

Bölüm 44

OVARYAN ve ADNEKSİYAL TORSİYON

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GİRİŞ

Over ve adnekslerin torsiyonu, jinekolojik bir acildir. İntrauterin fetal ovarian kistlerden, postmenopozal malign adneksiyal kitlelere kadar geniş bir yaş grubunu ve patolojileri kapsamına alır. Hastaların ağrı gibi önemli ancak bir o kadar da nonspesifik şikayet ile başvurmaları torsiyonla ilgili ipuçlarını tanımayı gerektirmektedir.

TANIM

Torsiyon, burulma, bükülme, kıvrılma, dönme anlamlarına gelir. Adneksiyal elemanların, ligamentöz yapılarıyla beraber bükülerek kendi vasküler eksenleri etrafında kısmen veya tamamen dönmesine torsiyon denir. Sadece over bükülme gösterirse over torsiyonu, sadece tuba dönerse tuba torsiyonu, her ikisi birlikte dönerse adneksiyal torsiyon olarak adlandırılır. Paratubal, paraovaryan kist ve ligamentum latum torsiyonu da görülebilir (1).

Çoğunlukla, over ve tubası birlikte, lig. latum etrafında dönmektedir. Daha az oranlarda, yalnızca over mezovaryum çevresinde, nadiren de yalnızca tuba mezosalpenks etrafında dönebilir (2).

Prevalans

Cerrahi acillerin %2,7'sini, cerrahi olarak tedavi edilen adneksiyal kitlelerin %15'ini teşkil eder.

Over veya adnekslerin torsiyonu jinekolojik bir acildir.

Jinekolojik aciller arasında beşinci sırada gelir (1,3,4).

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Hastanın Takibi

Hasta iyileştikten sonra rutin jinekolojik takibine devam edilir.

SONUÇ

Torsiyon, over kaybı, peritonit ve ölümlerle sonuçlanabileceği için tedavisi, aciliyet arz eder. İlk klinik bulguları genelde nonspesifik olduğundan tanıda ve cerrahi müdahalede gecikmeyi önlemenin tek yolu, ayırıcı tanıda, torsiyonun akılda tutulması olacaktır. Tekrarlanan tetkik ve muayenelerle kesin tanı konulamayıp kuşku devam ediyorsa, cerrahi müdahaleye geçiş, olası over ve tuba kaybını engellemek için gereklidir.

Anahtar Kelimeler: torsiyon, interlökin-6, retorsiyon, bivalving, ooferopeksi.

KAYNAKLAR

1. UpToDate (2018) *Ovarian and Fallopian Tube Torsion*, (06.07.2019 tarihinde www.uptodate.com/contents/ovarian and fallopian tube torsion adresinden ulaşılmıştır).
2. Schorge J. O. & Schaffer J. I. (2010). *Williams Jinekoloji*. (Yavuz CEYLAN, Çev. Ed.) İstanbul: Nobel Tıp Kitabevleri s:215-216
3. Rock J. A. (2005). Benign Over Hastalıklarında Cerrahi. Sanfilippo J. S. & Rock J. A. (Eds), Yücebilgin S. (Böl. Çev.) In: *TeLinde's Operative Gynecology* (9. baskıdan çeviri, s:591-608), (Erol TAVMERGEN, Çev. Ed.) İzmir:Güven Kitabevi.
4. Sahlü Z, Negash S, Yusuf L. Adnexal Torsion a Five-Years Retrospective Review In Two Hospitals. *Ethiop Med J*, 2014; (52)4,155-164
5. Casey RK, Damle LF, Gomez-Lobo V. Isolated fallopian tube torsion in pediatric and adolescent females: a retrospective review of 15 cases at a single institution. *J Pediatr Adolesc Gynecol*. 2013;26(3):189.
6. Moore K. L. & Agur A.M.R. (2016) *Essential Clinical Anatomy*) *Temel Klinik Anatomi* (Alaittin ELHAN, Çev. Ed.) Ankara; Güneş kitabevi. s.:246-247
7. Berek J.S. (2017) *Berek & Novak's Gynecology (15th ed.) Berek & Novak Jinekoloji*. Pelvik ağrı ve dismenore. Karataş A. & Dönmez M. Ed., (Ahmet ERK ve Fazlı DEMİRTÜRK, Çev. Ed.) İstanbul: Nobel Tıp Kitabevi. s: 475
8. Asfour V, Varma R, Menon P. Clinical risk factors for ovarian torsion. *J Obstet Gynaecol*. 2015;35(7):721-5
9. Tsafirir Z, Hasson J, Levin I, et al. Adnexal torsion: cystectomy and ovarian fixation are equally important in preventing recurrence. *Eur J Obstet Gynecol Reprod Biol*. 2012;162(2):203.
10. Adeyemi-Fowode O, Lin EG, Syed F, et al. Adnexal Torsion in Children and Adolescents: A Retrospective Review of 245 Cases at a Single Institution. *J Pediatr Adolesc Gynecol*. 2019;32(1):64-69. doi: 10.1016/j.jpog.2018.07.003.
11. Tyraskis A, Bakalis S, David AL, et al. A systematic review and meta-analysis on fetal ovarian cysts: impact of size, appearance and prenatal aspiration. *Prenat Diagn*. 2017;37(10):951-958. doi: 10.1002/pd.5143.
12. Heling KS, Chaoui R, Kirchmair F, et al. Fetal ovarian cysts: prenatal diagnosis, management and postnatal outcome. *Ultrasound Obstet Gynecol*. 2002;20(1):47.)
13. Diguisto C, Winer N, Benoist G, et al. In-utero aspiration vs expectant management of anechoic fetal ovarian cysts: open randomized controlled trial. *Ultrasound Obstet Gynecol*. 2018;52(2):159-164. doi: 10.1002/uog.18973.

