Clinical data, diagnostic and therapeutic methods of ovarian apoplexy.

(Shahini) Gjyrdedi Diana Shahini (AL) [1]

Abstract: Corpus luteum rupture is an unusual phenomenon that is repeated every month in women during the reproductive life. This phenomenon is presented without or with symptoms that mimic the clinic of acute abdomen and it is a real emergency in gynecology. The clinic consists of acute lower abdominal pain in the second middle of the cycle that may be caused by an extensive exercise or sexual intercourse and is accompanied by nausea, weakness, sometimes with high temperature and fever. The resolution usually is spontaneous but it may be accompanied by abundant peritoneal bleeding. Sometimes are reported deaths from hemorrhagic shock. The etiology of ovarian apoplexy is unknown, but sometimes are seen pathologic changes like sclerosis, varicosity of vessels, causing ovarian dystrophy.

Aim: the evaluation of clinical data, diagnostic and therapeutic methods of treatment and the follow up of the patients with ovarian apoplexy in Durrës Maternity (Albania).

Methods: this is a retrospective study, during the period January 2013 to November 2014.

The results: in our study are included 19 (11.5%) patients, that are part of gynecologic emergencies presented in our clinic. During this period were presented 34 (20.73%) cases with GEU, 41 (25%) cases with ovarian cysts torsion, 30 (18.2%) cases with rupture of ovarian cysts and 40 (24.3%) cases with acute piosalpingitis.

We used ultrasound examination (like an important diagnostic method) and physical and clinical examinations to put the diagnosis. Culdocentesis is performed in 4 patients.

12 patients are treated with laparotomy because of their hemodynamic instability. We used the technique of cuneiform resection and ovarian reconstruction (aimed to preserve fertility). In 3 cases with self-limited apoplexy and with thromb organization, we applied laparoscopy. 4 patients with moderated clinical course were treated in a conservative way with NSAID-s, antibiotics, physiotherapy and fluids.

Conclusion: ovarian apoplexy is a situation that is suspected in every acute abdominal pain in the middle of the cycle. Ultrasonographic examination is an important diagnostic method for the diagnosis of ovarian apoplexy. Treatment with laparotomy, laparoscopy and conservative way, depends on hemodynamic stability of the patients and the comfort of the surgeon.

[1] Regional Hospital of Durrës, Albania