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# Twisted Ovarian Cyst With Post Coital Rupture And An Unexpected Congenital Anomaly.

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**ABSTRACT**

Twisted ovarian cyst with rupture is a pretty straight forward diagnosis made clinically. The case we present shows that many variants are still to be considered and body lies a step ahead of clinicians. We report a 26 yr nulliparous female with severe pain abdomen postcoital since one day along with nausea and vomiting with LMP 23 days back. Diagnosis of twisted ovarian cyst was made clinically and with help of USG. Urgent laprotomy was done and a twist in the tale was seen.

***Keywords:*** Ovarian Cyst, Post Coital Rupture.

## INTRODUCTION

Ruptured ovarian cyst is common problem with presentation ranging from no symptom to symptoms mimicking acute abdomen.[1] Every month a follicle enlarges matures and rupture in reproductive age group females mostly without any symptoms and sometimes with transient acute pain in mid cycle for one or two days and may be associate with slight bleeding p/v (Mittelschemerz).In some cases it is associated with severe pain in rare cases with intraperitoneal haemorrhage.[2-4] and death may occur.[5]

The most pressing issues which clinicians face in patient with potential cyst rupture in acute stage is to- rule out Ectopic pregnancy,ensure adequate pain relief and rapidly asses the patient for haemo-dynamic instability so that treatment may be started.

Although most patients need observation some might need analgesics for pain relief and some may require laprotomy for diagnosis or to achieve haemostasis. Haemorrhage associated with ovarian cyst has unclear etiology but some risk factors are recognised. These include Abdominal trauma and anticoagulant therapy ruptured ovarian cyst is commonly seen in reproductive age group 18-35 years.[6]

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## CASE REPORT

A 26 yr female presented with severe colicky pain post coital with nausea and vomiting not responding to medication taken at her village for last one day. she had 4-5 vomiting bilious in nature and not foul smelling. Her menstrual cycle were regular of 5/30 days with LMP 23 days back. she has no h/o bleeding or discharge per vaginum.

She has no other significant history and was married for 22 days. On P/A examination there was fullness in lower abdomen with tenderness. P/S shows pin point cx os without any discharge or bleeding. P/V examination reveals normal size anteverted uterus with restricted mobility and tilted towards left side with fullness and tenderness on right side. All her investigations along with viral markers were normal USG revealed Right ovary with cyst of 5x5 cm with mild fluid in peritoneal cavity and left side ovary was not seen clearly.

After building her up laprotomy was done with provisional diagnosis of Twisted and ruptured ovarian cyst.

Twisted ovarian cyst with haemorhhage was seen. untwisting and cystectomy done and haemostasis maintained. Now came the surprise by Mother Nature. on exploring the opposite side appendages left ovary was seen small sized and adhered to post wall of uterus along with thread like left fallopian tube and fimbriae were fanned out like spider web and adhered to lateral pelvic wall and was pulling uterus to left side. Fimbriae could not be separated from pelvic wall and ovary seem to be non functional. Haemostasis maintained and peritoneal

lavage done. Postop period was uneventful and patient discharged on 5th pod.

Histopathology showed benign follicular cyst which ruptured after torsion.

Post menstrual HSG after periods showed patent right tube with cornual block on left side with normal size and shape of uterus.

## DISCUSSION & CONCLUSION

Abdomen is Pandora box. you never know what awaits you inside. same has happened with us. Every month a follicle matures in ovary and ruptures to release the ovum to start the process of fertilization. Sometimes these follicles may be held in the ovary causing cortical stretching and pain or at the rupture site following ovulation. Similarly a corpus luteum cyst may bleed in abdomen before menstruation or in early pregnancy leading to heamo peritoneum. As blood accumulates in peritoneal cavity abdominal pain and sign of volume depletion may arise.

Etiology of torsion and rupture is unknown but weight of enlarging cyst may cause torsion as it becomes heavier and may rupture due to increased tension on cyst wall.

Abdominal trauma and anticoagulant therapy increase the risk of rupture and haemorrhage.

Pathological cyst like cystadenoma and dermoid cyst may also rupture and cause symptoms. Most of the cyst ruptures are self limiting and require only expectant management and oral analgesics for abdominal pain relief but prognosis can also go to circulatory collapse ,haemorrhagic shock, DIC and death so the situation should never be underestimated.

This patient came with symptoms of twisted ovarian cyst but unfortunately it was associated with congenital anomaly which has hampered her fertility .left side non functional ovary with thread like fallopian tube with fanned out adhered fimbriae has made the left appendages nonfunctional and presence of large ruptured ovarian cyst requiring cystectomy has reduced the ovarian reserve.She may require ART facilities in future.One sided congenital anomaly is very rarely seen.

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