14. Turgal M, Ozyuncu O, Yazicioğlu A.J. Outcome of sonographically suspected fetal ovarian cysts. *J Matern Fetal Neonatal Med.* 2013;26(17):1728-32. doi: 10.3109/14767058.2013.799652.
15. Balci O, Energin H, Görkemli H, et al. Management of Adnexal Torsion: A 13-Year Experience in Single Tertiary Center. *J Laparoendosc Adv Surg Tech A.* 2019 Mar;29(3):293-297. doi: 10.1089/lap.2018.0307.
16. Cohen A, Solomon N, Almog B, et al. Adnexal Torsion in Postmenopausal Women: Clinical Presentation and Risk of Ovarian Malignancy. *J Minim Invasive Gynecol.* 2017 Jan ;24(1):94-97.
17. Jeon H, Ryu A, Seo HG, et al. Ovarian torsion of mixed epithelial tumor misdiagnosed as a malignancy in postmenopausal woman: A case report. *Medicine (Baltimore).* 2017 Oct;96(40):8207.
18. RToltmann SC, Fischer A, Barber R, et al. Cannot exclude torsion-a 15-year review. *J Pediatr Surg.* 2009;44(6):1212.
19. Chinchure D, Ong CL, Loh AH, et al. Neonatal ovarian cysts: role of sonography in diagnosing torsion. *Ann Acad Med Singapore.* 2011 Jun;40(6):291-5.
20. Houry D, Abbott JT. Ovarian torsion: a fifteen-year review. *Ann Emerg Med.* 2001;38(2):156
21. Varras M, Tsikini A, Polyzos D, et al. Uterine adnexal torsion: pathologic and gray-scale ultrasonographic findings. *Clin Exp Obstet Gynecol.* 2004;31(1):34
22. Ozcan A, Mumusoglu S, Gokcu M, et al. Differentiated therapy in pre- and postmenopausal adnexal torsion based on malignancy rates: A retrospective multicentre study over five years. *Int J Surg.* 2016; 29:95.
23. Tsafrir Z, Azem F, Hasson J, et al. Risk factors, symptoms, and treatment of ovarian torsion in children: the twelve-year experience of one center. *J Minim Invasive Gynecol.* 2012 Jan;19(1):29-33. Epub 2011 Oct 20.
24. Yen CF, Lin SL, Murk W, et al. Risk analysis of torsion and malignancy for adnexal masses during pregnancy. *Fertil Steril.* 2009;91(5):1895.
25. Basaranoglu S, Agacayak E, Tune SY, et al. Clinical experience in pregnancies complicated by adnexal torsion. *Clin Exp Obstet Gynecol.* 2016;43(3):345-9.
26. Yuk JS, Shin JY, Par WI, et al. Association between pregnancy and adnexal torsion: A population-based, matched case-control study. *Medicine Baltimore,* 2016 Jun;95(24): e3861. doi: 10.1097/MD.0000000000003861.
27. Raicevic M, Saxena AK, Asynchronous bilateral ovarian torsions in girls-systematic review, *World J Pediatr.* 2017;13(5):416-420. doi: 10.1007/s12519-017-0052-3.
28. Kurtoglu E, Kokcu A, Danaci M. Asynchronous Bilateral Ovarian Torsion. A Case Report and Mini Review. *J Pediatr Adolesc Gynecol* 2014(27):122-124
29. Celik A, Ergün O, Aldemir H, et al. Long-term results of conservative management of adnexal torsion in children. *J Pediatr Surg* 2005; 40:704
30. Hytell TE, Bak GS, Larsen SB, et al. Retorsion of ovaries. *Acta Obstet Gynecol Scand.* 2015;94(3):236-44. doi: 10.1111/aogs.12542.
31. Pansky M, Smorgick N, Herman A, et al. Torsion of normal adnexa in postmenarchal women and risk of recurrence. *Obstet Gynecol.* 2007;109(2 Pt 1):355.
32. Smorgick N, Melcer Y, Sarig-Meth T, et al. High risk of recurrent torsion in premenarchal girls with torsion of normal adnexa. *Fertil Steril* 2016 Jun;105(6):1561-1565.e3. doi: 10.1016/j.fertnstert.2016.02.010.
33. Sasaki KJ, Miller CE. Adnexal torsion: review of the literature. *J Minim Invasive Gynecol.* 2014 Mar-Apr;21(2):196-202
34. Ashwal E, Hirsch L, Krissi H, et al. Characteristics and Management of Ovarian Torsion in Premenarchal Compared With Postmenarchal Patients. *Obstet Gynecol.* 2015 Sep;126(3):514-20
35. Huchon C, Panel P, Kayem G, et al. Does this woman have adnexal torsion? *Hum Reprod.* 2012;27(8):2359.
36. White M, Stella J. Ovarian torsion: 10-year perspective. *Emerg Med Australas.* 2005 Jun;17(3):231-7.

