KREP

2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

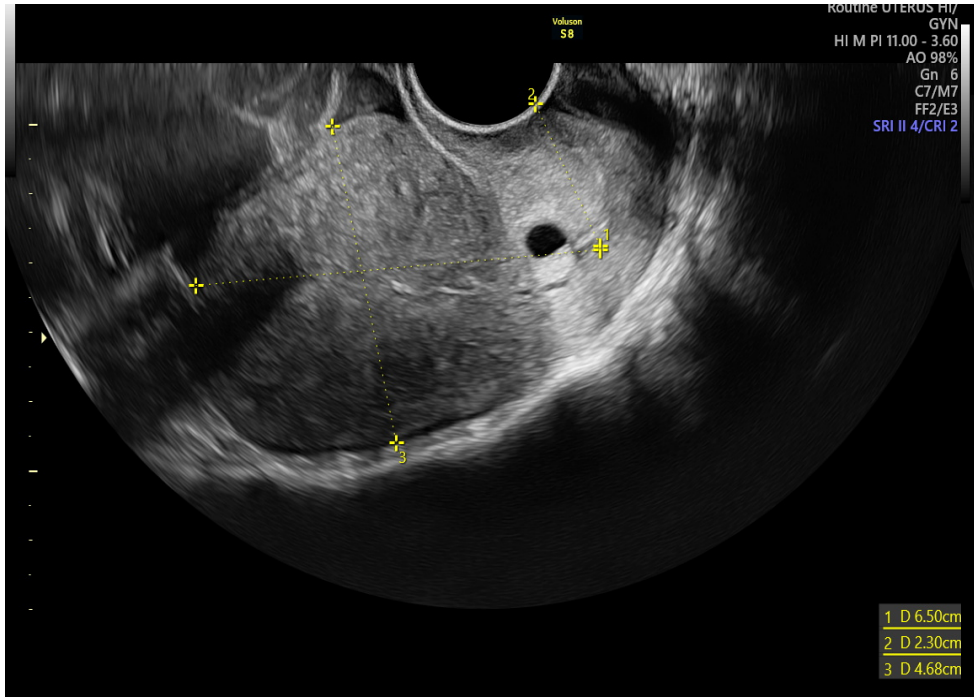
CASE PRESENTATION

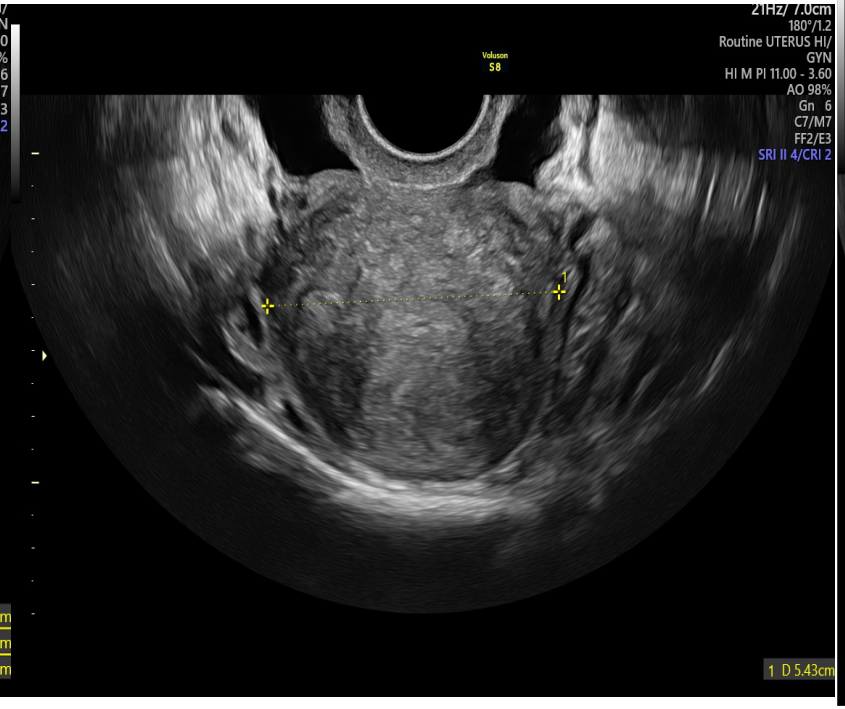
MENTOR : Dr. Rahul S, Assistant professor, Dept. of radiodiagnosis
JJM MEDICAL COLLEGE, DAVANAGERE
PRESENTER: Dr. Abhishek , PG Resident

