

Chapter 1 : Free pediatrics online Books Download | Ebooks Online Textbooks

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No Comments Diagnosing ovarian torsion in the emergency department remains a challenge. Any female patient who presents with abdominal pain should prompt consideration of torsion in ED providers. While the overall incidence of ovarian torsion is low and there is almost no associated mortality, when missed, ovarian torsion can result in a significant degree of morbidity for the patient and medicolegal risk for the provider. The Risk to the Patient May Be Overstated It is hard to quantify the exact risk to the patient in cases of missed ovarian torsion. There are no known reports of increased mortality in cases of missed torsion. In terms of morbidity, reduced fertility is commonly cited as an outcome in cases of torsion that result in the loss of an ovary; however, the evidence to support this claim is limited. Animal studies have reported similar fertility rates both before and after the removal of an ovary [1]. The Risk to the Provider Is Real Despite the weak scientific evidence connecting loss of an ovary to decreased fertility, this potential outcome is mentioned as a potential damage in multiple legal cases involving cases of missed ovarian torsion. Most cases of missed torsion involve either a failure to consider the diagnosis initially or cases of intermittent torsion. Given the medicolegal risk associated with cases of missed torsion, providers should consider and document the possibility of torsion in any patient with undifferentiated abdominal pain. Classic Findings Are Not Reliable Making the diagnosis of ovarian torsion in the ED can be difficult as patients across a wide range of demographics can present with variable and atypical symptoms. Pain from ovarian torsion has classically been described as sharp, sudden, and unilateral; however, in practice these historical features can not be used to reliably rule out cases of torsion. In a retrospective review of 87 cases of torsion, Houry et al. Historical features such as the patients age and medical history are similarly unreliable. Do not rely on the physical exam Bedside exam is rarely helpful when trying to make the diagnosis of ovarian torsion. The pelvic exam has similar limitations, and has not been shown to reliably identify abnormal ovarian or adnexal findings. In cases of potential torsion, abnormal exam findings may help make the diagnosis; but a normal exam does not adequately decrease the likelihood of the disease. Beware Intermittent Torsion Cases of intermittent ovarian torsion pose a significant diagnostic challenge. Clinically, patients may experience dynamic torsing and detorsing of the ovary leading to intermittent symptoms and variable radiographic findings. To date there is limited evidence that can help reliably identify cases of intermittent ovarian torsion. Despite an overall low incidence of cases of intermittent torsion, providers should consider the diagnosis when patients have continued symptoms. Given the significant medicolegal risk associated with cases of missed torsion, providers need to consider and document the potential risk of intermittent torsion in any patient with unexplained abdominal pain. In cases with a lower concern for torsion, providers should give clear verbal and written discharge instructions and return precautions. In Part II we will look at the pitfalls and misconceptions associated with the diagnostic approach to cases of potential ovarian torsion. Effects of unilateral ovariectomy on follicular development and ovulation in cattle. Effects of unilateral ovariectomy on female fertility outcome. Epub Mar Pediatric ovarian torsion clinical update and case discussion. Accuracy of the pelvic examination in detecting adnexal masses.

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