

REVIEWER'S REPORT

Manuscript No.: IJAR-53520

Date: 22/08/2025

Title: "Adnexal Torsion and Pregnancy: A Case Report and Review of the Literature"

Recommendation:

- ✓ Accept as it is
 Accept after minor revision.....
 Accept after major revision
 Do not accept (*Reasons below*)

| Rating | Excel. | Good | Fair | Poor |
|----------------|--------|------|------|------|
| Originality | | ✓ | | |
| Techn. Quality | | ✓ | | |
| Clarity | | ✓ | | |
| Significance | ✓ | | | |

Reviewer Name: Dr. S. K. Nath

Date: 23/08/2025

Reviewer's Comment for Publication:

The paper concludes that adnexal torsion during pregnancy, although rare, requires prompt diagnosis and conservative management to preserve ovarian function and optimize pregnancy outcomes. Imaging modalities such as ultrasound and MRI are pivotal in the diagnostic process, and surgical intervention focusing on detorsion and cyst removal is preferred. Adjunct therapies like progesterone support can aid in pregnancy continuation. The authors advocate for increased awareness and timely intervention to prevent adverse maternal and fetal outcomes.

Reviewer's Comment / Report

Strengths:

- **Comprehensive Case Detail:** The report provides detailed clinical, imaging, and surgical findings, including ultrasound and MRI images.
- **Diagnostic Emphasis:** Highlights the challenge of diagnosing ovarian torsion during pregnancy, underscoring the role of ultrasound and MRI.
- **Conservative Approach Advocacy:** Supports ovarian preservation techniques (detorsion and cystectomy) to maintain fertility and hormonal function.
- **Literature Contextualization:** Provides a review of existing literature on adnexal torsion, its incidence, diagnosis, and management.
- **Outcome Consistency:** Demonstrates a successful pregnancy outcome, reinforcing the effectiveness of conservative management.

Weaknesses:

- **Limited Sample Size:** Focuses on a single case, which limits generalizability.
- **Lack of Long-term Follow-Up:** The report does not discuss long-term ovarian function or recurrence rates post-surgery.
- **Absence of Comparative Data:** No discussion on alternative approaches like oophorectomy in cases of non-viable ovary or more aggressive interventions.
- **Potential Bias:** As a case report, it may be subject to selection bias, and the positive outcome might not be representative in all scenarios.
- **Limited Detail on Decision-Making:** The rationale for choosing certain surgical steps (e.g., performing ovariopexy alongside cystectomy) could be elaborated further.