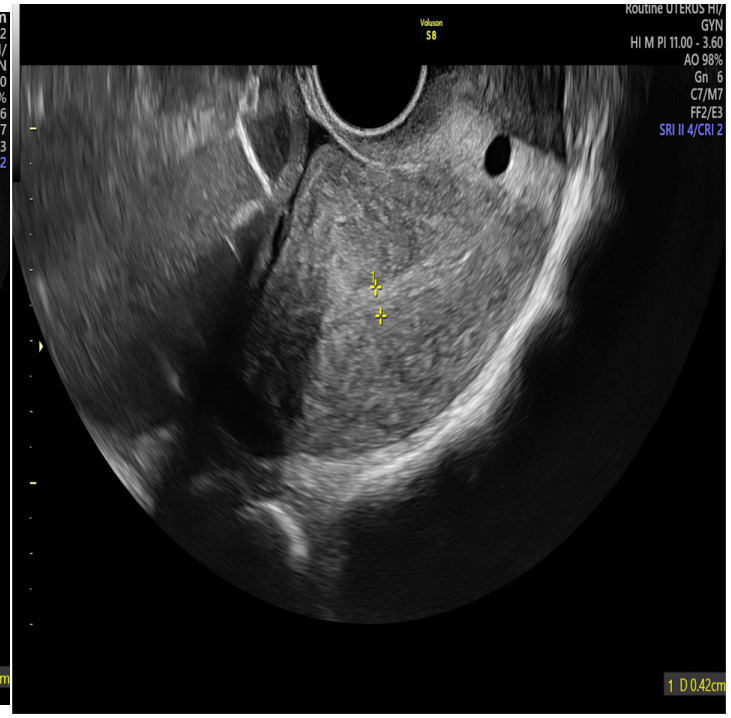
Case 1

- 32year old female patient presented to casualty with following complaints
  1. Generalised pain abdomen since 1 month increased since last 3 days
  2. 3-4 episodes of vomiting since 3 days
  3. Mild lower abdominal distension
  4. Burning micturition and increased frequency
  5. Irregular menstrual symptoms with dysmenorrhea and menorrhagia since last 2 cycles

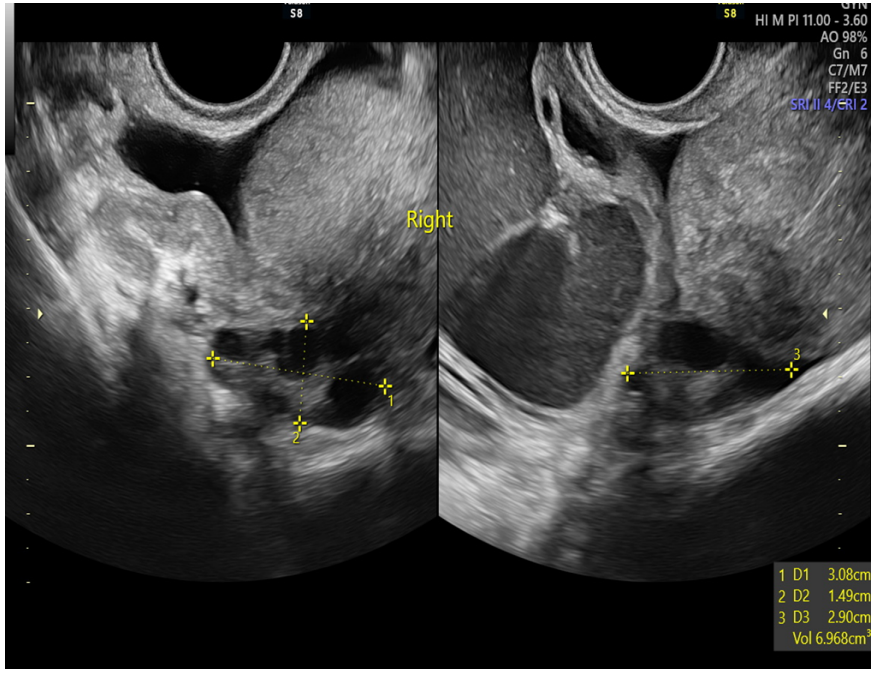
  In order to rule out uterine fibroid USG abdomen pelvis was requested

