INTRODUCTION

One of the most prevalent causes of visits to the emergency department (ED) is abdominal and pelvic pain. There are various reasons for stomach and pelvic discomfort in women, but ovarian torsion (OT) is one of them, and undetected OT is associated with a high rate of morbidity.\(^1,2\)

The OT is the rotation of the adnexa around its vascular axis or pedicle, which can be full or partial. Free mobility, enlarged ovarian size, and extended pedicles are all predisposing variables, albeit the specific cause is unknown. When the ovaries are stimulated during in vitro fertilization, the incidence rises (IVF).\(^3\) Patients with acute abdominal discomfort and OT have been observed to present to the ED at a rate of 3%. Previous studies have reported incidences of 1–5 per 10,000, while the prevalence during pregnancy is unknown. OT is more common in the first trimester of pregnancy, according to previous research.\(^2,3\)

Due to the anatomical and physiological changes that occur during pregnancy, OT is known to be more difficult to diagnose, and there is a risk of misdiagnosis with other illnesses like acute appendicitis, burst corpus luteum cyst, urinary tract blockage, and ovarian hyperstimulation. Doppler ultrasonography, ultrasound (USG), and magnetic resonance imaging are examples of diagnostic modalities that can be used (MRI).\(^4\)

In this case report, we aimed to discuss a 27-year-old primigravida with 36 weeks and 5 days of pregnancy.
CASE REPORT

We report a 27-year-old primigravida with 36 weeks and 5 days of pregnancy. She did routine pregnancy check-ups at the private clinic and there were no abnormalities found in her pregnancy. Normal blood and urine results (Hemoglobin 10.2 g/dl, hematocrit 30.9%, RBC 3.68 10^6/ul, platelet 177 10^3/ul, WBC 12.6 10^3/ul, urine result normal, random glucose 80 mg/dL, HBsAg non-reactive, Anti HIV non-reactive). She came to the hospital at 35 weeks 3 days of pregnancy with complaints of acute abdominal pain in the lower right (waist), active baby movements, suspicious ligament stretch pain, colic urethra, and appendicitis. Collaboration with the surgeon and recommended abdominal ultrasound and urology. Pain management with pain killers, blood test CBC, Urinalysis, bleeding and clotting time, and hospitalization is recommended.

The results of abdominal ultrasound and urology were both normal kidneys and no signs of acute appendicitis were found. Normal blood and urine results. Patients are allowed to go home after being hospitalized for 3 days. She returned to the hospital with the same complaint at 36 weeks 5 days of pregnancy. Collaborated again with the surgeon and performed a cesarean section at 36 weeks 6 days of gestation under spinal block anesthesia. Baby born crying immediately, Apgar score 8-9. The placenta was born with a complete impression and double layer uterine suturing was performed. Baby weight 2300 gram. Evaluation of the abdominal cavity found a twisted cyst of 11cmx7.3 cm x 6.2 cm in the right ovary. Performed salpingectomy oophorectomy dextra. No bleeding evaluation. In collaboration with the surgeon, the appendix was found to be inflamed, and an appendicectomy was performed by the surgeon. The cyst and appendix tissue were sent to the histopathological for analysis. Here’s a picture of the cyst found.

DISCUSSION

With a herbal record of ovarian cysts discovered during pregnancy, it’s thought that 10% could be operated on soon after examination, while the remaining 2% would necessitate operation at a later period because of the uncomfortable repercussions. Similarly, 3% of the population may be eliminated during the cesarean section during the puerperium. On average, half of the cysts that had been excised previously had neoplastic alterations. Cystic teratoma, paraovarian cyst, serous cystadenoma, corpus luteal cyst, and luteoma are the most common ovarian tumors encountered during pregnancy. Serous cystadenomas are translucent, thin-walled cysts that are usually unilocular. They can have several cysts in children and range in size from 20 to 30 cm. They’re usually unilateral, although they can also be bilateral. According to statistics, 10-15% of them are borderline malignant.
whereas 20-40% are malignant.  
Surgical intervention for malignancy concerns, such as tumor torsion, has been advised in multiple studies. Tumor rupture or a work-related obstructive condition. Other research has supported the same principle, claiming that maximum ovarian loads may remain fluid or dissipate at some point throughout pregnancy and that the risk of the aforementioned complications is quite rare. A corpus luteum cyst is the most common cause of pregnancy, and it usually goes away on its own during the second trimester. As a result, ovarian torsion is more common in the first trimester, less common in the second trimester, and extremely rare in the third trimester. It is important to note that ultrasound examinations in the first and second trimesters should focus not only on fetal characteristics but also on the cervix and adnexa.

Early detection of ovarian cysts allows for immediate treatment, avoiding the need for emergency measures and reducing the risk of preterm conception. The compressive impact of the gravid uterus inhibits the movement of the ovarian pedicle, making ovarian torsion in the third trimester uncommon. However, this situation in actuality illustrates that it can occur and that it should be considered as a differential study when a patient has an acute stomach. Surgical surgery is the treatment of choice when ovarian torsion is extremely suspected, despite the fact that conservative treatment has been offered during pregnancy. The limitations of this study are that it does not explain the follow-up of patients and the outcomes obtained and does not explain the patient’s condition every time after administering OT management.

CONCLUSION
This example demonstrates the problem of manufacturing desirable excellent radiological ultrasound imaging of the pelvic organs in late pregnancy. ultrasound exam in early pregnancy has to also be geared toward the cervix and adnexa which ends up in early analysis and management of ovarian hundreds, thereby fending off future emergency conditions and possible preterm transport.

AUTHOR CONTRIBUTION
All authors contributed to this study’s conception, data collection and interpretation, article drafting, critical revision, final approval of the article.

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CONFLICT OF INTEREST
There is no conflict of interest for this manuscript.

CONSENT FOR PUBLICATION
Written informed consent was obtained from the patient to publish this case report.

REFERENCES