

Laparoscopic management of a torsioned adnexal mass in the third trimester of pregnancy

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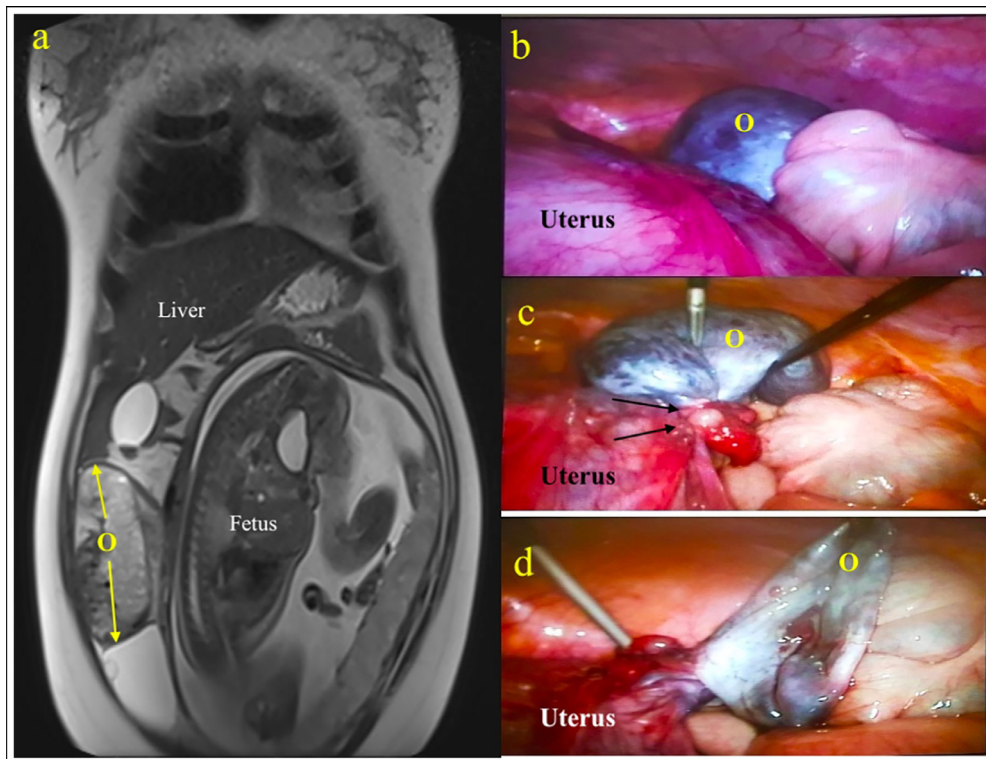
Magnetic resonance imaging identified a 7 × 6 cm cystic formation with reduced blood flow and tension in the right adnexa of a 29-year-old patient at 35⁵ weeks gestation (Figure 1a; O: adnexal torsion). The abdomen was entered just beneath the sternum via open laparoscopy because of the advanced pregnancy. Cystectomy was performed after the ovary was detorsioned (Figure 1 b, c, and d; Black arrows: twisted adnexal mass)

Adnexal torsion is very rare in pregnancy, and its incidence is reported at 1–5 in 10 000 pregnancies.¹ Laparoscopic

surgery is associated with a reduced risk of postoperative adverse events.² Laparoscopic surgery involves less manipulation of the uterus, which causes fewer uterine contractions, and consequently, fewer spontaneous abortions, preterm labours, and premature deliveries.³ Surgeons should be aware that the laparoscopic approach can be safely performed late in pregnancy and may reduce obstetric complications.

Consent: Consent to publish these images was obtained from the patient.

Figure 1.



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