Diagnosis of fetal ovarian torsion presenting with fetal abdominal solid mass and ascites
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Objective
Ovarian torsion is defined as either a partial or complete twist of the ovary around its own pedicle. Ovarian torsion is quite a rare event during the antenatal period and usually seen because of the ovarian cyst complication. We present a case of fetal ovarian torsion without any ovarian cyst or underlying causes.

Methods
Case Report.

Results
A 27-year-old G1 female with no significant past medical history had a routine prenatal ultrasound at 30 weeks gestation. The ultrasound showed a 47 x 40 cm intra abdominal solid diffuse mass at the left side under the stomach and abdominal ascites. Doppler examination showed no blood flow on the mass. Fetal sonography was normal three weeks earlier (at 27 weeks) and did not detect any abdominal cysts or abnormality. Paracentesis was performed, haemorrhagic fluid was aspirated. Cytological examination reported no abnormality. MCA-PSV was in normal range. The measurement of the abdominal mass was the same the following week, and started to decrease the second week after diagnosis. The female neonate was delivered at 33 weeks of gestation due to preterm labour. The birth weight was 2565 grams, apgar score was 5 at 5 minutes and umbilical artery pH was 7.34. The preterm neonate was transferred to the neonatal intensive care unit and after stabilisation of the neonate ultrasound was performed on the same day. Ultrasound showed diffuse ascites, a left ovary measuring 3.5 x 2.5 cm and absence of blood flow on colour doppler ultrasound that support our diagnosis and the right ovary was normal. The left ovary was solid and calcified. Therefore an MRI was performed postpartum on day three and the diagnosis was ovarian torsion. The baby was followed without any surgery with resolution of the ascites at day 14 and disappearance of the mass at the age of 2 months.

Conclusion
Fetal abdominal masses are usually seen in the second or third trimester often as incidental findings during fetal sonography. It is difficult to make a differential diagnosis when the mass is appearing solid on ultrasound. Ovarian torsion can be seen during fetal life without any underlying cause. It can be associated with ascites secondary to lymphatic oedema and haemorrhagic necrosis. Differential diagnosis of other solid appearing masses like renal, adrenal and liver tumours, and retroperitoneal teratoma is very important.