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Adnexal masses in female pediatric patients and literature review: Case report

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Adnexal abnormalities in pediatric patients are uncommon but not rare. In fact, a wide range of adnexal diseases diagnosed in adult females is seen in the pediatric population, eventhough the incidence is different. Diagnosis may be more difficult, even delayed or missed, because of low index of suspicion; nonspecific complaints; or consideration of more common, acute abdominal processes that mimic adnexal issues like appendicitis, intussusceptions and the like. Adnexal lesions includ neoplasms, cysts, vascular compromise like ovarian tortion, and infections like tuboovarian abcess etc. The preferred initial imaging modality of the female pelvis remains gray-scale ultrasound with additional color and pulsed wave Doppler imaging. Ultrasound is safe, inexpensive, and free of ionizing radiation. With the patient's bladder distended, a sonographic window is created by which the ovaries can generally be identified. If further imaging assessment is required, both CT and MRI are available and provide specific benefits. Here I am going to present an 11 years old female child come to our hospital with the complaint of colicky abdominal pain of 4 days duration. Initially, the pain was colicky and intermittent felt on the lower abdomen but after a day, it becomes severe involving the whole abdomen. Associated with this, she has also anorexia, vomiting of ingested matter, fever and whitish vaginal discharge. As she claims, she never had sexual contact. On physical exam, she was sick looking, tachycardic, tachypnic and febrile. The abdomen looked silent and distended, tender allover, and absent bowel sound. On genitourinary exam, the hymen was intact but whitish curd like fluid over the vestibule. With the diagnosis of generalized peritonitis, she was operated and the intraoperative finding was around 800ml of thick offensive pus in the peritoneal cavity mainly in the pelvis with ruptured tuboovarian abcess on the right with gangrenous distal fallopian tube, on the left the fallopian tube is distended and full of pus inside. For this, we do right salpingectomy, pus sucked out and peritoneal lavage. She was put on antibiotics and followed for a week and discharged home. She is on followup at SRC. Details of the pathology, diagnosis and management will be discussed.

Biography

Endris Alkadir Semman have graduated from university of Gondar as a medical doctor at the age of 25 in 2011, and then he completed his postgraduation from Bahir Dar University, Ethiopia as a general surgeon in 2016. Currently he is working as a surgeon and mentor at Felegehiwot comprehensive specialized Hospital and Bahir Dar University.

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