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Case Report

Twisted Left Fallopian Tube with Symptomatic Uterine Fibroids in a Middle-Aged Woman: A Rare Case Report

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Abstract

This case report describes a 45-year-old female patient presenting with left fallopian tube torsion. The patient exhibited sudden onset pain in lower abdomen with nausea and vomiting. Diagnostic evaluation included blood investigations and ultrasound pelvis, revealing multiple fibroid uterus and bulky uterus. Treatment involved laparoscopic surgery, showing a torsion of left fallopian tube 3 complete rounds. This case highlights importance of considering tubal torsion in women with pelvic pain and a complex gynecologic history.

Keywords: *Fibroid uterus, twisted fall opiantube, polymenorrhagia, tubal torsion, chronic pelvic pain, hysterectomy.*

Introduction

Uterine fibroids are common in women of reproductive age and often present with abnormal uterine bleeding and pelvic pain. However, sudden onset abdominal pain with poor response to medical therapy necessitates exploration for coexisting pathologies. Tubal torsion is an uncommon cause of pelvic pain and is rarely diagnosed preoperatively. Here, we report a case of symptomatic fibroid uterus coexisting with a twisted left fallopian tube.

Case Presentation

A 45-year-old woman, para 2 living 2, presented with complaints of lower abdominal pain associated with nausea and vomiting for 10–15 days. She also reported abnormal uterine bleeding for the past year, characterized by irregular, frequent, and heavy cycles (polymenorrhagia).

She had been managed medically, including hormonal therapy, with inadequate response. Her past surgical history included one lower segment caesarean section and a laparoscopic right salpingo-oophorectomy for an ovarian cyst.

On examination:

- General condition stable
- Abdomen: soft, mild tenderness in lower abdomen
- Per speculum: cervicitis present
- Per vaginal: uterus firm, mobile, around 8–10 weeks' size, and tender left adnexa
- Uterus was anteverted with no restriction of mobility

Investigations:

- Hemoglobin: 11 g/dL
- Platelets: 2,00,000/mm³
- Viral markers: Negative
- ECG: Normal
- Chest X-ray (PA view): Normal
- Ultrasound pelvis: Bulky uterus (~10 cm) with multiple intramural fibroids
- Treatment and Outcome

In view of persistent symptoms, poor response to medical management, and symptomatic fibroid uterus, a decision was taken to proceed with total laparoscopic hysterectomy with left salpingo-oophorectomy. Intraoperative findings:

- Uterus enlarged with multiple fibroids
- Left fallopian tube twisted and torte
- Left ovary appeared normal
- Right adnexa absent (post salpingo-oophorectomy)

The surgery was completed without complications. Histopathology confirmed multiple uterine fibroids tube and ovary found normal.

Postoperative Course:

The postoperative period was uneventful. The patient recovered well and reported complete resolution of abdominal pain. Her menstrual symptoms were addressed by the hysterectomy.

Discussion

Tubal torsion is a rare entity. It may mimic symptoms of other pelvic pathologies. In this case, the pain was initially attributed to fibroids, but intraoperative findings revealed left fallopian tube torsion (LFTT) was seen. While uterine fibroids can cause abnormal bleeding and discomfort, the added finding of a twisted fallopian tube may cause makes this case unique especially in women with prior adnexal surgery. Early diagnosis of tubal torsion remains challenging due to its nonspecific presentation. This case is notable due to its rarity, non-association with pregnancy or any tubal pathology, presence of fibroid and bulky uterus with previous right adnexa surgical removal. Previous literature reports a 2021 case report described a patient with LFTT associated with a Para ovarian cyst, a common predisposing factor. The literature review highlighted that Para ovarian cysts (23.5%) and hydrosalpinx (70.5%) are frequent causes of IFTT. Diagnosis is challenging due to nonspecific imaging findings, and surgical intervention (often salpingectomy) is typically required. (1).

A 2024 case report described a patient with unilateral IFTT post-tubal ligation, presenting with escalating pain. Diagnostic laparotomy revealed torsion in a right hydrosalpinx, treated with bilateral salpingectomy (preserving ovaries). Fewer than 50 cases of IFTT post-tubal ligation have been reported, underscoring its rarity and diagnostic difficulty. (2) Unlike typical presentations, this patient exhibited no other tubal pathology. But absence of right adnexa and bulky uterus can be the risk factors here. Treatment was aligned with standard protocol. The outcome suggests need for surgical management. Limitations include lack of specific noninvasive diagnostic tools. Future research should focus on keeping the differential diagnosis in mind in women of any age complaining of acute / sudden onset abdominal pain.

Conclusion

This case report illustrates the atypical presentation of left fallopian tube torsion. Clinicians should consider differential diagnosis of twisted fallopian tube in mind in women of any age complaining of acute / sudden onset abdominal pain When encountering similar cases.

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