Fallopian tube torsion and paratubal cyst
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History
13 year old female with one week of pelvic pain

Diagnosis
Fallopian tube torsion with paratubal cyst

Additional Clinical
Ultrasound done first, followed by CT for problem solving.
An ultrasound was done at an outside institution a few days prior to the provided studies and the diagnosis was missed at that time. The patient continued to have pain and presented to our ED a few days after the visit to the outside ED.

Discussion
Isolated fallopian tube torsion is a rare cause of acute pelvic pain. The preoperative diagnosis is frequently delayed due to the rarity of this condition, as in this case. Underlying conditions affecting the tube may predispose to this condition, although torsion may also affect a previously healthy tube. Risk factors include a long or congested mesosalpinx, prior tubal ligation, hydrosalpinx, hypermotility of the fallopian tube, and trauma. Adnexal torsion is generally unilateral, with a slight right-sided predilection. Delay in diagnosis may lead to necrosis, infection, and peritonitis. Presenting symptoms include acute onset of lower abdominal pain that may be crampy or constant and dull. The pain may radiate to the groin or thigh and may be accompanied by nausea, vomiting, and peritoneal signs. Laboratory tests may show normal or slightly elevated levels.

US may demonstrate a hydrosalpinx or a paraovarian/paratubal cyst. The fallopian tube may have thickened echogenic walls and internal debris. An edematous mesosalpinx may be seen as a central solid component surrounded by the dilated fallopian tube.

CT demonstrates a dilated fluid-filled structure separate from the ovary and the fallopian tube wall may be thick and enhancing. Intraluminal attenuation greater than 50 HU indicates internal hemorrhage.

MR imaging findings include wall thickening of the distended fallopian tube and a swirled configuration of the tube away from the normal-appearing ovary can suggest the diagnosis.

Findings
Ultrasound-Large anechoic cyst in the midline. Left adnexal region tubular structure with fimbriae and circular orientation above and around the normal left ovary (normal ovarian blood flow).
CT-Large hypodense cyst above the bladder in the midline with tubal structure in the left adnexa, corresponding with the findings on ultrasound.

Reference
Fallopian Tube Disease in the Nonpregnant Patient. Maryam Rezvani, MD. March 2011
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