

Clinical Image

Clinical Case of Four-Day Torsion of Ovarian Teratoma and Secondary Appendicitis in a Child

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Clinical Image

We observed torsion of the left uterine appendages in 11-year-old girls, which caused diffuse serous-purulent peritonitis and secondary phlegmonous appendicitis. Thus, in this case we can talk about appendicitis-genital syndrome, which had its origin in the left appendages of the uterus due to organic lesions and their torsion.

Teratoma (from the Greek τέρας - monster, -ωμα-tumor)-a tumor formed from monocytes, a favorite site of which are the ovaries of females, testicles, sacrococcygeal area in children, and the brain. Ovarian teratoma is a type of germinogenic tumor that has synonyms for embryo, parasitic fetus, complex cell tumor, mixed teratogenic neoplasm, monoderma. To date, the teratoma, of course, has not been studied one hundred percent, but its name was fixed in 1961 at the International Stockholm Conference [1].

Occurrence of torsion of the appendages of the uterus most often occurs against the background of the volume process in the appendages. Volumetric formation causes their asymmetry and displacement of the center of gravity, which eventually results into torsion of the appendages. Among the organic pathologies that cause torsion of the uterine appendages, the following are most often noted: retention cysts (24%), teratoid neoplasm's (20%), cyst adenomas (8%) [2].

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Patient Anna B., 11 years old, was hospitalized on January 25, 2021 in the surgical department No.1 of Vinnytsia Regional Clinical Hospital with abdominal pain localized above the womb, in the right and left iliac areas, which lasted for 4 days. During this period, there was also arise in body temperature within sub febrile values.

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They were not treated on their own. At the time of hospitalization, the girls had never had menstrual periods. The local clinical picture was as follows: the pain was localized in the lower abdomen, more on the right, where there was muscle defense and positive symptoms of peritoneal irritation (Schotkin-Blumberg symptom, "shirt" symptom, increased pain with dosed percussion according to Shurink). In the general analysis of blood leukocytes is in the value of $10.3 \times 10^9/l$ was noted, shift of the leukocyte form to the left, increasing the level of erythrocyte sedimentation rate (46 mm/h). According to the ultra sound examination of the abdominal cavity and pelvic cavity, there was a volume formation in the projection of the pelvis measuring 62 mm × 58 mm, which was heterogeneous due to hypo- and hyperechoic areas; the contour of the formation was clear, no blood flow was observed. The patient was operated on the day of admission in the emergency queue in connection with the presence of the clinic "acute abdomen". During the operation, the following findings were made: blacks' wollen with capsular hemorrhages left appendages of the uterus in which there was a tumor with the above dimensions (Figure 1) and hyperemics wollen, vascular-injected appendix, which was club-shaped thickened at the (Figure 2).

Due to the appearance of complications in the form of peritonitis and the development of secondary appendicitis, surgical treatment had the following volume. Tubo-ovariectomy on the left, appendectomy, sanitation and drainage of the abdominal cavity were performed.

Postoperative diagnosis of volume formation of the left appendix of the uterus, to rsion of the left appendix with necrosis, secondary phlegmonous appendicitis, diffuse serous-purulent periton it is was established.

In the postoperative period, infusion therapy was prescribed for 3 days, antibiotic therapy consisting of two drugs ("Ceftriaxone" and "Metronidazole") with total course duration of 7 days, as well as analgesic therapy. Drainage from the abdominal cavity was removed on the fifth day. According to the histological examination of the removed drugs, the final diagnosis was made: mature teratoma of the left uterine appendages with hemorrhages and signs of necrosis (Figure 3) and secondary catarrhal appendicitis (Figure 4).

Common hemorrhage, hemorrhagic necrosis due to teratoma torsion. Magnification x 100, color hematoxylin-eosin. Morphologically in the wall of the appendix there was swelling of the mucous and muscular membranes with punctuate hemorrhages without signs of perforation.

The post operative period was uncomplicated. The child was discharged from the hospital on the 8-th day of stay.

Keywords: Ovarian torsion; Appendicitis; Child surgery



Figure 1: Left appendage of the uterus with a tumor with signs of necrosis.

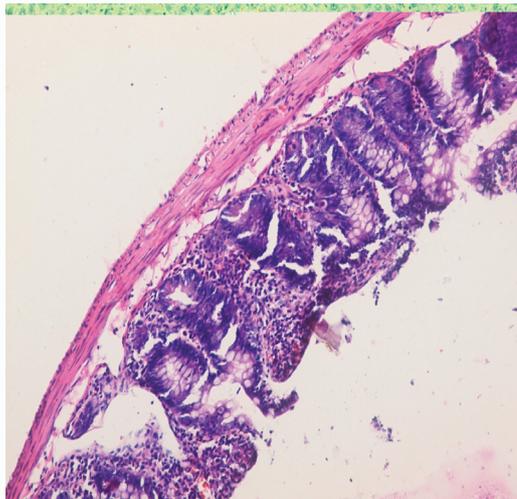


Figure 4: Catarrhal secondary appendicitis. Magnification x 200, color hematoxylin-eosin.



Figure 2: Appendix hyperemics wollen, injected vessels, club-shaped thickened at the top.

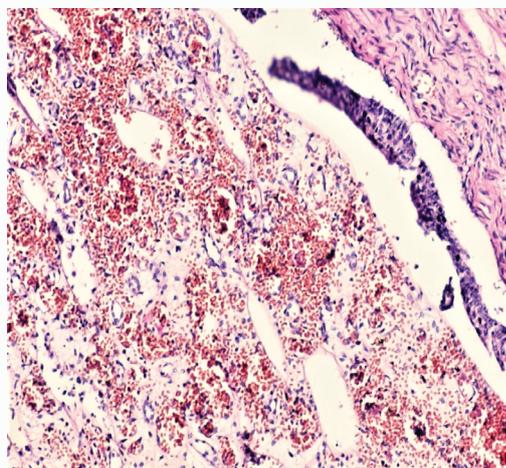


Figure 3: Mature teratoma, in the wall of which is determined by the focus of brain tissue, a layer of multilayered squamous non-keratinizing epithelium.

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