

Isolated uterine tube torsion

Patient Information Series – What you should know, what you should ask.

What is fallopian tube torsion?

Fallopian tubes are a pair of hollow, muscular ducts located between the ovaries and the uterus.

Isolated uterine tube torsion is a twisting or rotation of the uterine tube around its longitudinal axis, which is considered a surgical emergency.

The ovary in isolated tube torsion is normal and intact.

Why does the isolated uterine tube torsion appear?

Several predisposing factors have been suggested for tubal torsion, including:

- A) Related to the uterine tube abnormalities such as tubal mass, elongated and spiral type tube, dilation of the tube with fluid or blood, and etc.
- B) Non- related tubal causes such pelvic adhesions, pelvic inflammatory disease, adnexal vessel congestion, adjacent ovarian or uterine masses, sudden changes in body position and trauma.

How can I know if I have isolated uterine tube torsion?

The dominant clinical presentation is sudden onset of pelvic or lower abdominal pain. The types of pain may be intermittent or persistent, severe or mild and sometimes with radiating pattern to the groin or thighs. Nausea and vomiting are usually present.

Ultrasound is the first line diagnostic test. There are some ultrasound findings that can help the physician for the diagnosis of uterine tube torsion. However, sometimes the diagnosis is challenging, and surgery is necessary for definite diagnosis besides the treatment.

Blood tests may show some small changes, but unfortunately be not useful for the diagnosis.

What are the expected complications?

Delay in diagnosis may result in tube infarction and make it prone to rupture and hemoperitoneum, superimposed infection and peritonitis.

The preferred approach is the preservation of twisted tube. However, the tube is not viable due to chronic torsion and should be removed in some cases. Although a normal tube on the opposite side is sufficient for fertility, removing a tube can alter future fertility.

There is a low risk of recurrence of this condition

What is treatment?

The treatment of choice is laparoscopic detorsion of twisted tube with a conservative approach for preserving the tube.

If the ischemic changes are reversible and the tubal blood flow becomes acceptable after untwisting, the surgeons will preserve the tube.

If there is any underlying cause, such as a para-tubal cyst, the surgeons will remove it.

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