

Images in clinical medicine

Large bilateral ovarian cysts with left ovarian torsion and right dermoid cyst

Sara Ait Souabni, El Habib Belhaddad

Corresponding author: Sara Ait Souabni, Faculty of Medicine and Pharmacy of Marrakech, Cadi Ayyad University, Marrakech, Morocco. sarahbelhaddad1@gmail.com

Received: 30 Sep 2020 - **Accepted:** 10 Oct 2020 - **Published:** 29 Oct 2020

Keywords: Torsion, dermoid cyst, case report

Copyright: Sara Ait Souabni et al. Pan African Medical Journal (ISSN: 1937-8688). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Cite this article: Sara Ait Souabni et al. Large bilateral ovarian cysts with left ovarian torsion and right dermoid cyst. Pan African Medical Journal. 2020;37(191). 10.11604/pamj.2020.37.191.26328

Available online at: <https://www.panafrican-med-journal.com//content/article/37/191/full>

Large bilateral ovarian cysts with left ovarian torsion and right dermoid cyst

Sara Ait Souabni^{1,&}, El Habib Belhaddad¹

¹Faculty of Medicine and Pharmacy of Marrakech, Cadi Ayyad University, Marrakech, Morocco

&Corresponding author

Sara Ait Souabni, Faculty of Medicine and Pharmacy of Marrakech, Cadi Ayyad University, Marrakech, Morocco

Image in medicine

We report the case of a 19-year-old patient, with medical history of hypothyroidism and nulligravida, who presented with acute pelvic pain progressing for 5 days. On clinical examination, the patient was stable and had pelvic tenderness. The speculum and vaginal examination were not performed on account of the patient being a virgin. A pelvic magnetic resonance imaging (MRI) was performed showing a cystic right ovarian lesion measuring 9.7 x 7 x 6 cm of benign appearance with swollen ovary probably related to a torsion; associated with a left ovarian lesion measuring 10 x 10 x 6 cm with a double cystic and fatty component in favor of a

dermoid cyst (A,B,C). Surgical exploration showed two large bilateral ovarian cysts (D). The right ovary was the site of 3-whirl torsional ischemia. The left ovary presented with a large cyst with a fatty and fluid cartilaginous component (E). The uterus was unicorn with the presence of a rudimentary straight

horn. The operative procedure consisted of a bilateral cystectomy with right salpingectomy in order to avoid an ectopic pregnancy on a rudimentary horn. The right ovary revascularized after untwisting and the postoperative course was normal.

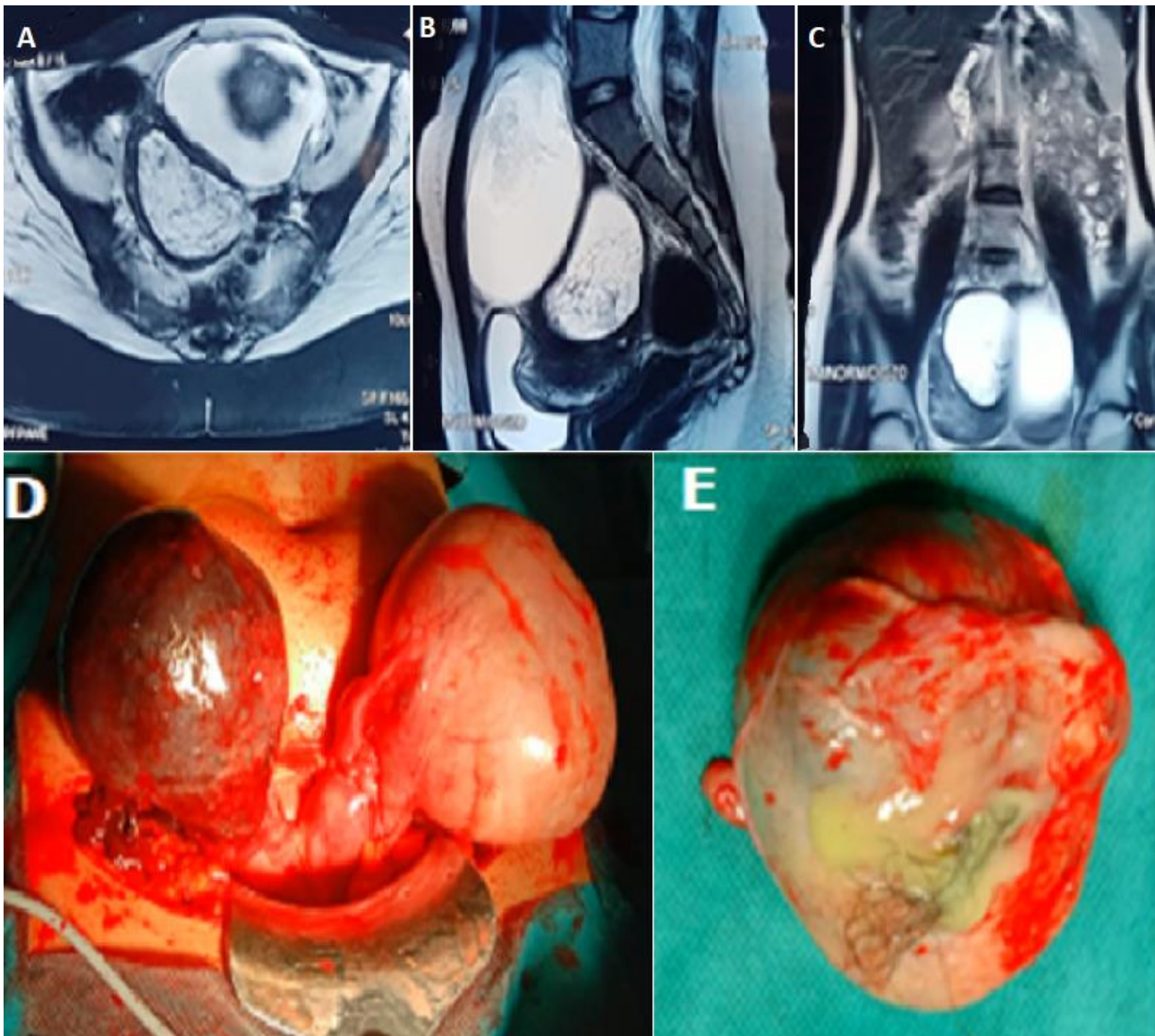


Figure 1: A) transverse pelvic MRI showing two bilateral ovarian cystics with torsion on the right and aspect of dermoid cyst on the left; B) sagittal pelvic MRI showing two bilateral ovarian cystics with torsion on the right and aspect of dermoid cyst on the left; C) frontal pelvic MRI showing two bilateral ovarian cystics with torsion on the right and aspect of dermoid cyst on the left; D) two large bilateral ovarian cysts with right ovarian ischemia and left dermoid cyst; E) left dermoid cyst after cystectomy