Uterine torsion with scoliosis

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Abstract

A differential diagnosis of sudden abdominal pain with scoliosis indicates uterine torsion, a rare condition in clinical practice.

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Abstract

A differential diagnosis of sudden abdominal pain with scoliosis indicates uterine torsion, a rare condition in clinical practice.

Key Clinical Message

Clinicians should consider uterine torsion as a differential diagnosis of acute abdominal pain in women presenting with scoliosis.

Keywords

Uterine torsion, scoliosis, abdominal pain

Question

What is the differential diagnosis of abdominal pain with scoliosis?

Manuscript

A 73-year-old woman with a history of infantile paralysis and scoliosis presented to the emergency department with sudden abdominal pain. Abdominal X-ray revealed severe scoliosis (Figure 1). Contrast-enhanced computed tomography of the abdomen and pelvis showed a uterine mass with calcification (20 cm) across its widest dimension without contrast-enhancement and torsion of the cervix (Figure 2); a 5 cm-sized left ovarian tumor; and a 10 cm-sized right ovarian tumor. Thus, total hysterectomy and bilateral salpingo-oophorectomy were performed. Intraoperatively, the uterus was found to be twisted 180°, mostly necrotic (Figure 3) and located in the right pelvis at the portion where the spine was not curved. Moreover, histopathological analysis revealed uterine leiomyomas with congestive necrosis, right ovarian serous cystadenoma, and left ovarian serous cystadenoma. The patient recovered and her postoperative course was uneventful. Uterine torsion is a rare condition, defined as twisting of the uterus on its long axis by more than 45°.¹ A previous review reported a case of gastric volvulus with scoliosis. ² Our case may illustrate the association between uterine torsion and scoliosis. To the best of our knowledge, this is the first report of a case of uterine torsion in a patient with scoliosis.

References

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Figure legend

Figure 1

X-ray of the abdomen indicates severe scoliosis

Figure 2

CT of the abdomen and pelvis shows torsion of the cervix (arrow)

Figure 3

Laparotomy reveals the mostly necrotic uterus twisted 180°