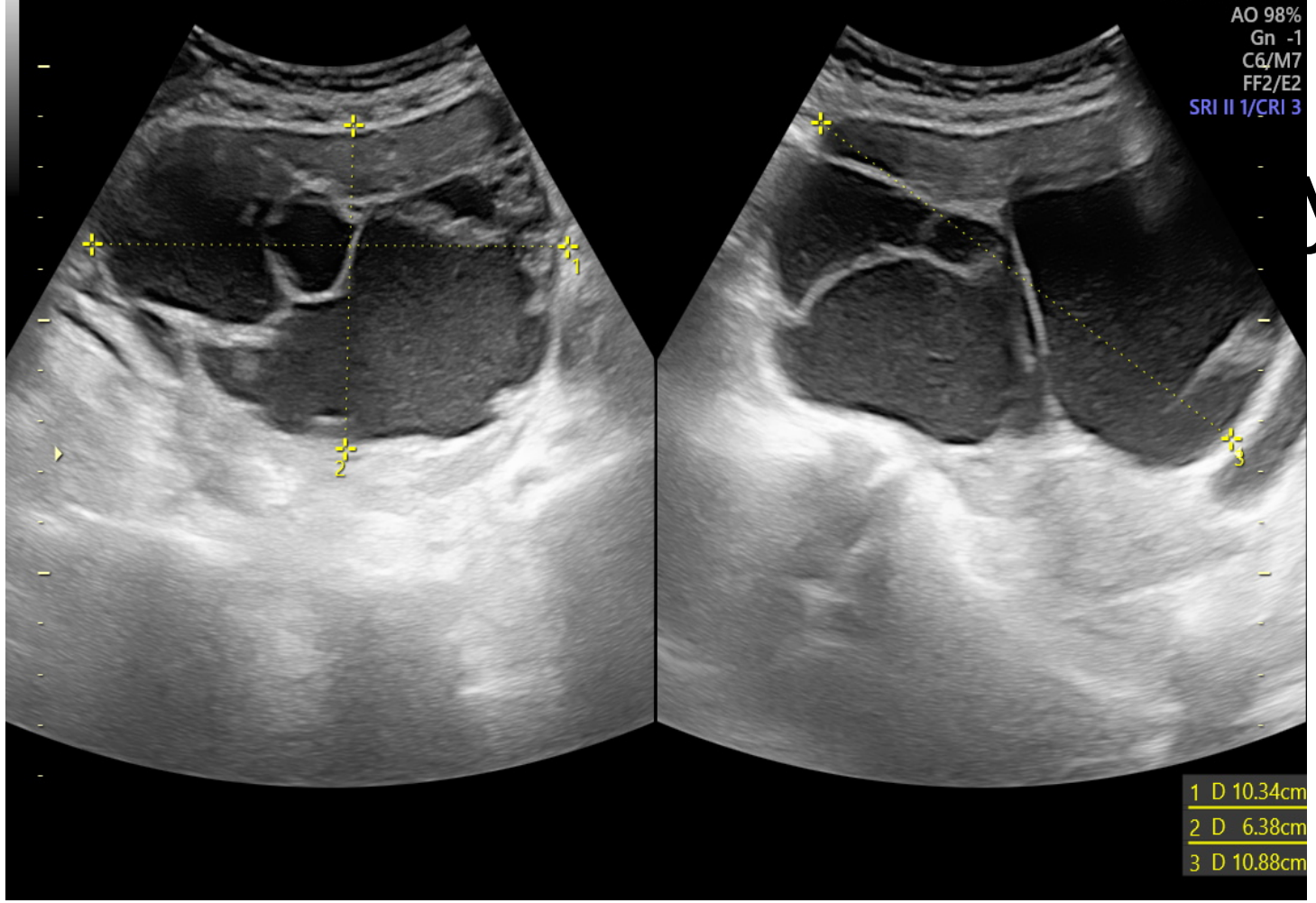


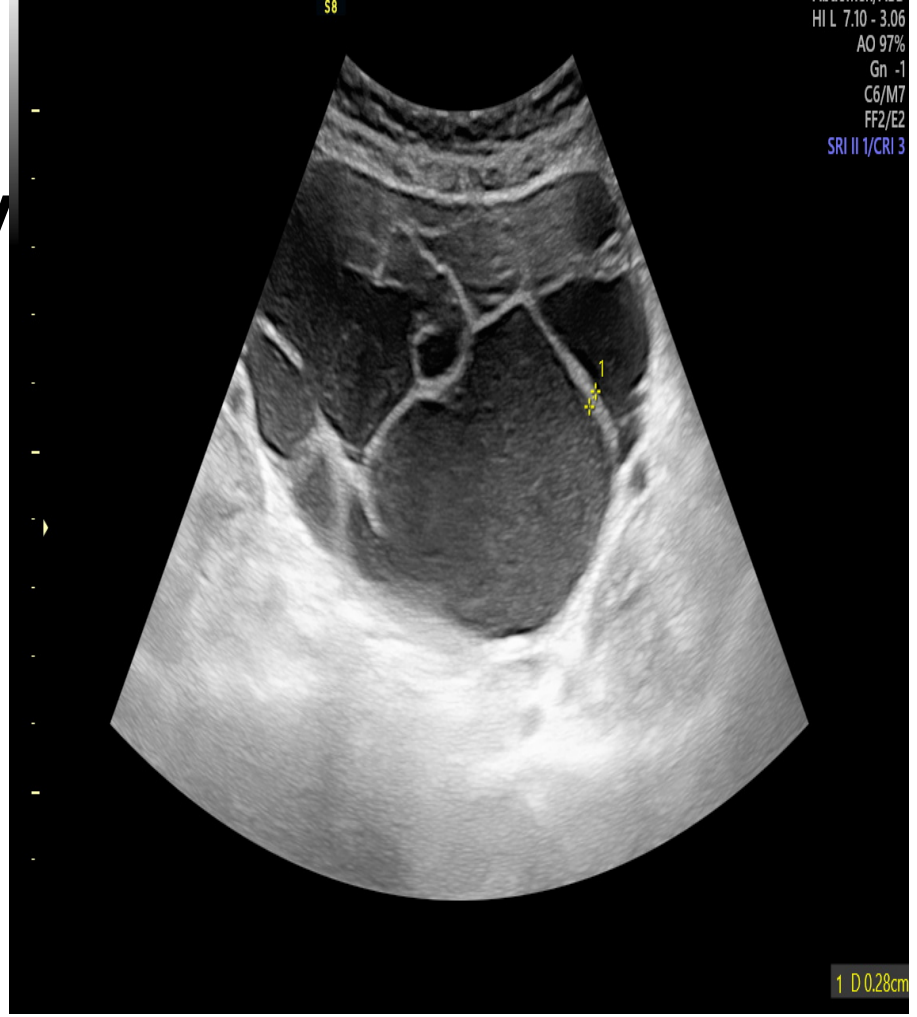




