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Perspective

A Structured Approach to Adnexal Torsion Management

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DESCRIPTION

Adnexal torsion is a critical gynecological emergency ranked as the sixth most frequent in its category. The ovary, and frequently the fallopian tube, twists around the supporting blood vessels, causing this condition[1]. This torsion compromises venous outflow initially and can progress to arterial obstruction, ultimately risking ovarian infarction if left untreated. Affecting approximately 2-15% of women during their reproductive years, adnexal torsion is both time-sensitive and potentially devastating in its consequences. Early recognition and prompt surgical intervention are crucial, as they offer the best chance for preserving ovarian function and avoiding irreversible damage. Despite its clinical significance, there remains a lack of universally accepted protocols or guidelines for its management, leaving treatment decisions largely to individual clinical judgment[2]. The absence of a standardized approach hinders consistent treatment outcomes and makes it difficult to evaluate and compare various surgical techniques[3].

MATERIALS AND METHODS

In an effort to bring structure to the treatment of adnexal torsion, a prospective study was carried out involving 44 patients who underwent surgical management for the condition. The study focused on assessing various factors such as patient age, the affected side of torsion, imaging results from Ultrasonography (USG) and Magnetic Resonance Imaging (MRI), ovarian cyst size, number of torsion twists, recurrence frequency, and pregnancy outcomes after surgical treatment. These cases were managed and monitored using a newly proposed set of criteria developed by Dr. Sachin Naiknaware, designed to reduce variability in treatment and provide a more predictable therapeutic framework[4].

Dr. Sachin's criteria are as follows:

Detorsion and Ovarian Cystectomy: In cases where the torsed ovary contains a cyst equal to or larger than 5 cm, surgical management should include detorsion followed by cystectomy to reduce the risk of recurrence[5].

Utero-Ovarian Ligament Plication: If the length of the utero-ovarian ligament is found to be greater than or equal to 5 cm, plication (shortening) of the ligament is recommended to decrease ovarian mobility and prevent future torsion.

Recurrent Torsion or Premenarchal Patients: For patients with a history of recurrent torsion or in young, premenarcheal girls, the "hot dog in a bun" technique is utilized. This method ensures effective stabilization of the ovary and fallopian tube while preserving reproductive potential.

Polycystic Ovarian Disease (PCOD): When PCOD is identified as the underlying factor contributing to torsion, the treatment includes detorsion, utero-ovarian ligament plication, and ovarian drilling to address the root hormonal imbalance and reduce the size of the polycystic ovaries.

FINDINGS

The implementation of Dr. Sachin's protocol allows for a more structured and rational approach to managing adnexal torsion. By removing the ambiguity and subjectivity that often guide treatment, these criteria help standardize surgical intervention. The method not only minimizes the risk of recurrence but also facilitates comparative analysis across cases, making it easier to evaluate the efficacy of the procedures applied. This evidence-based framework enhances both the short and long-term outcomes for patients, particularly in terms of ovarian preservation and future fertility potential.

CONCLUSION

In conclusion, the criteria introduced by Dr. Sachin Naiknaware represent a significant advancement in the management of adnexal torsion. By establishing clear indications for specific surgical interventions based on measurable clinical parameters, this approach promotes uniformity in treatment practices. Adoption of these criteria by a broader surgical community could lead to widespread validation, encouraging standardization in torsion management. Ultimately, this structured approach will contribute to better clinical outcomes, reduced recurrence, and enhanced reproductive health for affected individuals.

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