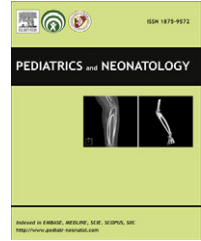




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CASE REPORT

Ovarian Torsion Caused by Teratoma Masquerading as Perforated Appendicitis in a 5-Year-Old Girl

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Key Words

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appendicitis;
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Ovarian torsion is a well-known but poorly recognized disease. Although ovarian torsion is the most common complication of ovarian tumors in children, it is an uncommon cause of abdominal pain in pediatric patients. Ovaries can be only salvaged by prompt diagnosis and timely surgical intervention. Acute ovarian torsion without appropriate treatment may result in loss of ovarian function, tissue necrosis, and death. The objective of this article is to present a case of pediatric ovarian torsion and describe the difficulty of distinguishing it from perforated appendicitis in the emergency department (ED). We report a 5-year-old girl who presented to the ED with nausea, tenderness over the right lower quadrant of her abdomen, fever, and anorexia. She was initially diagnosed with appendicitis based on physical examination and abdominal computed tomography scan and was sent to the operating room for surgical exploration. The definite diagnosis of the patient was acute ovarian torsion complicated with cystic teratoma. Primary clinicians in the ED should pay more attention to acute ovarian torsion in young children because it is difficult to diagnose in time to salvage the gynecological function when the clinical presentations masquerade as perforated appendicitis.

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1. Introduction

Acute ovarian torsion in young children is uncommon and difficult to diagnose in time to salvage the gynecological function.¹ The common presenting symptoms are abdominal pain or palpable abdominal mass.² The pain, which results from occlusion of the vascular supply to the twisted ovary, may accompany other symptoms, including nausea, vomiting, fever, or urinary symptoms and can masquerade as many other causes of abdominal pain.³ In general, ovarian torsion occurs more frequently on the right side than the left side and poses a diagnostic dilemma to differentiate it from acute appendicitis.^{1,4,5} Acute appendicitis is often diagnosed based on typical clinical presentations, including migration of abdominal pain, tenderness

over the right lower quadrant of the abdomen, pyrexia, rebounding pain, and nausea/vomiting. But in young children, it may be quite difficult for primary clinicians to diagnose appendicitis early and accurately. Simple appendicitis may progress to perforation and abscess formation because of delay in diagnosis. Diagnostic computed tomography (CT) scan may provide a useful diagnostic tool for predicting appendicitis. However, it may lead surgeons to perform appendectomy in patients when reports of abdominal CT show a high probability of acute appendicitis. In this case report, we report a young girl with right ovarian torsion caused by cystic teratoma presented with the clinical manifestations mimicking acute appendicitis and the difficulty for the primary clinician to approach this girl's diagnosis with a questionable report of abdominal CT scan.

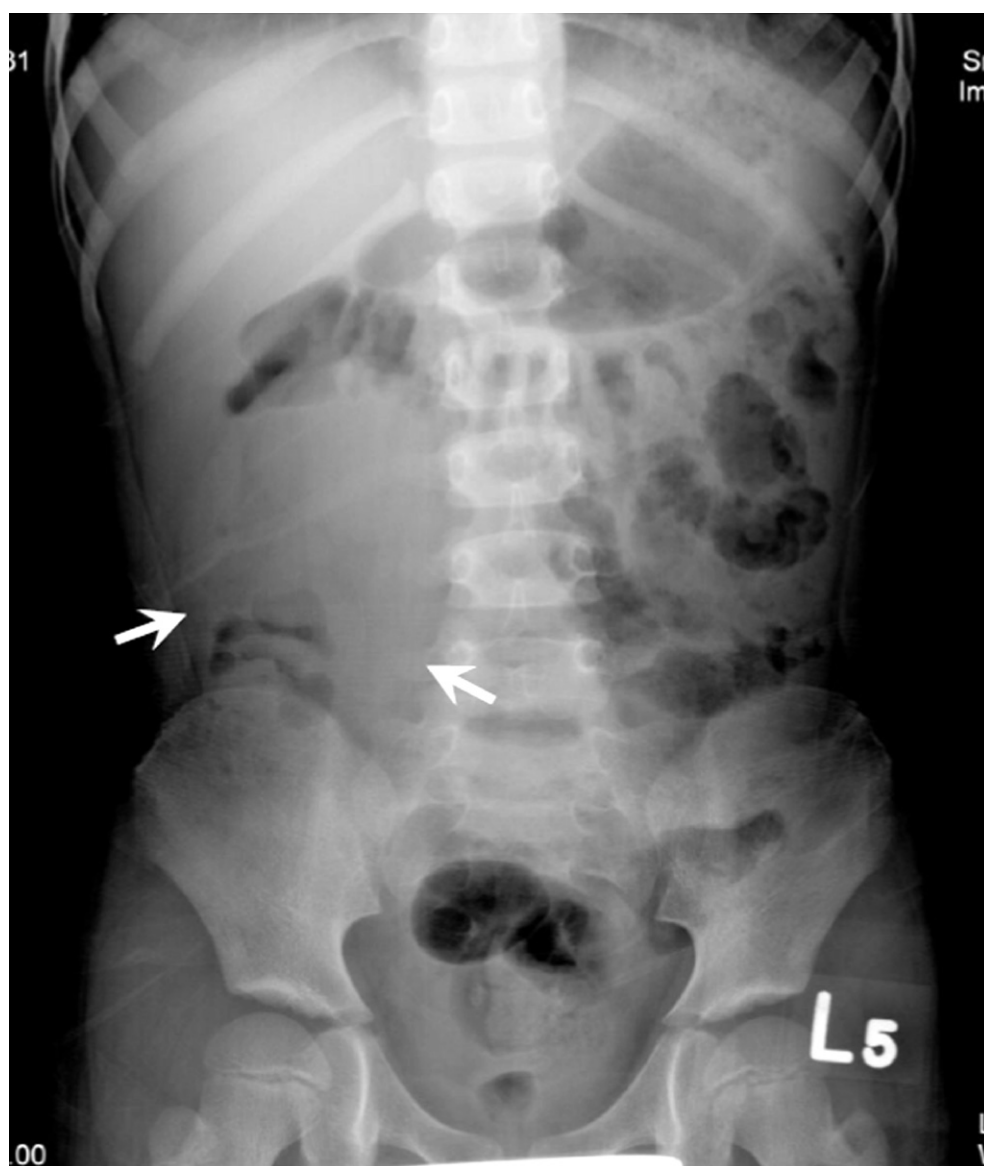


Figure 1 A supine plain radiograph of abdomen demonstrated a focal mass-like lesion with soft tissue density (white arrows) over the right lower abdomen.

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