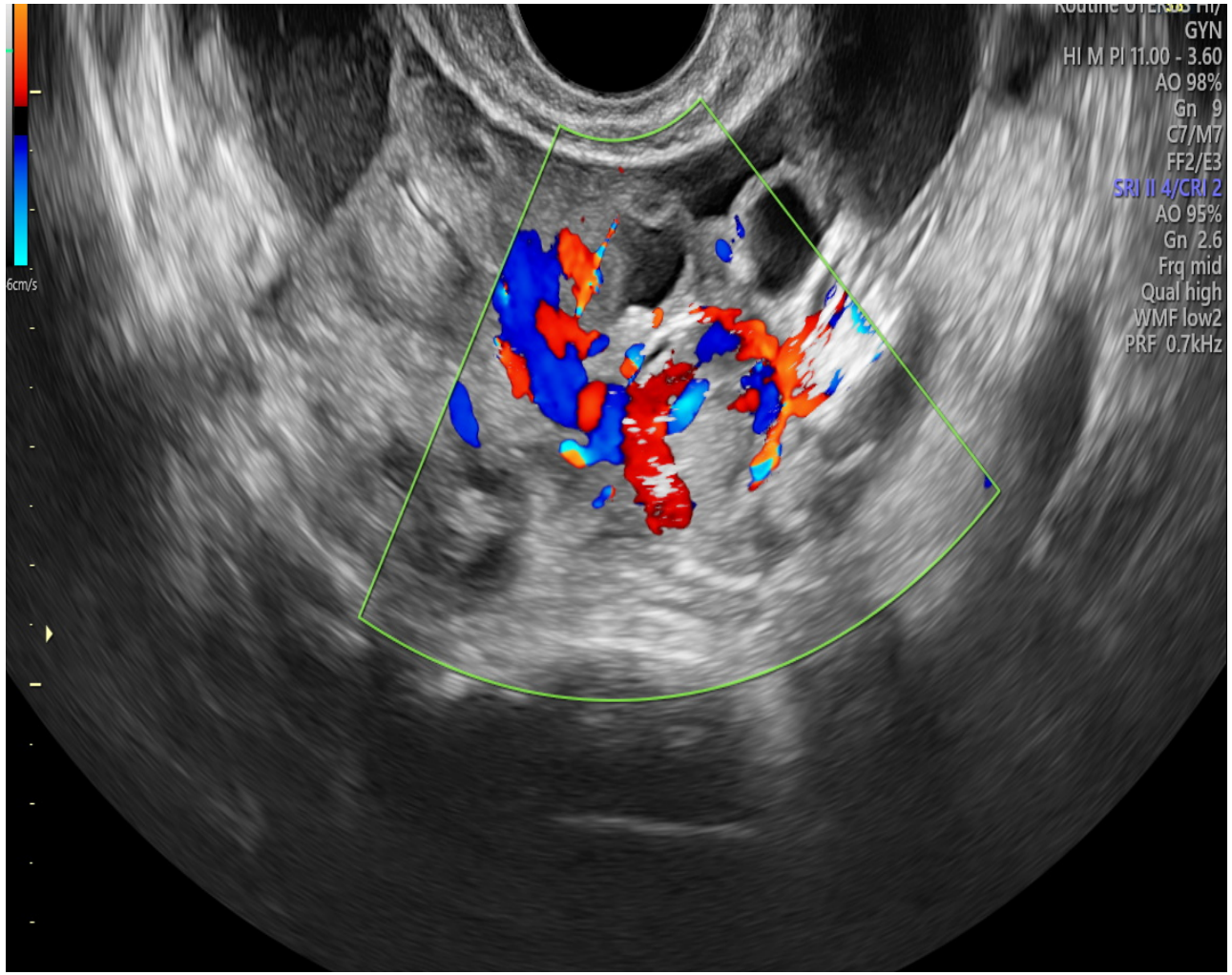
Uterus normal in size , shape and echo pattern.
Endometrium thin and central , EM junction maintained
right ovary appears normal in size and shape and vascularity

