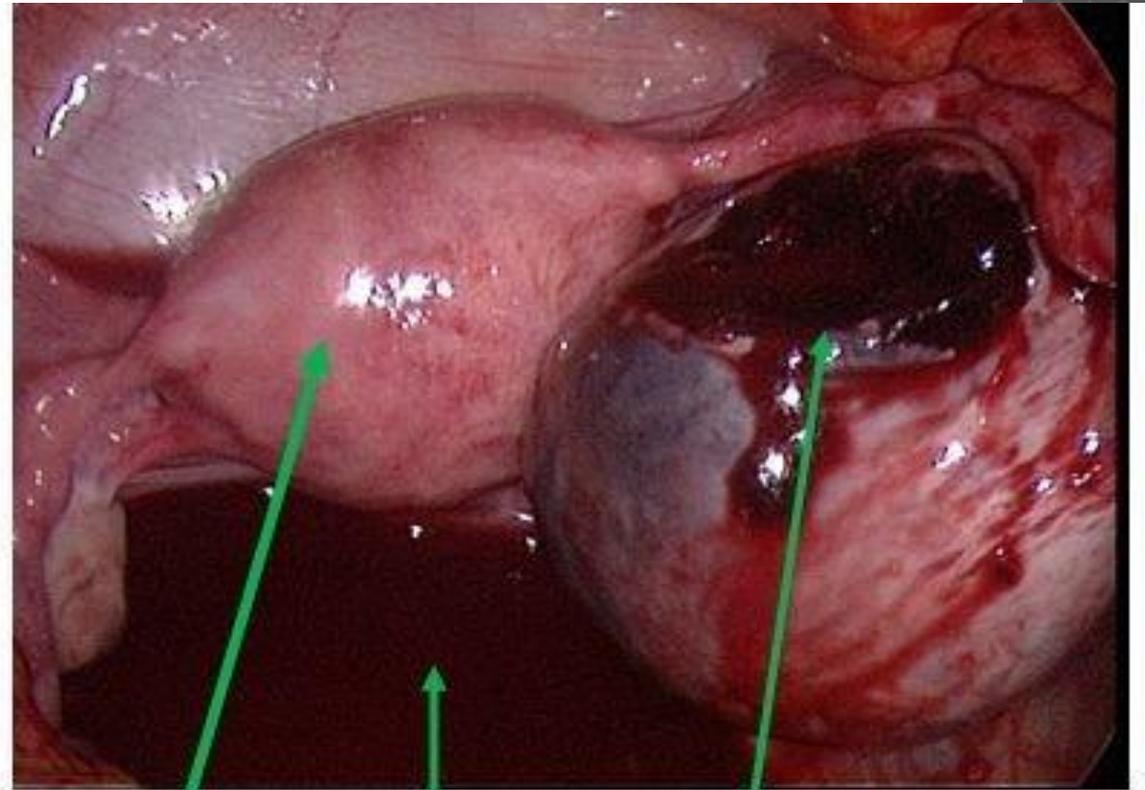


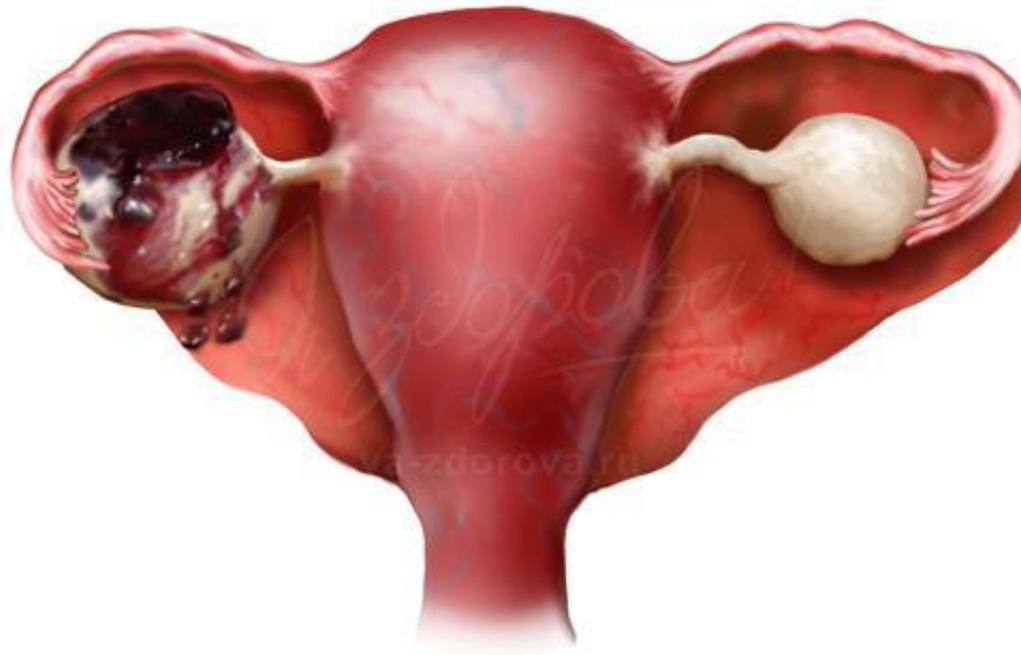
# APOPLEXY OVARY



Матка

Кровь в малом  
тазу

Правый яичник, в нем киста  
желтого тела с разрывом  
капсулы



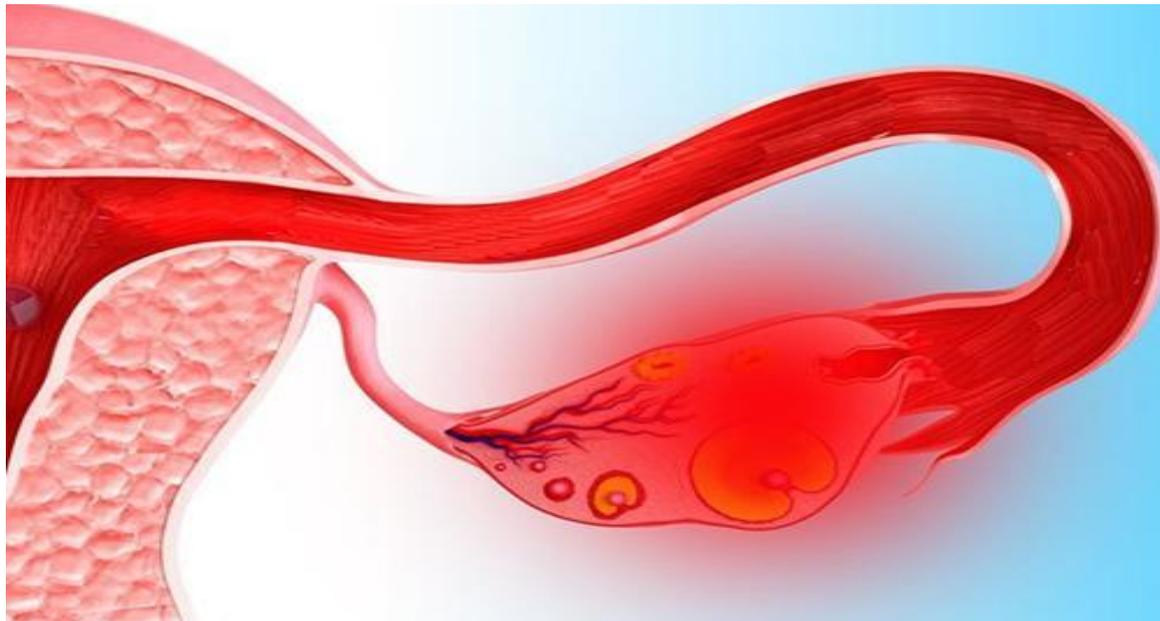
- Apoplexy ovary (ovarian rupture) sudden break (breach of integrity) ovarian tissue, accompanied by bleeding into the abdominal cavity and pain.

## THERE ARE THREE FORMS OF OVARIAN APOPLEXY DEPENDING ON THE PREDOMINANT SYMPTOMS:

- Pain form when there is severe pain, but no signs of intra-abdominal bleeding.
- Anemic form when come first symptoms of internal (intra-abdominal) bleeding.
- The mixed form combines the signs of pain and anemic forms of ovarian apoplexy.

# MULTIPLE DEGREES OF SEVERITY:

- Mild,
- Moderate
- Severe (depending on the amount of blood loss).



# SYMPTOMS OF OVARIAN APOPLEXY

- Pain syndrome, which occurs primarily in the mid-cycle or after a small delay of menstruation (at break luteum cyst, for example). Pain is most often localized in the lower abdomen. Sometimes the pain may radiate into the rectum, in the lumbar region or the umbilical.
- Bleeding into the abdominal cavity, which can be accompanied by:
  - pressure reduction,
  - increase in heart rate,
  - weakness and dizziness,
  - syncope,
  - chills, fever up to 38 ° C,
  - single vomiting,
  - dry mouth.

# THE MOST INFORMATIVE METHODS OF RESEARCH ARE:

- Typical complaints of acute pain in the abdomen, which appeared in the middle or second half of the menstrual cycle.
- On examination, a marked tenderness on the part of the affected ovary and become positive symptoms of irritation of the peritoneum.
- The general analysis of blood can be observed decrease in the level of hemoglobin (at anemic and mixed forms of ovarian apoplexy)
- Puncture of the posterior fornix, allowing to confirm or deny the presence of intra-abdominal bleeding.
