

REVIEWER'S REPORT

Manuscript No.: **IJAR-53520**

Date: 25-08-2025

Title: Adnexal torsion and pregnancy: a case report and review of the literature

Recommendation:

Accept as it isYES.....

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 Aamina

Reviewer's Comment for Publication.

Abstract:

The abstract provides a clear and structured overview of the case and its clinical significance. It effectively conveys the rarity of adnexal torsion in pregnancy, particularly on the left side, and highlights the diagnostic challenges due to non-specific presentations. The report of a 23-year-old primigravida at 7 weeks of gestation with torsion caused by a large serous cystadenoma is presented concisely. The description of imaging, surgical management (detorsion, cystectomy, ovariopexy), and adjunctive luteal support with vaginal progesterone illustrates a comprehensive clinical approach. The outcome—uneventful progression to term and delivery of a healthy infant—adds value to the discussion of conservative fertility-preserving interventions. The abstract also emphasizes the importance of timely diagnosis, conservative management, and adjunctive therapy while pointing out the need for further studies in this area.

Introduction:

The introduction contextualizes adnexal torsion as an uncommon but critical condition during pregnancy, predominantly occurring in the first two trimesters. The definition of torsion, its anatomical basis, and the possible involvement of the ovary and/or fallopian tube are clearly

REVIEWER'S REPORT

described. Risk factors such as adnexal masses and ovarian hyperstimulation are appropriately mentioned.

The section effectively highlights the diagnostic challenge, especially in advanced pregnancies where adnexal displacement may mimic other acute abdominal conditions such as appendicitis, cholecystitis, or pyelonephritis. The importance of imaging modalities, specifically ultrasound and MRI, is underscored as pivotal in differentiating torsion from other surgical emergencies.

The introduction also points out that definitive diagnosis is made intraoperatively, while acknowledging the risks of surgical intervention in pregnancy, such as uterine contractions and compromised fetal viability. This balance between diagnostic necessity and surgical risk provides a solid foundation for presenting the case.

Overall Assessment:

The manuscript presents a rare and clinically important case of adnexal torsion during early pregnancy in a structured manner. The combination of case description and literature review provides valuable insights into the diagnostic process, surgical decision-making, and fertility-preserving strategies. The focus on conservative surgical management, the role of imaging, and adjunctive progesterone support makes the report relevant for both clinical practice and academic discourse. The paper contributes meaningfully to the existing literature on adnexal torsion in pregnancy by illustrating successful management and favorable maternal-fetal outcomes.