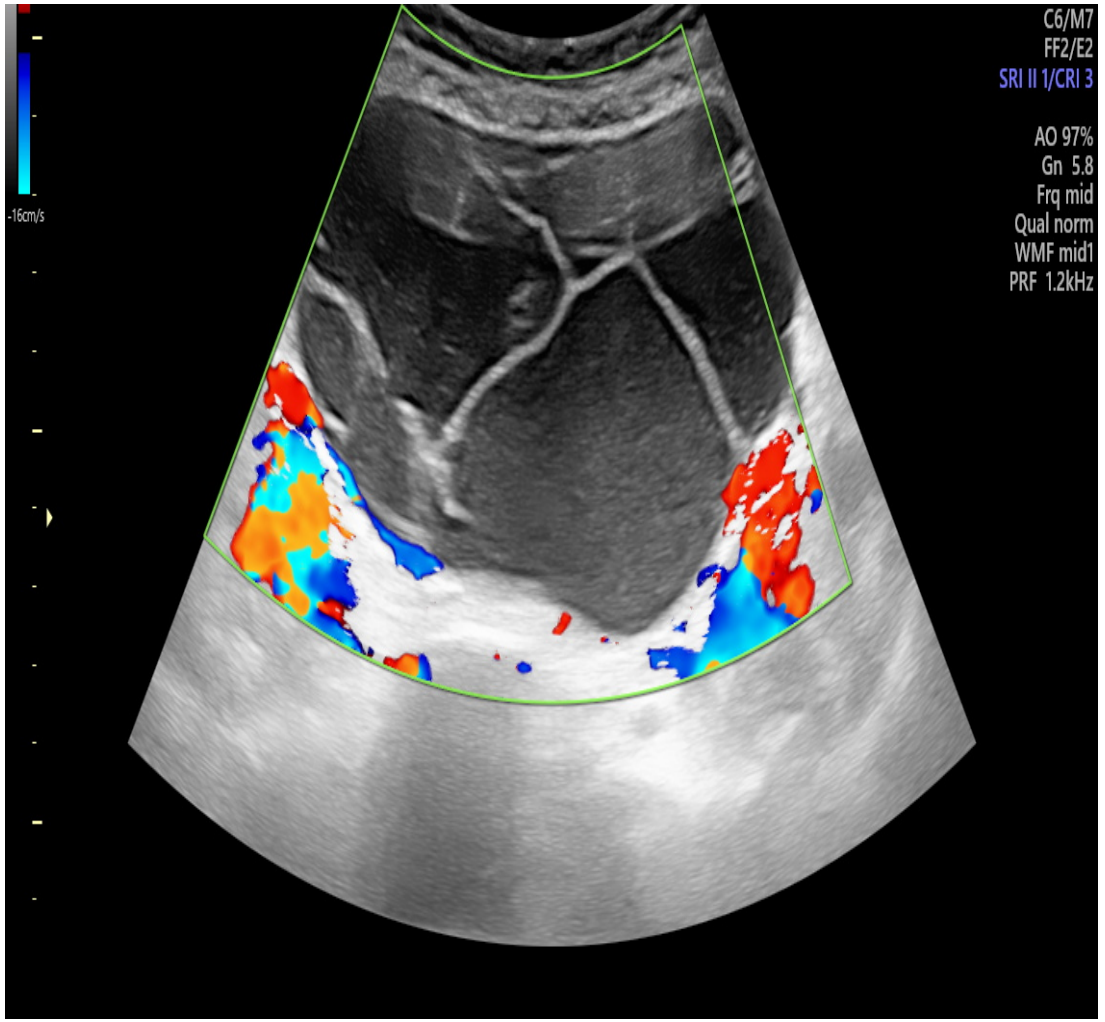






Large mutiloculated midline cystic lesion with low level internal echoes likely arising from left ovary with thin internal septations noted in left adnexa





Twisted edematous pedicle in left adnexa between uterus and cystic lesion with a twisted vascular pedicle giving a whirl pool sign noted.