- Ultrasound examination, which allows you to see a lot in the affected ovary yellow body with signs of hemorrhage in and / or free fluid (blood) in the abdomen.
- Laparoscopy, which allows not only the diagnosis of 100%, but also make a correction of any pathology.
- The final diagnosis of ovarian apoplexy almost always installed during surgery.

# YOUR ACTIONS WITH APOPLEXY:

- Immediately take the horizontal position.
- hospitalization in a surgical or gynecological hospitals.



## • NON-SURGICAL TREATMENTS INCLUDE:

- attachment to the bottom of the cold stomach, leading to vasoconstriction and thus reduce pain. Complete rest of the patient. The use of hemostatic medicines, such as sodium etamzilat, as well as drugs that relieve spasms, such as papaverine, no-spa. Vitamin therapy, in which patients received vitaminyki B1, B6 and B12, as well as physical therapy procedures: electrophoresis with calcium chloride, microwave - treatment, such treatment should take place only in a hospital under constant supervision of doctors. In case of recurrence of pain attacks, with a deterioration in performance analysis and general condition of the patient, the issue of the application of the operation.

# . SURGICAL TREATMENT

- Is the basic, because not only allows you to specify the diagnosis, but also to complete the correction.
- In all cases of apoplexy may laparoscopy !!!
- The operation should be carried out most gentle way to the conservation of the ovary.
- As a rule, carried out the removal of the cyst capsule, coagulation or suturing of the ovary. In rare cases, massive hemorrhage required to perform the removal of the ovary.
- During the operation, you need to thoroughly wash the abdominal cavity, to remove clots and blood, for the prevention of adhesions and infertility.

THANK YOU FOR YOUR  
ATTENTION 😊

