

Bilateral Torsioned Dermoids Presented With Acute Abdomen

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A 21 year old woman admitted to our emergency department with progressive low abdominal pain started in a few hours. She had no surgical, clinical or family history before. Physical examination revealed tenderness, defence, rebound in bilateral lower quadrants and a palpable mass located in right adnexial region. Her complete blood account and biochemical profile were in normal limits. Contrast enhanced computer tomography of abdomen showed bilateral ovarian masses containing fat attenuation which was characteristic for dermoid cysts (Figure 1a-b) and free pelvic fluid. Additionally in right dermoid, there was hyperattenuating debris inside and a twisted pedicle (Figure 1b). This appearance was suggestive for adnexial torsion. Under general anaesthesia surgery was performed, bilateral torsioned dermoids and gangrene were found. Postoperative period was uneventful and patient discharged a few days

later. Intratumoral fat attenuation is typical CT finding of dermoids that found 93% of cases. In some cases a floating mass of hair that called Rokitansky nodule, teeth or calcification could be detected inside of the mass. Large cystic teratomas that over 11 cm could lead to torsion of adnex. No vascular supply on colour Doppler and detection of the twisted or distended pedicle on CT imaging is suggestive for torsion (1, 2).

References

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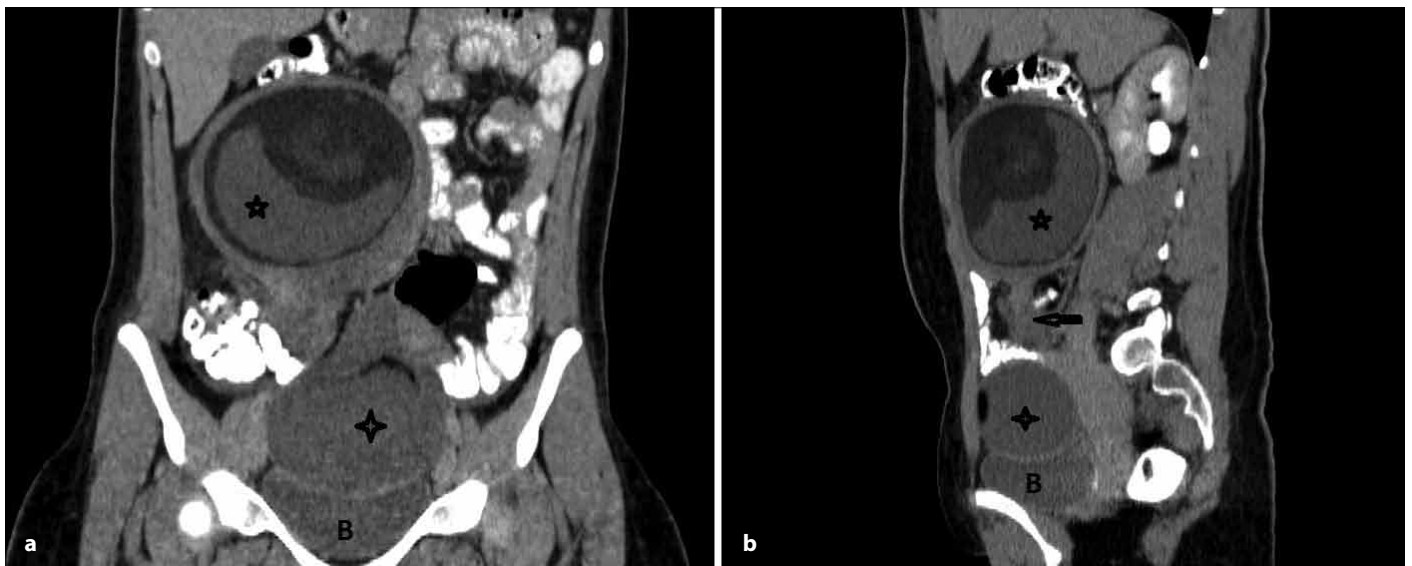


Figure 1. a, b. Contrast enhanced coronal and sagittal CT images show bilateral ovarian masses containing fat attenuation (*black stars*), bladder (*b*) and pedicle of right mass (*black arrow*)

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