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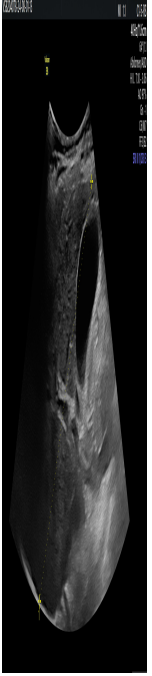

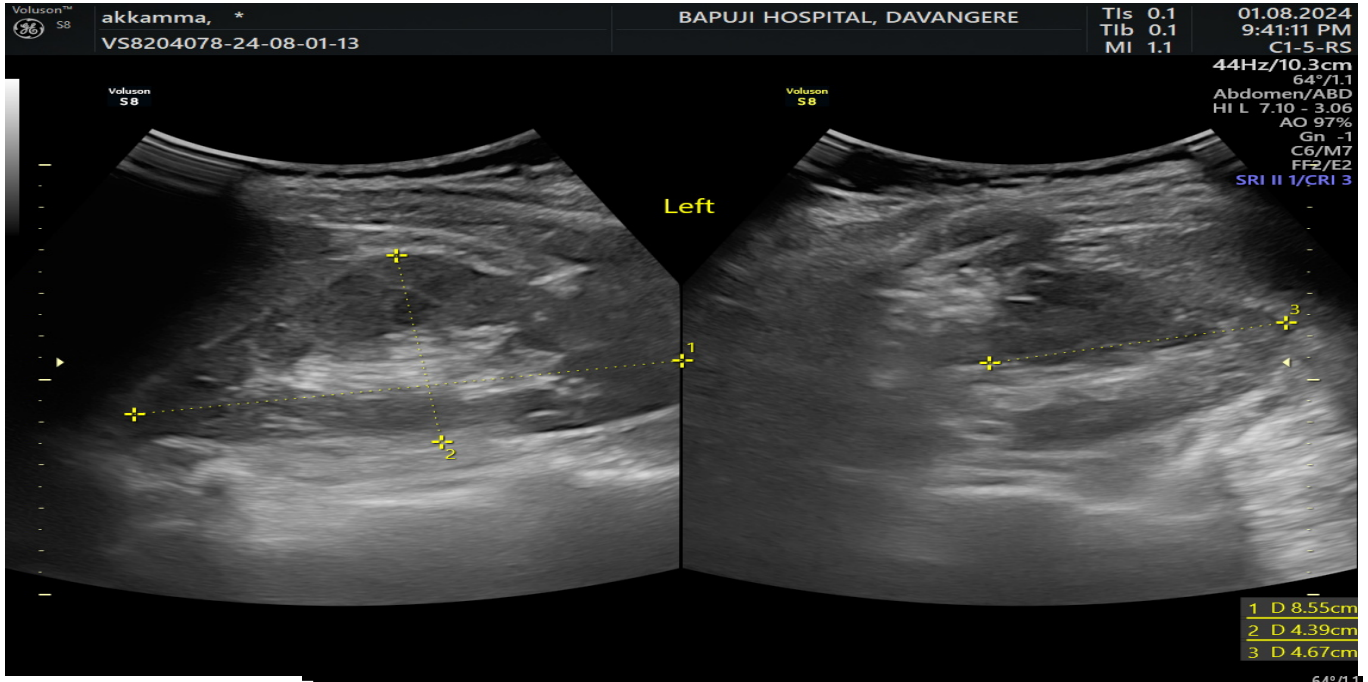

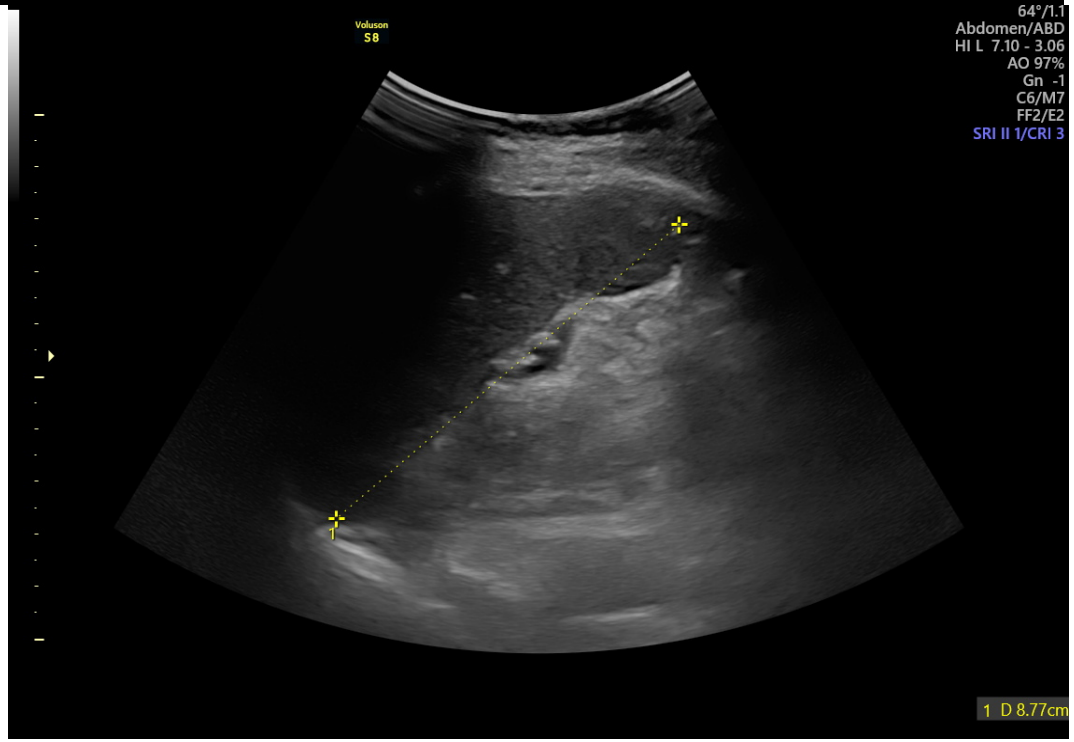

Abdomen organs are normal in size ,shape and echopatern

Summary

- **Large mutiloculated midline cystic lesion with low level internal echoes likely arising from left ovary with thin internal septations →ORADS 4 lesion likely left ovarian mucinous cystadenoma**

- **Twisted edematous pedicle in left adnexa between uterus and cystic lesion with a twisted vascular pedicle giving a whirl pool sign and minimal pod fluid → Torsion of left ovarian cystic lesion/left ovary with the large cyst as a possible lead point for torsion**

BAPUJI EDUCATIONAL ASSOCIATION (REGD)

BAPUJI HOSPITAL, DAVANGERE -577 004. Karnataka

OPERATION REPORT

I. P. No. 2 4 2 4 7 8

ame Akkamma Age 32y Sex M (F)

ar. Status : Service Ward : Bed: Occupation

ate 2/8/2024

e-Operation Diagnosis Left Ovarian cyst torsion

peration ↓GA, Laparoscopic Left OPERATION REPORT

st-Operative Diagnosis Salphingo-ovariotomy done at 11:30Am on 2/8/2024.

urgeon Dr. Rani Gowda Assitants : Dr. Anusha

urse Dr. Divakar Dr. Priyanka

