

## Second-Trimester Intermittent Ovarian Torsion: Diagnostic Challenges and Management Considerations

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**Abstract**

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### Abstract

#### Introduction

Ovarian torsion during pregnancy is a rare but potentially serious condition that can be challenging to diagnose due to nonspecific symptoms and inconclusive imaging results. It occurs in approximately 5 cases per 10,000 pregnancies, most often in the first trimester, although it can occur later in pregnancy. Intermittent torsion further complicates the diagnosis because symptoms may resolve intermittently, and Doppler ultrasound findings can appear reassuring even when the underlying pathology persists. Reporting cases of intermittent ovarian torsion during pregnancy can raise diagnostic awareness and emphasize the importance of maintaining clinical suspicion when evaluating pregnant patients with recurrent abdominal pain. Cases occurring in the second trimester with intermittent symptom patterns remain particularly underrecognized in clinical practice.

#### Case Description

A 35-year-old gravida 2, para 1 woman at 21 weeks and 5 days of gestation presented with recurrent episodes of severe left-sided abdominal pain accompanied by nausea and vomiting. Over the preceding two months, she experienced multiple intermittent episodes that resulted in several hospital visits, with temporary symptom resolution between episodes. Ultrasound evaluation demonstrated a large 14-cm left ovarian cyst with preserved Doppler flow. Although Doppler imaging suggested adequate ovarian perfusion, this finding contributed to diagnostic uncertainty and provided potential reassurance despite persistent symptoms. Because of ongoing pain and concern for an acute abdominal process, surgical exploration was undertaken. Laparotomy revealed a large intact ovarian cyst torsed four times around its pedicle without evidence of necrosis. The ovary was successfully detorsed, and cystectomy was performed. The postoperative course was uncomplicated, and fetal heart tones remained reassuring throughout the perioperative period.

#### Discussion/Conclusion

This case illustrates the diagnostic challenges of intermittent ovarian torsion in pregnancy and emphasizes the limitations of Doppler ultrasound in excluding torsion when blood flow is preserved. The American College of Obstetricians and Gynecologists advises that Doppler flow alone should not determine clinical decision-making, as normal ovarian perfusion may still be observed in surgically confirmed torsion. Early recognition can be facilitated by maintaining a high index of suspicion in patients presenting with persistent or recurrent abdominal pain, particularly when accompanied by intermittent symptoms, even if imaging findings appear reassuring. Employing serial examinations and repeat imaging, as well as prompt involvement of gynecology specialists, may help identify torsion at an earlier stage. Recognition of intermittent symptom patterns and timely gynecologic consultation are essential to avoid delayed diagnosis, enable appropriate surgical management, preserve ovarian function, and minimize maternal and fetal risk.