abdomen. Vomiting and nausea were associated with the pain. The patient's vital signs were stable, and she was afebrile. Abdominal examination revealed a painful and soft abdomen. The uterus enlarged in volume, corresponding to the period of gestation. An ultrasonography showed a monofetal pregnancy, corresponding to the 7 weeks. An anechoic mass was observed in the right lower abdomen and free fluid in the abdominal cavity. A diagnosis of the right ovarian cyst was considered, and diagnostic laparoscopy was decided upon. The findings were as follows: free fluid in the abdominal cavity in volume 200 ml, isolated 360° torsion of the right fallopian tube had occurred at the proximal end of the isthmus, and part of the right tube from the isthmus to the fimbriae showed slightly cyanotic, without signs of necrosis. A detorsion of the right fallopian tube was performed. The patient was discharged on the seventh postoperative day in good condition.

Discussions. The incidence of fallopian tube torsion was 1/1.5 million women. Isolated twisted fallopian tube in pregnancy are very rare, with only 12% of cases being identified during pregnancy. Because the patient had a history of good health, the cause of tubal torsion may have been gravid uterus, hemodynamic abnormalities, or sudden body position changes. Other reports describe presentations with similar features to our patient such as lower abdominal/pelvic pain that radiates to the flank, nausea, vomiting. If, during exploratory laparoscopy, isolated fallopian tube torsion is confirmed, the surgeon should opt for conservative management or perform salpingectomy according to macroscopic characteristics, possibility of detorsion and signs of revascularization.

Conclusion. Fallopian tube torsion has nonspecific signs and symptoms that overlap with other gynecologic pathologies. Our case demonstrates the presence and absence of the various findings suggestive of tubal torsion. Early diagnosis and trying conservative management in this group of patients are essential.