

Laparoscopic management of ovarian torsion in early pregnancy after successful IVF treatment

蔡永杰 蔡幸君 郭恬妮 鍾明廷 林彥昇 康介乙

奇美醫療財團法人奇美醫院 生殖醫學科

Yung-Chieh Tsai¹, Hsing-Chun Tsai¹, Tian-Ni Kuo², Ming-Ting Chung¹, Mike YS Lin², Chieh-Yi Kang¹, ,

¹Center for Reproductive Medicine, ²Department of Obstetrics, Chi-Mei Medical Center, Tainan, Taiwan,

Background: Ovarian torsion is an acute abdomen need prompt intervention. Ovarian torsion is a rare occurrence during pregnancy. In IVF treatment, controlled ovarian hyperstimulation has increased the chance of developing adnexal torsion. The persistent and increasing secretion of hCG from placenta will make those who get pregnant successfully after IVF more risky. Here we report two cases of ovarian torsion in pregnancy after IVF that was managed by laparoscopic cystectomy.

Patients and method: Case one was a 23-year-old G2P0AA1 women who had IVF-ET due to tubal factor and male factor. Clinical pregnancy was confirmed after a visible fetal heart beat was found within the uterus. Sudden onset of low abdominal pain developed at 6th weeks of pregnancy. Conservative treatment with antibiotics was given first. However, due to the persistent abdominal discomfort, laparoscopy was performed.

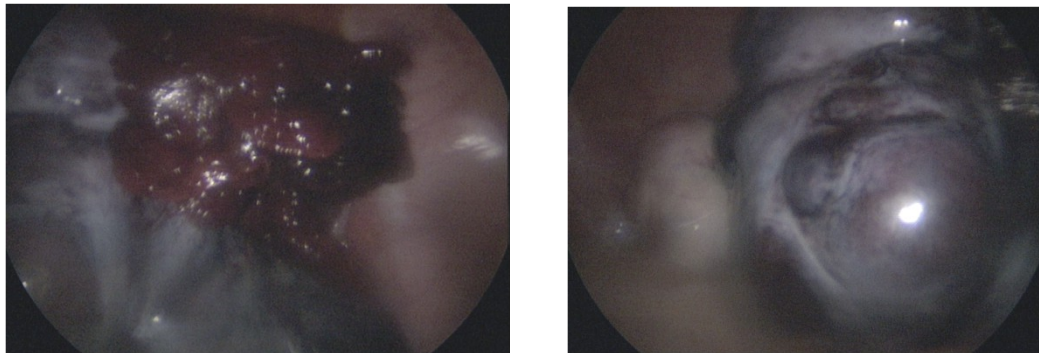


Fig.1 During operation, right ovary is enlarged with torsion at the pedicle for 2 rounds. Laparoscopic right oophorectomy is ultimately performed due to hemorrhagic and gangrenous change.

The second case was a 38-year-old G3P2 women who was diagnosed as having bilateral ovarian torsion at gestation of 8 weeks due to sudden onset of low abdominal pain. Laparoscopy was arranged after diagnosis was confirmed immediately.

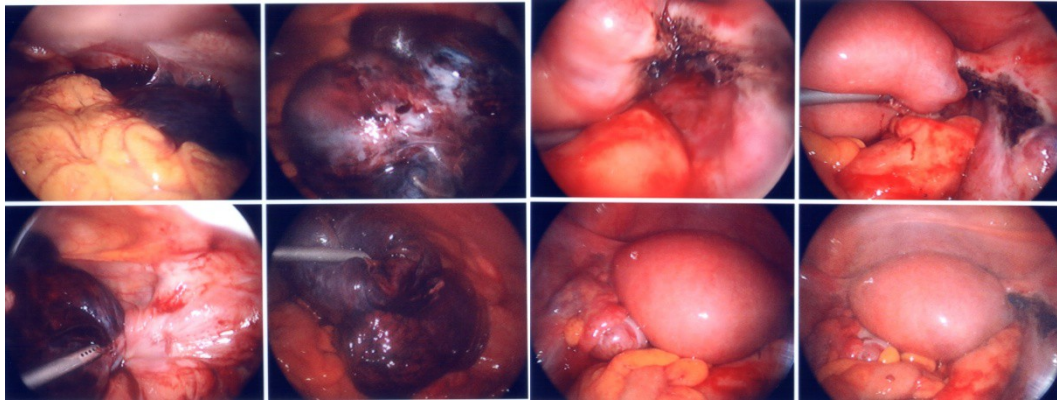


Fig.2 Bilateral ovarian torsion is found at the operation. Bilateral ovaries are enlarged with torsion. Right ovary showed necrotic and ischemic change so right salpingo-oophorectomy was done. Left ovary is preserved due to no obvious ischemic sign and reduction is done

Results: Right oophorectomy was done in the first case due to right ovarian torsion for 2 rounds with hemorrhagic and gangrenous change. In the second case, right salpingo - oophorectomy and left ovarian reduction were done. Both patients felt great relief soon after operation and were discharged day after surgery. Both pregnancy were uneventful after surgery.

Conclusion: Considering the increased number of IVF pregnancies, an ovarian torsion should be more common than in the past. Early diagnosis and appropriate surgical management of adnexal torsion is the only way to prevent complications and preserve pregnancy. Laparoscopy surgery in early pregnancy demonstrates no harm to fetus and should encouraged once diagnosis is confirmed. Delay operation may induce serious infection and jeopardize the life of the fetus and mother.