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The Torsion of the Sessile Hydatid of Morgagni

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Case Report

The torsion of the sessile hydatid of Morgagni is a pathology that can occur when the hydatid is not directly inserted at its base and is associated with a pedicle **[1,2]**. There is a great variety of embryonic formations known as hydatids of Morgagni or Rosenmüller organs **[3]**.

The sessile hydatid of Morgagni corresponds to the remnants of the Müllerian duct, presenting in the form of cysts **[4]**. The Müllerian duct refers to the structures present in the embryo that will give rise to the fallopian tubes and part of the vagina **[5,6]**. This remnant is located on the head of the epididymis or on an oviduct, another name for the fallopian tube, which connects the ovary to the uterus and allows the passage of the ovum released from the ovary **[7,8]**.

We report the case of a 19-year-old female, single, with menarche at age 13, with no particular medical history, who presented to the emergency department with acute pelvic pain evolving over the past 3 days without any other associated signs. On examination, the patient was conscious (15/15 Glasgow), normotensive, normocardiac, and afebrile, with normally colored conjunctivae and abdominal tenderness with defense in the right iliac fossa, without gynecological bleeding.

Abdominal-pelvic ultrasound: minimal fluid collection in both iliac fossae. Abdominal-pelvic CT scan: well-defined, regular-edged, oval-shaped right lateral-uterine formation with a thin wall of liquid density, containing a fine septum measuring 40.5x30mm.

Biological work-up: Hb: 14.4, WBC: 10,220, Platelets: 237,000, CRP: 0.25, BHCG: negative, Urine culture: sterile.

Exploration findings: • Minimal peritoneal effusion **(Figure1)** • Presence of a torsion of a right bilobed hydatid of Morgagni due to 3 twists of necrotic appearance **(Figure 2)** • Detorsion and removal performed **(Figures 2 and 3)** • Presence of a ruptured functional right ovarian cyst, 6 cm, with yellow citrine fluid aspirated • Presence of a left pedunculated hydatid of Morgagni with the same appearance as the contralateral one, untwisted, removal of the latter + abundant saline lavage **(Figure 1)**.

These formations must be recognized, as they can sometimes be mistaken for one or more follicles, a hydrosalpinx **[9,10]**, or an ovarian cyst when they are large, or even a full bladder (and may go unnoticed in such cases) **[11,12]**. On ultrasound, it is the persistence of the image that should raise suspicion of the diagnosis. Laparoscopy is generally the only method to confirm the diagnosis. While small formations likely have no significant role, large ones can lead to mechanical infertility **[13-16]**.

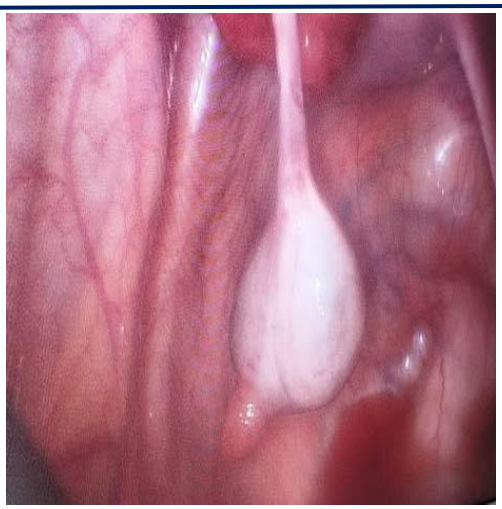

Figure 1

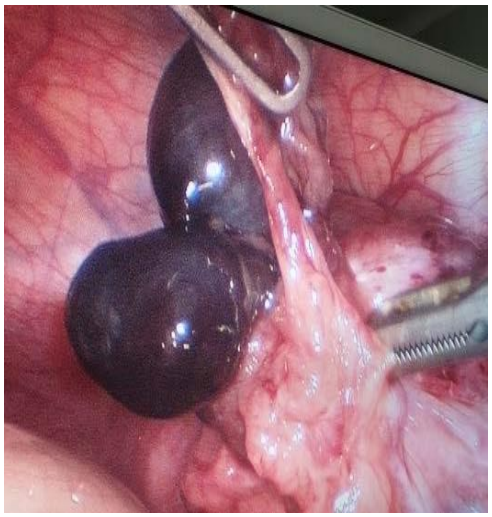

Figure 2

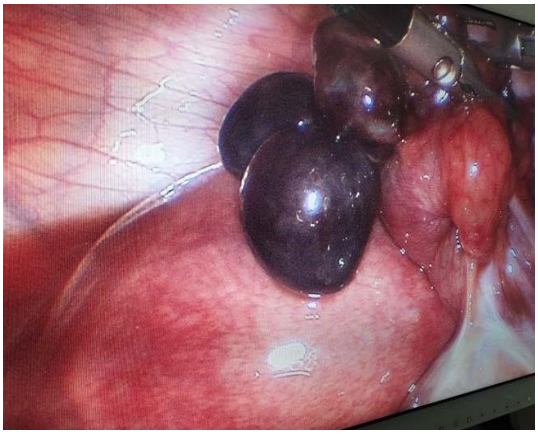

Figure 3

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