37. Daponte A, Pournaras S, Hadjichristodoulou C, et al. Novel serum inflammatory markers in patients with adnexal mass who had surgery for ovarian torsion. *Fertil Steril.* 2006;85(5):1469.
38. Zangene M, Ashoori Barmchi A, Rezaei M, et al. The comparison between the serum level of interleukin-6 in women with acute ovarian torsion and other causes of lower abdominal pain. *J Obstet Gynaecol.* 2017 Feb;37(2):223-227. doi: 10.1080/01443615.2016.1234435.
39. Ssi-Yan-Kai G, Rivain AL, Trichot C, et al. What every radiologist should know about adnexal torsion. *Emerg Radiol.* 2018 Feb;25(1):51-59. doi: 10.1007/s10140-017-1549-8. Epub 2017 Sep 7. Review
40. Wilkinson C, Sanderson A. Adnexal torsion: a multimodality imaging review. *Clin Radiol.* 2012 May;67(5):476-83. doi: 10.1016/j.crad.2011.10.018. Review.
41. Hiller N, Appelbaum L, Simanovsky N, Lev-Sagi A, et al. CT features of adnexal torsion. *Am J Roentgenol.* 2007;189(1):124.
42. Singh P, Gupta R, Das B, et al. Midtrimester spontaneous torsion of unruptured gravid rudimentary horn: presurgical diagnosis on magnetic resonance imaging. *J Obstet Gynaecol Res.* 2015 Sep;41(9):1478-82. doi: 10.1111/jog.12722.
43. Reed JL, Strait RT, Kachelmeyer AM, et al. Biomarkers to distinguish surgical etiologies in females with lower quadrant abdominal pain. *Acad Emerg Med.* 2011 Jul;18(7):686-91
44. Harkins G. Ovarian torsion treated with untwisting: second look 36 hours after untwisting. *J Minim Invasive Gynecol.* 2007;14(3):270.
45. Cohen SB, Oelsner G, Seidman. Laparoscopic detorsion allows sparing of the twisted ischemic adnexa. *J Am Assoc Gynecol Laparosc.* 1999 May;6(2):139-43.
46. Bider D, Mashiach S, Dulitzky M, Clinical, surgical and pathologic findings of adnexal torsion in pregnant and nonpregnant women. *Surg Gynecol Obstet.* 1991;173(5):363-6.
47. Styer AK, Laufer MR. Ovarian bivalving after detorsion. *Fertil Steril.* 2002;77(5):1053.
48. McGovern PG, Noah R, Koenigsberg R, et al. Adnexal torsion and pulmonary embolism: case report and review of the literature. *Obstet Gynecol Surv.* 1999;54(9):601
49. Zweizig S, Perron J, Grubb D, et al. Conservative management of adnexal torsion. *Am J Obstet Gynecol.* 1993;168(6 Pt 1):1791
50. Harkins G. Ovarian torsion treated with untwisting: second look 36 hours after untwisting. *J Minim Invasive Gynecol.* 2007;14(3):270.
51. Taskin O, Birincioglu M, Aydin A, et al. The effects of twisted ischaemic adnexa managed by detorsion on ovarian viability and histology: an ischaemia-reperfusion rodent model. *Hum Reprod.* 1998;13(10):2823.
52. Djavadian D, Braendle W, Jaenicke F. Laparoscopic oophoropexy for the treatment of recurrent torsion of the adnexa in pregnancy: case report and review. *Fertil Steril.* 2004;82(4):933.
53. Holt VL, Cushing-Haugen KL, Daling JR Oral contraceptives, tubal sterilization, and functional ovarian cyst risk. *Obstet Gynecol.* 2003;102(2):252
54. Abeş M, Sarihan H. Oophoropexy in children with ovarian torsion. *Eur J Pediatr Surg.* 2004;14(3):168
55. Kokoska ER, Keller MS, Weber TR. Acute ovarian torsion in children. *Am J Surg.* 2000;180(6):462
56. Peeraully R, Henderson K, Fairbrother K, Effect of surgical specialty on management of adnexal masses in children and adolescents: An 8-year single centre review, *J Pediatr Adolesc.* 2019 Jun 26. doi: 10.1016/j.jpag.2019.06.007.