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## ADNEXAL TORSION IN CHILDREN AND ADOLESCENTS: CURRENT EVIDENCE AND MANAGEMENT STRATEGIES

**Author.** Elisa Maria KAZEMEKAS, Carlotta KLINGEBIEL, 4<sup>th</sup> year.

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**Background and aim.** To synthesize current evidence on the etiology, diagnosis, management, and clinical outcomes of adnexal torsion in children and adolescents, with particular emphasis on fertility-preserving strategies and guideline-based management.

**Materials and methods.** A systematic literature review was conducted in accordance with PRISMA guidelines. Relevant studies were identified through database searches (e.g., PubMed), including clinical studies, systematic reviews, and international guidelines. The analysis focused on risk factors, diagnostic accuracy of imaging modalities, surgical approaches, and long-term reproductive outcomes.

**Results.** Adnexal torsion accounts for approximately 2–3% of acute abdominal pain in pediatric females and frequently occurs in morphologically normal ovaries. Clinical presentation is typically characterized by sudden unilateral abdominal pain, often accompanied by nausea and vomiting, while laboratory findings are generally nonspecific. Transabdominal ultrasound with Doppler remains the first-line diagnostic modality; however, preserved arterial flow does not exclude torsion due to dual ovarian blood supply. Therefore, diagnosis remains primarily clinical, and early surgical exploration is essential in cases of high suspicion. Current evidence supports laparoscopic detorsion as the treatment of choice, regardless of the macroscopic appearance of the ovary. Ovarian preservation rates exceed 90%, with high rates of functional recovery, including restoration of folliculogenesis and endocrine function. Oophorectomy should be reserved for confirmed nonviable tissue or suspected malignancy. In selected cases, oophoropexy may reduce recurrence risk without compromising fertility.

**Conclusion.** Adnexal torsion requires prompt clinical recognition and immediate surgical management. A conservative, fertility-preserving approach is supported by current evidence and should be considered the standard of care in pediatric and adolescent patients. Improving clinical awareness and reducing diagnostic delays are essential to optimize outcomes and preserve reproductive potential.

**Keywords.** Adnexal torsion; ovarian torsion; pediatric gynecology; laparoscopic detorsion; fertility preservation.