

SV11: IS LAPAROSCOPY ALWAYS SAFE AND USEFUL IN PEDIATRIC OVARIAN TORSION?

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Background Ovarian torsion (OT) can be difficult to diagnose because of aspecific symptoms, lack of radiological or laboratory markers and challenging differential diagnosis with many other conditions. Laparoscopy is considered the gold standard in OT treatment, but it is contraindicated in case of malignancy. We evaluate our series of OT managed by laparoscopy.

Materials and methods We selected retrospectively all cases of OT from January 2010 to December 2016. Demographic data, preoperative exams, surgical procedure and sonographic follow-up were collected. Of 12 patients (median 9.5 years), 8 were prepuberal girls (67%); in 8 cases the OT was caused by the presence of a mass and in 4 there was a normal ovary. Tumoral serum marker CA 19.9 was elevated in a patient; in 9 girls preoperative ultrasound presented at least two signs of suspected malignancy (5 lesions > 5 cm, 3 complex images).

Results We performed ovarian conservative surgery in 7 girls (64%) (2 detorsion, 4 enucleation of adnexal cysts, and 1 salpingectomy); 2 oophorectomy and 3 salpingo-oophorectomy were needed. Controlateral recurrence occurred in a girl. Laparoscopy was preferred in all cases. Histological exams of 8 OT due to mass revealed 100% benign adnexal pathology (4 mature cystic teratomas, 3 ovarian cysts and one paramesonefric cyst with Walthard nest). Ultrasound follow-up demonstrated regular adnexal function in all cases.

Conclusions In consideration of the rarity of neoplastic ovarian pathology, without specific signs of malignancy, minimally invasive surgery should be considered the first approach for pediatric OT.

Key words ovarian torsion, ovarian tumors, laparoscopy, pediatrics