

# Isolated Torsion of the Hydrosalpinx in a Postmenopausal Woman

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## ABSTRACT

**Objectives:** Isolated torsion of the fallopian tube is an uncommon cause of acute lower abdominal pain. It is often found in reproductive-age women and is found less in prepubertal and perimenopausal women.

**Methods:** We describe a 70-year-old postmenopausal woman who presented with lower abdominal pain and discomfort. Ultrasonography revealed a well-defined, echo-free cystic mass measuring 5.3 cm x 5.8 cm without septations. Laparoscopic examination showed a dark-red, round-shaped cystic lesion that twisted at the right infundibulo-pelvic ligament site in the right adnexa area with adhesion to the posterior uterine surface and separation from the atrophic ovary.

**Results:** The pathology study of the excised tumor showed hydrosalpinx with torsion. The patient was asymptomatic after the procedure. Torsion of the hydrosalpinx is rare in postmenopausal women. In postmenopausal women presenting with low abdominal pain with an adnexal mass, the gynecologist should contemplate possible torsion of the hydrosalpinx.

**Conclusion:** The case was unusual in the postmenopausal age group, making it a rare presentation of a rare entity. Laparoscopy could be a useful tool in diagnosing and treating isolated tubal torsion.

**Key Words:** Hydrosalpinx, Torsion, Laparoscopy, Ultrasonography.

## INTRODUCTION

Isolated torsion of the fallopian tube is an uncommon cause of acute lower abdominal pain. The incidence is estimated to be 1 in 500 000 women.<sup>1</sup> It is often found in reproductive-age women and is found less in prepubertal and perimenopausal women.<sup>2-4</sup> Even if abdominal pain, nausea, and fever are accompanied by lesions, immediate diagnosis is sometimes difficult, especially in women without specific symptoms and signs. Due to lack of specific symptoms, specific imaging or laboratory characteristics make this entity difficult to diagnose preoperatively, which can delay surgical intervention. Introducing laparoscopy can be of great value not only by aiding accurate diagnosis but also by providing immediate successful management.

## CASE REPORT

A 70-year-old postmenopausal woman presented with a 1-week history of lower abdominal pain and discomfort. She had undergone total knee replacement 1 year earlier. Her obstetric history was unremarkable, with no history of tubal sterilization. On examination, she was afebrile and normotensive. Her vaginal examination revealed a tense mass in the right adnexa. Ultrasound revealed a well-defined, echo-free cystic mass measuring 5.3 cm x 5.8 cm without septations (**Figure 1a**). Her blood count and erythrocyte sedimentation rate were normal. Serum markers of ovarian malignancy were obtained and found to be within normal limits.

Laparoscopic surgery was performed due to suspicion of a right adnexa cystic lesion and possible torsion. Laparoscopic examination showed a dark-red, round-shaped cystic lesion that twisted at the right infundibulo-pelvic ligament site in the right adnexa area with adhesion to the posterior uterine surface with separation from the atrophic ovary (**Figure 1b**). Twisting at the right infundibulo-pelvic ligament site was noted. Right salpingo-oophorectomy by laparoscopy was smoothly performed, and the specimen was placed into a bag made from a glove and removed through the umbilical port site. Histological examination revealed tubal dilatation with epithelial flattening and foci of hemorrhage within the wall. The patient's hospital course was uneventful, and she was discharged 4 days after surgery. No special complaint was noted during 6-month follow-up.

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