PP51 A CRYING OVARY

NORZHAFARINA HANI¹, MEERA ATTIYAH MOHD TAHIR¹, AFIFAH SJAMUN SJAHID^{1,2}

¹ PUSAT PENGAJIAN SAINS PERUBATAN, UNIVERSITI SAINS MALAYSIA, KAMPUS KESIHATAN, KELANTAN, MALAYSIA

² HOSPITAL UNIVERSITI SAINS MALAYSIA, KELANTAN, MALAYSIA

INTRODUCTION:

Acute abdomen is a life-threatening condition that need emergent evaluation and intervention. In pre-menarche patients, gynecological disorders are rarely considered due to low rate of incidence. We reported a rare gynecological case of twisted ovarian mass in pediatric age group.

CASE:

An 11-year-old girl presented Emergency Department due to sudden onset of severe generalized abdominal pain associated with nausea and vomiting. There were no diarrhea, per-vaginal bleeding, urinary symptoms, fever, or trauma. On further assessment, she was tachycardic, otherwise other vital signs were normal. She was in severe pain and lying in semirecumbent position with knee to chest. There was generalized tenderness per abdomen, but no palpable mass felt. Bowel sound was present. Multiple analgesics were given but pain not resolved. The patient was proceeded with abdominal xray which showed fecal loaded with no dilated bowel. Abdominal ultrasound showed right adnexal mass with calcification. Patient then undergone Computed Tomography (CT) Abdomen which revealed non enhancing soft tissue tumor with multiple cystic components at the Pouch of Douglas (POD). Emergency laparotomy was conducted. Intra operative findings were gangrenous left ovarian mass measured 9 X 5cm, twisted 5 times; appendix mildly inflamed and adhered to right ovary and presence of minimal bloodstained at the peritoneal fluid. The mass cannot be assessed histopathology as presence of extensive hemorrhagic necrotic tissue with no remnant of viable tissue. After the surgical intervention, pain was resolved, and patient was discharged home well.

DISCUSSION:

Even though abdominal pain is a common presentation in Emergency Department, when it comes to managing abdominal pain in pediatric age group, it is sometimes difficult to look for the origin of the pain. It is because of the non-specific symptoms or presentation that make the diagnosis delay. Furthermore, we rarely look for gynecological cause of abdominal pain in pre-menarche age patients.

CONCLUSION:

Ovarian tumor in pediatric population is rare, even in premenarchal patients. A vigilant assessment is a must in all children who presented with acute abdomen, as delay in diagnosing and intervention can cause lethal outcome and low rate of ovarian salvage.

KEYWORDS: Ovarian mass, acute abdomen, paediatric