nesthetist Dr. Uma. Anaesthesia ↓GA

escription of Operation : Duration of Surgery

rocedure ↓GA, Laparoscopic Left Salphingo-ovariotomy done at 11:30Am on 2/8/2024.

OT: A Solitary Left Ovarian Cyst of size 10cm × 8cm multiloculated, cystic, mucoid seeretions drained. (2 turns noted at the pedicle : detorsion done)

B/L fallopian tubes (N)

Rt adnexa (N)

OPERATION REPORT (Condt)

Another 5mm trocar is introduced 4 finger breadth above the 2nd trocar at the level of the umbilicus. All the trocars were placed under direct visualisation. The peritoneal cavity inspected. Left ovarian cyst of size 10×8cm noted, multiloculated, cystic, mucoid secretions (5-8ml) drained aspirated. Uterus displaced to Right to expose the Left uteroovarian ligament. Torsion (2 turns) noted at the pedicle. Detorsion done. A long shanks artery forceps introduced into the abdominal cavity, the uteroovarian ligament & the fallopian tube of the left side identified, clamped just distal to the uterine cornua and cauterised. With careful handling and adequate traction ; it is transected.

Left Salphingectomy & ovariotomy done.

Signature of Surgeon

Post Operative Instructions All around 1000ml peritoneal washing was

Thank you